**3ALTIMORE, MARYLAND 21215-0020** 

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG.	NO.	
1. DECEDENT'S NAME (First, Middle, Last		Morri	ORR	7.5	2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-03-7446	1 - M 2 F 7		ONTHS DAYS	IF UN'ÆR 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea Dec. 21	r) Cou	orthpLace (State for Foreign intry) aryland
Sel Forest Nur				or Location of De		ac. county of	
Maryland 106. coun	тү —		altimore				10d. INSIDE CITY LIMITS? 1 YES 2 NO
905 South Fagle	ey Street		10	1. ZIP CODE 21224		10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1  Y IF YES, GIVE WAR O	ES 2 NO	If yes, s	CENDENT OF HISPAN Hecity Cuben, Mexica B 24 NO Specifi	n, Puerto Rican, etc.	) B(	ACE — American Indian, ack, White, etc. acety: White
15. DECEDENT'S ED (Specify only highest gra-	OUCATION de completed) College (1-4 or 5 +)	16a. DECEOENT'S US (Give kind of wor life. Do NOT use of	rk done during m	ON ost of working		BUSINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Lest) George Loeffle	r	Jaies	<del>per 5011</del>		ME (First, Middle, Mai	iden Surname)	010.0
19a. INFORMANT'S NAME (Type/Print) Brenda J. Boug	ghter					Town, State, Zip Code) en Arm,	Md. 21057
20a, METHOD OF DISPOSITION 1 Depuries 2 Cremation 3 Re 4 Donation 6 Other (Specify)	moval from State	of cemetary, crematory of Oak Lawn	of Disposition other place)	(Name		LOCATION — City of Dundalk,	
21. SIGNATURE OF FUNERAL SERVICE I	tin D. Laws	on Jews	Lem	mon-Mitconium.	:hell-Wie		
Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Due to (ork	SA CONSEQUENCE OF:	y eny	hypema alune	and fo	ibrosis	00
PART II. Other significant conditions of the gure (3/4/2) matabolic en	91) Jenas	e Cache	the underlyin	ing cause given in	PER	S AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Outputient 3 DOA	THER:	PLACE OF DEATH (Ch		1	
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJU (Month, Day, Ye	RY 28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO		OW INJURY OCCURED	
3 Suicide 6 Could not b	28e. PLACE OF INJ building, etc. (	URY — At home, farm, str Specify)	eet, factory, offi	C.	281. LOCATION (St City or Town, S	reet and Number or Rui State)	al Route Number,
anal only	SICIAN: To the best of my k						ne(s) and manner as stated.
206. SIGNATURE AND TITLE OF CERTIF	Jun, W			MD D	0/877°	9 > 3/	30/9/
Albert S. C. Sc	IN, M.D.	1800 Ha	rford	Rd.,	fallston	MD	21047
APR 0 2 1991	32. REGISTRAR'S A	-Amdale					

Major depression - House much Hills John Cales and Short Cales and (18/18) X ALEMEN S. JUN 10 D. 1800 Harford Kar. Falliston, 1910 - 210 87 with the first the

BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	ate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit (
ITAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate be executed within 2	ate has been signed by the attending physician and completely

must be notified at once.

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S	TEN	TOR after	28
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be ret	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not
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	2	F. Tim	TA
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FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR RTIF	TMEN	T OF H	DEATH AND	MENTAL HYGIEN REG. NO	- /		08502	
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF DEATH		YEAR	3. TIME OF DEATH	Т
John		William		Mart	in,	Sr.	Esq.	March 26				ı
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. last			R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTI	HPLACE (State or Foreign	_
212-07-043	2	1 XM 2 - F	74	YRS.	MONTHS	DAYS	HOURS MIN.	July 24	1916	Count	Maryland	
9a. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATION OF D			INTY OF D		_
4 Chapel	Court				7	Гіто	nium		Balt	imor	'e	
RESIDENCE OF DEC												Ξ
						OR LOCAT					10d. INSIDE CITY LIMITS?	
Maryland	Balti	imore		Т	imo	nium					1 YES 2 NO	
10e. STREET AND NUMBER						101	. ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?	_
4 Chapel (	Court						21093	3	ι	JSA		
11. MARITAL STATUS			T EVER IN U.S. AR		13.			ANIC ORIGIN? (Specify Yes or No- 14. RACE — American			E — American Indian,	_
1 Never Married 2		FORCES? 1	YES 2 N	10	- 1		ecity Cuban, Maxica 2 NO Special	an, Puarto Rican, atc.)		Black, White, etc. Specify: White		
3 Wildowed 4 Dive	orced		WW	П			I MINO OPEC	ry: Sp			white	
	CEDENT'S EDU		16a. OE	CEDENT'S	USUAL C	OCCUPATIO	ON ast of working	16b. KINO OF BU	SINESS/IN	OUSTRY		Т
Elementary/Secondary (	0-12)	College (1-4 or 5	Ma	Do NOT us	se retired.)							
		7	A	ttor	ney			Law				
17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOTHER'S NA	AME (First, Middle, Malden	Surname)			_
Michael Jos	seph N	lartin					Heler	na Mahon				
19a. INFORMANT'S NAME (	Type/Print)		198	. MAILING	ADDRES	S (Street a	and Number or Rural	Route Number, City or Tow	n, State, Zi	p Code)		_
Helena Mar	rtin			13	Wim	pole	Ct., Co	ckeysville	, Md	. 21	030	
20a. METHOD OF DISPOSIT	TION		20h PLACE				(Name					_

DIRECTOR FUNERAL BY BE COMPLETED 2 201. METHOD OF DISPOSITION

1 Souriel 2 Cremation 3 Removat from State

4 Donation 5 Other (Specify) Dulaney Valley Memorial Gardens Timonium, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY . Sochstampfor Lemmon-Mitchell-Wiedefeld Timonium, Maryland 21093 23. PART I. Enter the diseases, or complications that cluded the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or haert fellure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) Ywis Metastotic colon BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA EXAMINER? OTHER: ne 5 Residence 8 🗆 Other (Specify) 4 - Nursing Ho 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCUREO Netural Accident 2 NO 1 TYES 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the b 29b. SIONATURE AND TITLE OF CERTIFIC 29d. DATE SIONED (Mogth, Day, Year)

3/28/9/ 29c. LICENSE NUMBER BE DIGS87 2 DEATH (ITEM 27) (Type, Print) Suite 107 Paul Chang, M.D Good Samaritan Prof. Bldg., Balto., 31. DATE FILED (Month, Day, Year)

22. REGISTBAR'S SIGNATURE
Pulia Dayslon Handall APR 02 1991



Heptic Fathers

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

08503 91

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIEN		08503	
1	1. DECEDENT'S NAME (First, Middle) OF JOHN D					2. DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DEATH DATE OF DEATH DATE OF DAT	8 199	3. TIME OF DEATH 10:00P M	
	4. SOCIAL SECURITY NUMBER 212-09-2780	1 💢 M 2 🗆 F	87 YRS. MO	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 04/16/19	0.1	BIRTHPLACE (State or Foreign Country) Virginia	
TOR	98. FACILITY NAME (If not institution, give st  G.B.M.C., 6701 N  RESIDENCE OF DECEDENT			TOWSO!	LOCATION OF DEA	тн	9c. COUNTY OF DEATH BALTIMORE		
FUNERAL DIRECTOR	Maryland Baltimore		10c. CITY, TO	WSON	DN			10d. INSIDE CITY LIMITS? 1 YES 2 ND	
ERAL	10e. STREET AND NUMBER 7001 N. Charle	es Street		10f.	ZIP CODE 21204			S.A.	
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced			If yes, spe	NDENT OF HISPANIC city Cuben, Mexican, 2 ND Specify:	C ORIGIN? (Specify Yes Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White	
	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	ry (0-12) College (1-4 or 5 +)			N t of working	U.S. F	PY		
MO	17. FATHER'S NAME (First, Middle, Last)	4	Field Ma	liagei	16. MOTHER'S NAM	E (First, Middle, Maiden			
8	Charles Peyton Mayhe			Octavia Mays Dogge:					
5	William B. Mayhe	ew				Towson, M			
	26e. METHOD OF DISPOSITION 1 Specific Communication 1 Specific Communication 2 Specific Communication 1 Specific Communic	oval from State 20b	PLACE AND DATE OF CHEER PROPERTY OF CHEER PROPERTY OF CHEER PARTY OF CHEER PROPERTY OF CHEER PROPERTY OF CHEER PARTY OF CHEER	DISPOSITION ( other place)  lev Men	Name n. Gards.	DATE 200. LO	cation – chy	or Town, State m, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AND	ADDRESS OF FACE	LITY			
	> Wallace -			1050 3	ork Road	neral Hom	Md. 2	1204	
NC	23. PART I. Enter the diseases, or cahock, or heart failure.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions,	a. A CONDUE TO (OR AS A	CONSEQUENCE OF:		ar di	0	Para	Approximata Interval Between Onset and Death	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	CONSEQUENCE OF):					(10)		
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not rea				cause given in F	Part I. 24a. WAS AN PERFDI	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
NAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Chec	ok only one)	-		
YSIC	1 TES 2 NO	1 NogPITAL:		THER:  Nursing Home	5 🗆 Residence 6	Other (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	26b. TIME O INJUR	F 28c. INJU WOF M 1   Y	ak?	28d. DEŞCRIBE HOW	NJURY OCCUR	ED	
	3 Suicide 8 Could not be 4 Homicide determined	— At home, farm, stre	m, street, factory, office  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	(Orrock Gray	ICIAN: To the best of my knowler: Dn the basis of examination						ause(s) and manner as stated.	
8	296. SIGNATURE INSCRIPTION OF CONTINUE	edi mo	٠		29c. LICENSE NUM 2) -/ Z/E	349	1 3	GNED (Month, Day, Year) -29-91	
5	30. NAME AND ADDRESS OF PERSON WHAT	ADIME	ATH (ITEM 27) (Type, Pri	00 C	315	R Dr.	Tows	on My 204	
	31. DATE FILED (Month, Day, Year)	320 REGISTRAR'S SIGN	ATURE						



5 K 5 7 K 3 K 3 K 5 K 5 K 5 K

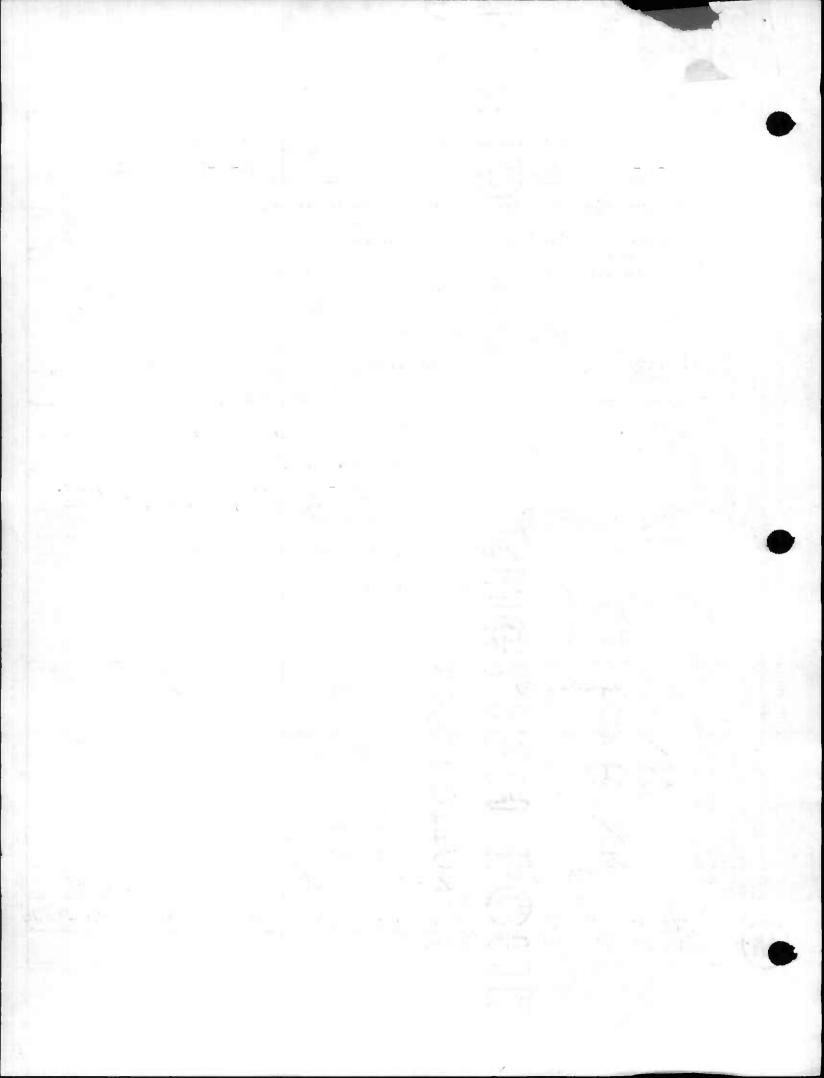
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR		STATE OF MA				HEALTH AND	MENTA	L HYGIEN	E			
1. DECEDENT'S NAME (FIN	ABB		MESS	SICK			03	OF DEATH DA	8 1	YEAR 991	3. TIME OF DEATH	
4. SOCIAL SECURITY NU®  005 → 12 → 796  90. FACILITY NAME (# not	3	□ M 2 [X] F	AGE (In yrs.	last birthday) YRS.	MONTHS DAY		1.2·	of BIRTH h. Day, Year) -29-19	01 9c. COUN	Mai	ne	
			Cent	er		timore Ci			96. COON	TY OF DE	zain	
Maryland	10b. COUNTY Balt			10c. CIT	v, town on Lo Indalk	CATION			10d. INSIDE CITY LIMITS? 1 VES 2 NO			
10e. STREET AND NUMBE 2909 DUNMU  11. MARITAL STATUS		ad				10f. ZIP CODE 21222				EN OF W	HAT COUNTRY?	
3 Widowed 4 🗆 Di	ver Married 2 Married FORCES? 1 YES 2 No			ARMED NO	If yes	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yes, specify Cuban, Maxican, Puarto Rican, atc.) 1  YES 2 NO Specify:				a or No— 14. RACE — American Indian, Black, White, etc. Specify: White		
(Specify of Elementary/Secondary	CEDENT'S EDUCA nly highest grade co (0-12)	TION impleted) College (1-4 or 5+)		(Give kind of a		ATION most of working	166			ESS/INDUSTRY		
12 Years 17. FATHER'S NAME (First,	Middle ( set)		D	ookkee	per	16. MOTHER'S N	ASSE /Elmt		ounti	ng	· · · · · · · · · · · · · · · · · · ·	
Moses Powe						Eva B			Surramej			
				19b. MAILING	ADDRESS (Str	eet and Number or Rura			n. State. Zip	Code)		
Robert B.	Buers					ook Road,						
20s. METHOD OF DISPOS 1 □ Burlel 2 ◯ Crems 4 □ Donation 5 □ Oth	TION Ion 3 - Remov	al from State	of come	CE ANO OAT	E OF DISPOSIT	ION (Name	OAT		CATION — C	aty or To		
21. SIGNATURE OF FUNE		NSEE	1 0,00	er mou	22. NAM	E AND ADDRESS OF F	ACILITY					
23. PART I. Enter the			b.		792	la-Ruck Fu 2 Wise Av	enue.	Balt	imore	. MD		
disease or condition resulting in death)  Sequentielly liet cond if any, leading to immore couse. Enter UNDERL CAUSE (Disease or in that initiated events	Sequentielly liet conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury											
PART II. Other aignifi	TII. Other algnificent conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions ca					lying ceuse given i	n Part I.	24a, WAS AN PERFOR 1 YES 2	RMED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED	TO ALEDIOAL				,							
EXAMPLER?		HOSPITAL:		-/	OTHER:	8. PLACE OF DEATH (C						
27. MANNER OF DEATH		1  Inpatient 2 E		28b. TIR	-	Home 5 Residence	_	er (Specify) SCRIBE HOW I	N IUDY OCC	HIDED		
1 Netural 5 [	Pending Investigation	(Month, Day,		IN.	JURY	WORK?	200. DE	SCHIBE HOW I	INJUNY OCC	ONED		
Accident   2   Accident   3   Suicide   4   Homicide   4   Homicide   5   Entire Final Physician: To the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.							Poute Number,					
29a. CERTIFIER (Check only one) 2 M						date and place, and do					i) and manner as stated.	
296. SIGNATURE AND TIT	LE OF CERTIFIER	tra	12	29c. UCENSE NUN			UMBER 150			SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS		COMPLETED CAUSE		(ITEM 27) (Type	4/ -	S. ELL W	oad	AVE,	BAC	To,	Md 212	
at DATE FILED Moning	Moar) Ju	37TREGISTRAR	SAIGNATUR	<b>是</b> 。								





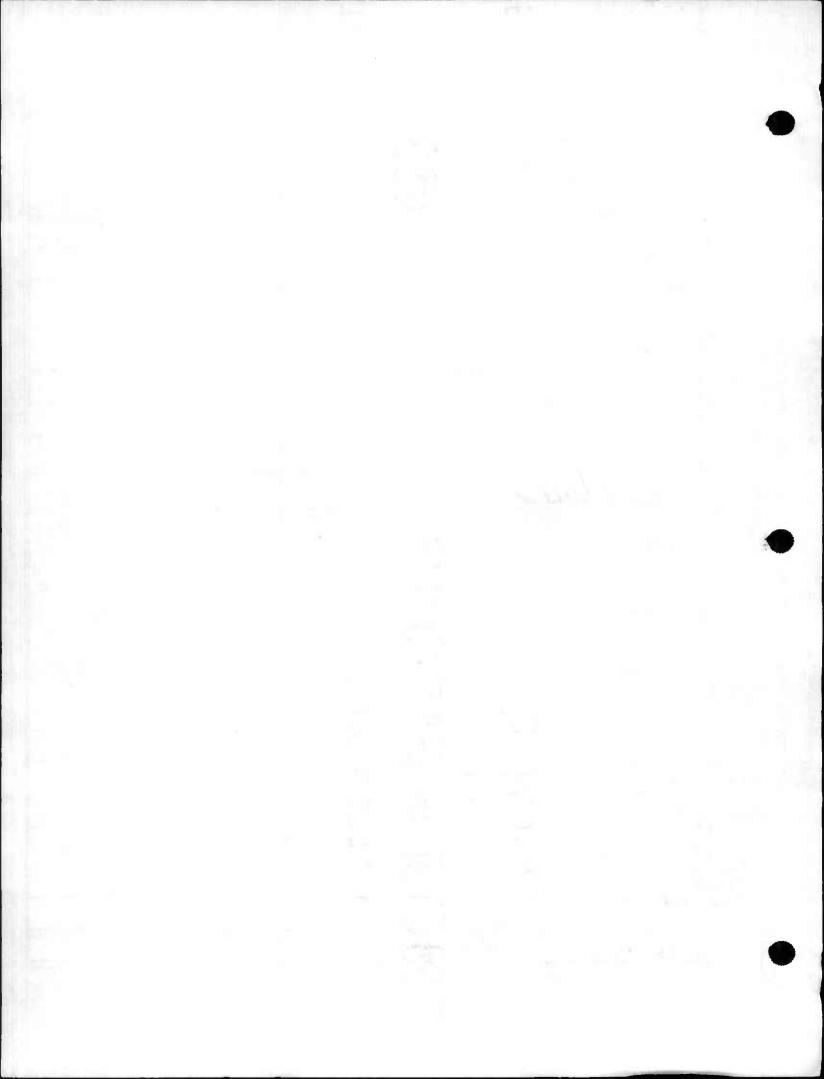
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 You's after death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

#MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 • FOR STATE REGISTRAR	STATE OF MARY		ARTMENT OF		MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) THELM			M00	RE	2. DATE OF DEATH DA MONTH DA March 28	, 1991 ***	3. TIME OF DEATH	
	212-30-4809	1 🗆 M 2 💢 F	E (In yrs. last birthde	MONTHS DAY	HOURS MIN.	7. DATE OF BIRTH (Month, Day, 1647) DEC 28, 191	3 <sup>9</sup>	HTHPLACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give stre GOOD Samaritan Ho RESIDENCE OF DECEDENT		Ų,		n or location of DE Itimore Ci		9c. COUNTY (	OF OEATH	
DIRECTOR	Maryland  10s. STREET AND NUMBER		10c.	Baltimo	re City		10d. INSIDE CITY LIMITS? 1 💢 YES 2 🗌 N		
FUNERAL	2503 Parktrail Rd.				21234		U.S.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 X			ECENOENT OF HISPAN apacify Cuban, Maxicar ES 2 NO Specify	s or No- 14. RACE — American Indian, Black, Whita, etc. Specify: White			
COMPLETED	15. OECEOENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	(Give kind	ECEDENT'S USUAL OCCUPATION  3-live kind of work done during most of working  5. Do NOT use retired.)  EMBKEY						
BE CON	17. FATHER'S NAME (First, Middle, Lest) James Glass				16. MOTHER'S NAI	ME (First, Middle, Malden	Surname)		
10	Bradley J. Moore	dley J. Moore 2503 Parktrail Road Baltimore, MD. 21234							
	20a. METHOD OF DISPOSITION  1\(^1\) Burial 2 \(^1\) Cremation 3 \(^1\) Remove 4 \(^1\) Donation 5 \(^1\) Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE LICE		Parkwood	ATE OF DISPOSITI	1991	В		, Maryland	
	James J. Blake	4			onard J. R	Daiti		d. 21214 Harford Rd.	
	23:-PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)		n aech Ilna.	Heu		•		Approximate Interval Between Onset and Death	
CERTIFICATION	DD. A = - Spin DINI di a tolar t							ster.	
PHYSICIAN: MEDICAL C	PART II. Other algoriticent conditions	but not resulti	reculting in the underlying cause given in Part I.			AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN		HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	A received			
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJUF (Month, Day, Yea	7Y 28b.	TIME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURE	SD .	
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, building, etc. (Spec/fy)				281. LOCATION (Street City or Town, State)	and Number or R	ural Route Number,	
COMPLETED	enel	IAN: To the best of my kn						use(e) and manner as stated.	
TO BE CC	390. BIGNATURE AND TITLE OF CERTIFIER	hites	MD		29c, LICENSE NUR			NED (Month Day Year)	
	Donald W. Mintzey  31. OATE FILED (Month, Day, Year)		3009 [	Type, Print) Evergree	n Ave.				
	ADD 0.2 1991		1- Pandall						





BALTIMORE, MARYLAND 21215-0020	24 Nours after death. Page 6 may be retained by the hospital or attending physicient.	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be study within 25 hours after death with the State Pent of Health and Mental Hynliere prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicient.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune fine the first part of the filled in by the fune attendance to build. Cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

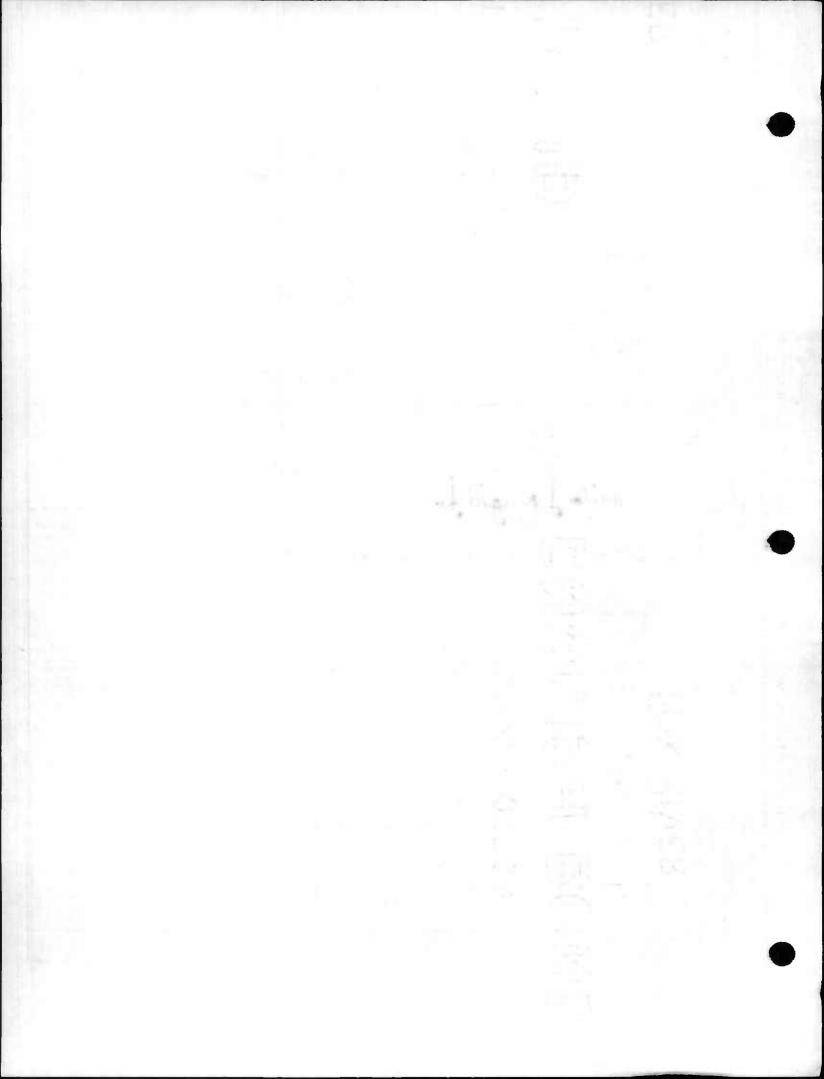
215-09-0357  9a. FACILITY NAME (If not institution, give street 503 Myrth Ave.  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY Md. E  10b. STREET AND NUMBER 503 Myrth A  11. MARITAL STATUS 12 Married 12	SEX 6. AGE	73 YRS. MC		IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	2. DATE OF DEATH MONTH DA Mar. 31 7. DATE OF BIRTH (Month, Day, Year) July23,	1991 0. Bif	3. TIME OF DEATH  ATTHPLACE (State or Foreign unity)  Maryland	
4. SOCIAL SECURITY NUMBER  215-09-0357  9a. FACILITY NAME (If not institution, give street  503 Myrth Ave.  MESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Md.  10c. STREET AND NUMBER  503 Myrth A  11. MARITAL STATUS  1   Hever Married   2   Married	SEX 6. AGE M 2 SF	73 YRS. MC	b. CITY, TOWN O	HOURS MIN.	Mar.31 7. DATE OF BIRTH (Month, Day, Year) July23,	1991 0. Bif	RTHPLACE (State or Foreign unitry)	
4. SOCIAL SECURITY NUMBER  215-09-0357  9a. FACILITY NAME (If not institution, give street  503 Myrth Ave.  MESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Md.  10c. STREET AND NUMBER  503 Myrth A  11. MARITAL STATUS  1   Hever Married   2   Married	SEX 6. AGE M 2 SF	73 YRS. MC	b. CITY, TOWN O	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July23,	8. Bif Coo	untry)	
215-09-0357  9a. FACILITY NAME (If not institution, give street 503 Myrth Ave.  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY Md. E  10o. STREET AND NUMBER 503 Myrth A  11. MARITAL STATUS 12 Married 12	M 2 KF	73 YRS. MC	b. CITY, TOWN O	HOURS MIN.	(Month, Day, Year) July23	Co	untry)	
TI. MARITAL STATUS  10. STATE  10. STREET AND NUMBER  503 Myrth A  11. MARITAL STATUS  1		9		R LOCATION OF DE				
Md. 10b. COUNTY Md. E  10c. STREET AND NUMBER 503 Myrth A  11. MARITAL STATUS 1   Hever Married   2   Married	Baltimore			b. CITY, TOWN OR LOCATION OF DEATH  ESSEX  Ball				
Md. E  100. STREET AND NUMBER  503 Myrth A  11. MARITAL STATUS  1  Hever Married 2 Married	Baltimore						DESCRIPTION OF THE PROPERTY OF	
503 Myrth A  11. MARITAL STATUS 1			TOWN OR LOCAT	SSEX			10d. IHSIDE CITY LIMITS? 1 YES 2 NO	
1 Hever Married 2 Married	Ave.		10f	ZIP CODE 212	21		SA	
3 Widowed 4 Divorced	. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO		cify Cuban, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		14. RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S EDUCATI		16a. DECEDENT'S US	UAL OCCUPATION	Н	16b. KIHD OF BUS	IHESS/INDUSTR	Υ	
(Specify only highest grade com Elementary/Secondary (0-12)  C	college (1-4 or 5+)	Ilfe. Do NOT use r	kind of work done during moet of working o NOT use retred.) School Guard					
17. FATHER'S NAME (First, Middle, Last)				16 MOTHED'S NA	ME (First, Middle, Maiden	Sumamal		
John Atkinson			. Cauching		arrie Jo			
Frank Seitz		196. MAILING AI	Secol	nd Number or Rurel and Road	Route Number, City or Tow Baltimo	re MAr	yland 212	
20a METHOD OF DISPOSITION    Paurial 2	I from State	ob. place and date of	FOISPOSITION	tery 4/		cation — city o altimo	re MAryla	
23. PART I. Enter the diseases, or come shock, or heart willure. List immediate cause (Fine) disease or condition resulting in death) a	DUE TO TOR AS				live discor		Approximate interval Betwo	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):	the underhale		Part I. 24a. WAS AN	Alimpey	24b. WERE AUTOPSY FIMDI	
	,	e luf			PERFO!	MED?	AMILABLE PRIOR TO COMPLETION DF CAUS DF DEATH?	
25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (C	neck only one)			
	OSPITAL:		OTHER:	ne 5 MResidence	6 Other (Specify)			
27. MAHHER OF DEATH	28a. DATE OF IHJUR	Y 28b. TIME	OF 28c. IN.	IURY AT	28d. DESCRIBE HOW	NJURY OCCURE	0	
1 Netural 5 Pending 2 Accident investigation	(Month, Day, Year	) INJUI	M 1 🗆	YES 2 NO				
3 Suicide 8 Could not be detarmined	28s. PLACE OF IHJU building, etc. (S	RY — At home, farm, str pecify)	eet, factory, offic	•	26f. LOCATION (Street City or Town, State		iral Floute Number,	
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	_						use(a) and manner as state	
29b. SIGHATURE AND TITLE OF CERTIFIER				29c. LICEHSE HU	MRER	29d DATE SIG	HED (Month, Day, Year)	
N. Ha	wan a	10		13 191	33		1 - 9 (	
30. HAME AHD ADDRESS OF PERSON WHO	OMPLETEO CAUSE OF	OEATH (ITEM 27) (Type, F	Print)					

TOX U AFT

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Yours after death. Page 6 may be retained by the hospital or attending jony	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the born		
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PH	or this	th wi	arke
NION	E Afte	r dea	IS IT
ATTE	CTOR	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
90	DIRE	hour	Hem
PITAL	ERAL	In 72	T. H
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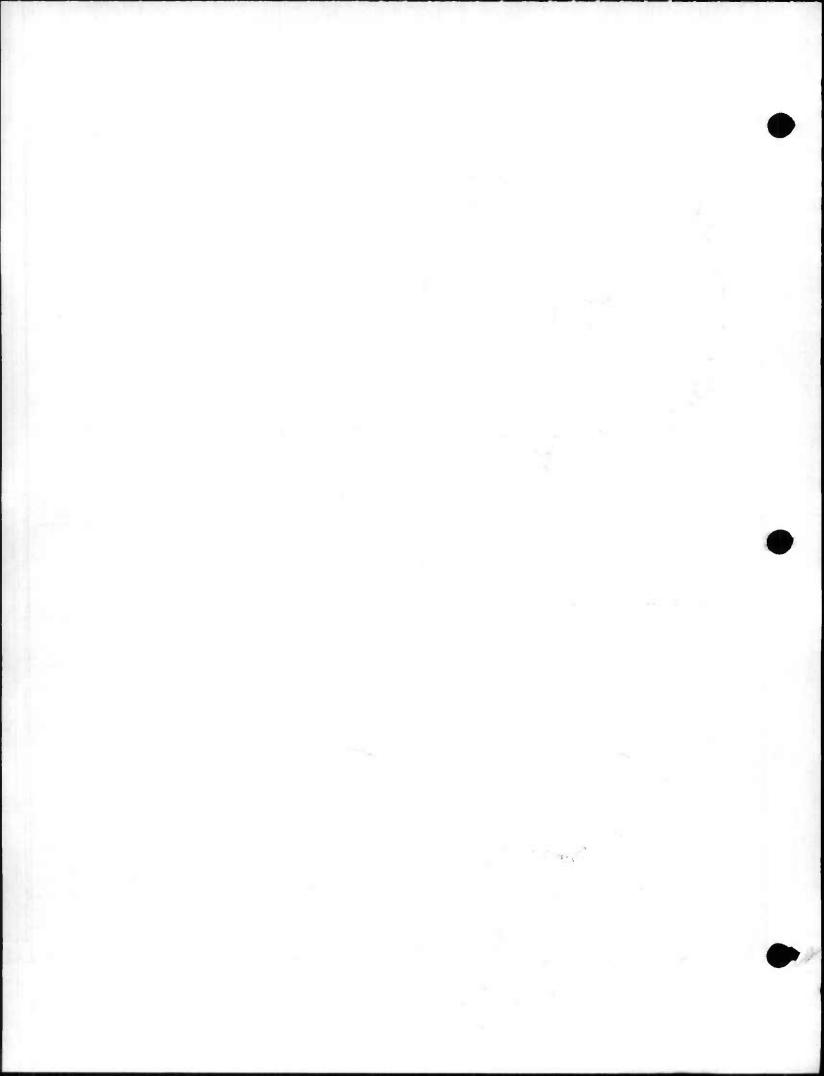
STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN	_	1 00001	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH	
1	WALTER	E.	MAR	KWORDT		March 31		6:00 p.m	
1	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. (	BIRTHPLACE (State or Foreign Country)	
	218-22-4359		62 YAS.			Feb. 17,19		Maryland	
~	9a. FACILITY NAME (If not institution, give a		1		R LOCATION OF OR	ATH	9c. COUNTY OF DEATH		
ō.	8640 Oakleigh R	Odu		Parkv	THE		Baltimore		
HE	10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	
ā		ltimore			ville			1 TYES 2 X NO	
FUNERAL DIRECTOR	10e. STREET AND NUMBER			10f.	ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?			
N	8640 Oakleigh Ro	12. WAS DECEDENT EVER IN	ILE ADMED	Las une proj	THE PART OF LUCES	21234 HC ORIGIN? (Specify Ve		ed States  RACE - American Indian,	
3	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe	city Cuban, Mexica	n, Puerto Rican, etc.)	14.	Black, White, etc.	
ВУ	3 Widowed 4 Divorced	Korean	123	1 1 123	2 NO Specify	γ.		Specify: White	
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	k done durina mos	N it of working	16b. KIND OF BU	SINESS/INDUST	RY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ret. Cap		City 1	ail			
ME	17. FATHER'S NAME (First, Middle, Last)		Rec. Cap	c. Dait		ME (First, Middle, Maiden	Sumamai		
Ö	Henry	Ma	arkwordt			nna	_	ssman	
TO BE	19a, INFORMANT'S NAME (Type/Print)					Route Number, City or Tox			
۲	Frances L. Mark	wordt	86	40 Oakl	eigh Roa				
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Ran		PLACE AND DATE OF				CATION — City		
	4 Donation 5 Other (Specify) En			_	em. 4/4			ım, Maryland	
	> milton	Milton, J	Knight Jr				21214 5305 H	Harford Road	
	23. PART I. Enter the diseases, or	complications that coused	the death. Do no					, Approximate	
	ehock, or heert fellure.	List only one couse on ee	ch line.					Onset and Deeth	
	disesse or condition resulting in deeth)	· LARGE	CELL	CYMI	HOMA			8 MOS.	
	DUE TO (OR AS A CONSEQUENCE OF):								
ON	Sequentielly list conditions,  DUE TO (OR AS A CONSEQUENCE OF):								
AT	if sny, lesding to immediate cause. Enter UNDERLYING		,					į (	
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST	d							
AL C	PART ii. Other aignificent condition	ns contributing to death bu	it not reaulting in	ths underlying	cause given in			24b. WERE AUTOPSY FINDINGS	
Š	AODM					PERFO 1   YES		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME				_		i		1 TES 2 NO	
ä								<u></u>	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C/	neck only one)			
1YS	1 YES 2 DANO  27. MANNER OF DEATH	1 Inpetient 2 ER/Outpe	tilent 3 DOA 4			8 Other (Specify) 28d. DESCRIBE HOW	IN ILIEN OCCUE	en .	
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WO	RK? rES 2 NO	200. DESCRIBE NOW	illuoni occon		
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, farm, str			281. LOCATION (Street	and Number or	Rural Route Number,	
E	4 Homicide datarmined	building, etc. (Speci	'97			City or Town, State	,		
COMPLETED		SICIAN: To the best of my knowle	edge, death occurred	at the time, data	and place, and du	s to the cause(s) and me	nner as stated.		
Š	one) 2 MEDICAL EXAMIN	ER: On the basis of examination	and/or investigation	in my opinion, d	esth occured at the	time, data and place, a	nd dua to the c	ause(s) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	- 0 11/0			29c. LICENSE NU		29d. DATE S	IGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	wale / /	The direct and direct	National Control	D 38	34/	4	(1/91	
	Scott P. Carniva		601 Loch R		ıd. Balı	timore, Ma	rvland		
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGNA	TURE	Q T C II D I I	J. Dul	oznioi c, riu	. J zama		
	APR 2 1991	Julia Devidson	Randelles						



DITHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certified has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriar-transit permit. Pages 1, 2, 3 should be used to the complete of the funeral director. Pages 1, 2, 3 should be detached for use as the buriar-transit permit. Pages 1, 2, 3 should be used to the provide the provided by the provid	5 1
TO THE HOSPITAL C	TO THE PUNERAL D	IMPORTANT: If It

	FOR STATE REGISTRAR	ATE OF MARYLAND / I	DEPARTMENT RTIFICATE			ENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			IME OF DEATH
	EDWARD (	GEORGE MEY	ZERS			3 - 19 - 1		EAR	9:00P M
	4. SOCIAL SECURITY NUMBER 5. SE			1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTH	8.		CE (State or Foreign
	215 03 6491 12	M 2 🗆 F 77	YRS. MONTHS	DAYS H	DURS MIN.	(Month, Day, Year) 12-14-19		Country) Mars	land
	9a. FACILITY NAME (If not institution, give street and	d number)	9b. CITY,	TOWN OR L	LOCATION OF DEA		9c. COUNTY	_	
Œ	Meridin Long Gre	een Nure Hom	ne Ba	ltim	ore		na		
6	RESIDENCE OF DECEDENT	JOH HOLD HOL							
DIRECTOR	10a. STATE MD 10b. COUNTY na		10c. CITY, TOWN O	alti				10d	LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101. 21	P COOE		10g. CITIZEI	OF WHAT	COUNTRY7
ij	3939 Roland Ave				21211			SA	
5		MAS DECEDENT EVER IN U.S. ARM ORCES? 1 TYPES 2 NO				C ORIGIN? (Specify Yes , Puerto Rican, atc.)	or No- 14	. RACE — / Black, Wh	American Indian, ilta, etc.
BY	3 Widowed 4 Divorced	YES, GIVE WAR OR DATES	10	1 YES 2	NO Specify:	NO		Specify:	White
ED	15. DECEDENT'S EDUCATION		EDENT'S USUAL O	CCLIPATION		16b. KIND OF BUS	INESS/INDUS	TRY	MILLEE
1	(Specify only highest grade comple	eted) (Giv	e kind of work done ( Do NOT use retired.)	during most of	of working	102113112 01 200			
7.	Elamentary/Secondary (0-12) Coll-	ege (1-4 or 5+)							
COMPLET	17. FATHER'S NAME (First, Middle, Last)	-		1	8. MOTHER'S NAM	NE (First, Middle, Maiden	Surname)	-	
ö		EYERS			MARGA		GESER		
BE	19a. INFORMANT'S NAME (Type/Print)		MAILING ADDRESS	S (Street and		oute Number, City or Town			
2		Wife							
	Mary Meyers		F DISPOSITION (No			ue, Balto	CATION — CIT		
	1 Burial 2 Cremetton 3 Removal fr		ce)		,,,				
	21. SUCHATURE OF FUNETAL SERVICE LICENSEI		. 22.	NAME AND	ADDRESS OF FAC	HITY			
	1	Ronald Wade						_	Board
	fundered 11 6	Chile_				imore St			MD 2120
	23. PARTI. Enter the diseases, or complete shock, or heart fellure. Liet of			r the mode	of dying, such	s cardisc or reapi	ratory arres	t,	Approximete Interval Between
	IMMEDIATE CAUSE (Final		$\Lambda$ -t	_					Onset and Death
	disease or condition resulting in death)	son nau	1 HRU	ery.	Dise	ase			
		DUE TO (OR AS A CONSEO	PENCE OF):	IJ					
Z	Sequentially list conditions,  DUE TO OR AS A ODNSEOUENCE DE:								
E	If any, leading to immediate	DUE TO JOR AS A GONSEO	UENCE OF):						
2	CAUSE (Disease or Injury	OUE TO (OR AS A CONSEC	UENOS OD						
#	that initiated events	OUE TO (OR AS A CONSEC	DENCE OF):						
CERTIFICATION	d								1
	PART II. Other significant conditions con	ntributing to death but not re	sulting in the u	nderlying	cause given in	Part I. 24a. WAS AN	AUTOPSY		RE AUTOPSY FINDINGS
MEDICAL						1 YES 2		00	MPLETION OF CAUSE DEATH?
0									YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF OEATH (Ch	eck only one)			
SIC		SPITAL: Inpattent 2 ER/Outpatient 3	DOA 4 JANE		5 Residence	6 ☐ Other (Specify)			
H	27. MANNER OF DEATH	26e. OATE OF INJURY	28b. TIME OF	28c. INJUI	RY AT	28d. DESCRIBE HOW	INJURY OCCU	RED	
	1 Pastural 5 Pending	(Month, Day, Year)	INJURY M	1 YE	S 2 NO				
ВУ	2 Accident investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY — At ho	me, farm, street, fac	ctory, office		281. LOCATION (Street		r Rural Rout	e Number,
	4 Homicide detarmined	building, etc. (Specily)				City or Town, State	,		
COMPLETED	29a. CERTIFIER	To the heat of my browledge de		Alma data a	ad alone and due	to the council and no	anas aa stela	4:	
MP	(Check only	To the best of my knowledge, de the basis of exemination and/or i							nd manner as stated.
00		The basis of administration around	anvestigation, in my				_		
BE	296. SHAND THE AND TITLE OF CERTIFIER	7			D 206	. (2)	29d. DATE	SIGNEO (M	prith, Day, Year)
2	John N. E	Devieno			1) 206	7 /	1 3/	411	11
	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)						
	APR 2., 1991	ha Davidson-Rand	wed !						



Pages 1, 2, 3 should

permit.

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director, page 5 should be detached for

the funeral

filled in by

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and completely fille burial, cremation,

prior to

the attending physician Mental Hygiene prior to

has been signed by the Dept. of Health and

After this certificate death with the State

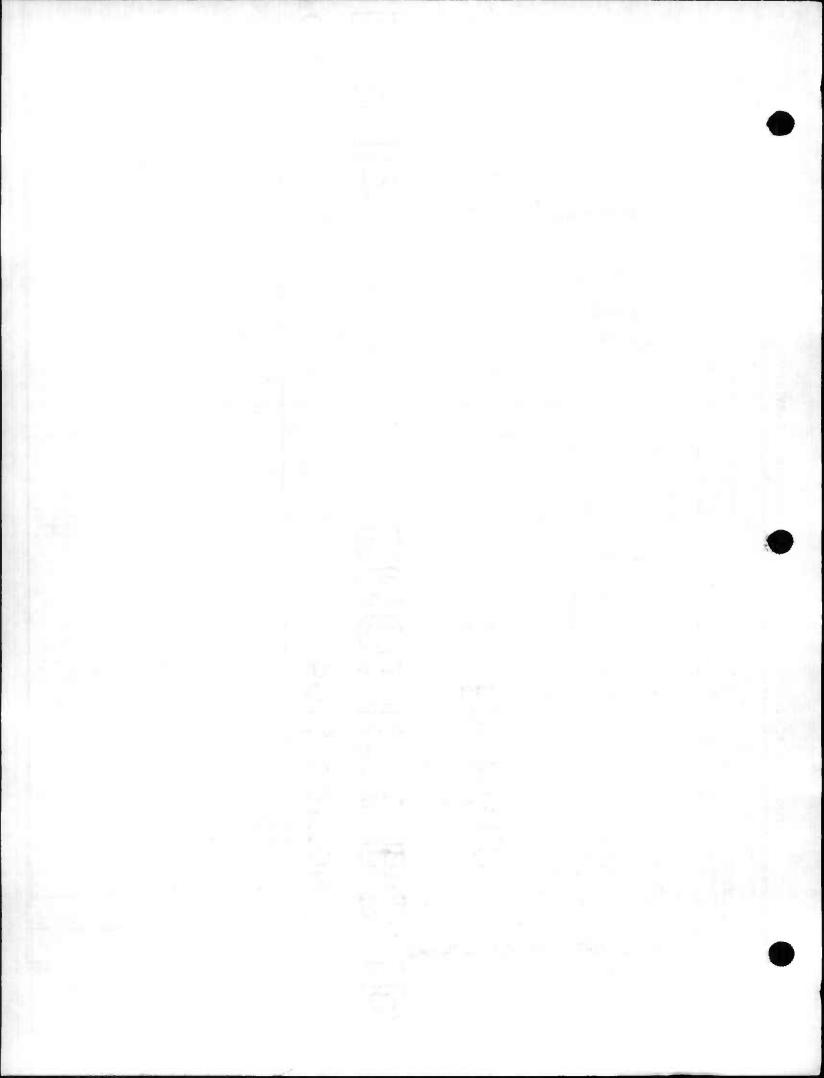
FUNERAL DIRECTOR: , within 72 hours after o

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requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. HOSPITAL DR ATTENDING PHYSICIAN: The law

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 2. OATE OF OEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Marconi Mildred Hazel 2:50 91 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 🗌 M 2 😡 F 227 03 8283A 11-9-1914 Virginia 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore DIRECTOR 1914 Griffis Ave. NA RESIDENCE OF DECEDEN 10s. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD NA Baltimore NES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1914 Griffis Avenue 21230 IISA 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, Whits, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced NO White COMPLETED 15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) Retired Banking 12 y 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Deel 7 BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rodney Dressler Son 5713 Cynthia Terrace, Rosedale, MD 21206 9 20m. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE Burlet 2 Cremation 3 Removal from State must 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir State Anatomy Board 4/1/91 655 W. Baltimore St, BaltoMD 21201 mace medical 23. PART/I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** ahock, or heart feliure. List only one cause on each line. intervai Between **Onset and Death IMMEDIATE CAUSE (Final** the disease or condition\_ BOWER OBSTRUCTION resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 inlun. PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any OPBREASE CARCINOUS 1 | YES 2 | NO 1 YES 2 NO Thispear PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL: OTHER: me 5 Residence 6 Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA marked, or 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 88 6 Could not be determined E 4 Homicide 28 TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Item 2 COMPLET 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE Prelkrete My 3-28-1991 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) MAR B. WREL 111 Penn St. Baltimore, 21201 CARTO APR 2. 1991 32. REGISTRAR'S SIGNATURE ha Davidson-Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



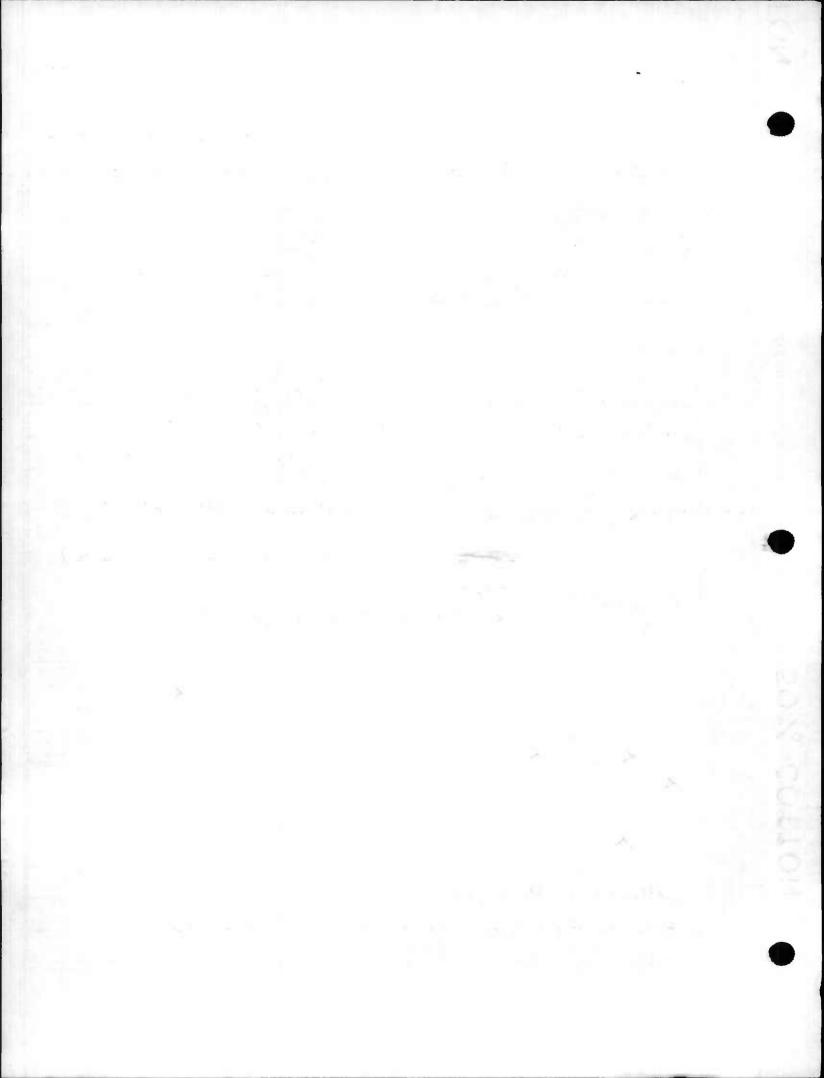
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REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D			3. TIME OF OEATH		
EDITH P.	AULINE MYE	RS			MONTH	2 g	YEAR	10 95 AM		
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BI	RTH	8. BIRTI	HPLACE (State or Foreign		
234-36-6107	1 □ M 2 汉 F	9 YRS.	NTHS DAYS	HOURS MIN.		17, 191		W. Virginia		
9e. FACILITY NAME (If not institution, give a UNION MEMORIAL				R LOCATION OF DE	ATH	9c. COU	9c, COUNTY OF DEATH			
RESIDENCE OF DECEDENT		to OLLY	OWN OR LOCAT	1011				10d. INSIDE CITY		
Maryland N/A			imore (		rooklyn	1)		LIMITS?		
100. STREET AND NUMBER 531 Freeman Stre	eet,		10f.	2122	5	10g. CIT	USA	WHAT COUNTRY?		
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES			ENDENT OF HISPAN scity Cuben, Mexica 2XXNO Specify	n, Puerto Rican,		14. RAC Blec Spec	E - American Indian, ok, White, etc. Sily: White		
15, OECEDENT'S EDU (Specify only highest grade		16a, OECEOENT'S US (Give kind of work	done during mo:		16b. KINE	OF BUSINESS/IN	IDUSTRY	***************************************		
15. OECEDENT'S EDU (Specify only highest prace Elementary/Secondary (0-12) 6th 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Homemak	etired.)		ho	usewife				
17. FATHER'S NAME (First, Middle, Last)		Homeman	-	18. MOTHER'S NA			_			
Clarence Winslow	Michael					llemong				
		19b. MAILING AD	DRESS (Street a	nd Number or Rural i	Route Number, Ci	ity or Town, State, Z	lip Code)			
Ms. Jo Anne Myer	S	531 Fr	eeman S	St., Bal	timore,	Maryla	nd	21225		
20a. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Rem	novel from State	20b. PLACE AND DATE O	F OISPOSITION	(Name	OATE	20c. LOCATION -				
4 Donation 5 D Other (Specify)		Glen Haven				Glen B	urni	e, Maryland		
21. SOMATURE OF FUNERAL SERVICE LI	Kevin	E. Ecker		lly Fune E. Patap		ne of Br	ook1	yn Md. 21225		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intiletad eventa Due to (or as a consequence of):									
	d				- I		. T.			
PART II. Other algnificent condition	na contributing to deet	n but not resulting in	the underlyin	g ceuse given in		. WAS AN AUTOPSY PERFORMED? YES 2 NO	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C)	neck only one)					
EXAMINER?	HOSPITAL:		THER:	e 5 🗆 Residence		aciful				
27. MANNER OF DEATH	28a. DATE OF INJUI (Month, Day, Yea	Y 285. TIME (	OF 28c. INJ			BE HOW INJURY O	CCURED			
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm, stri (pecify)			28f. LOCATIO City or To	N (Street and Numb wn, State)	er or Rurai	Route Number,		
One)	BICIAN: To the bast of my kr							(a) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIE	Dh 11-	<		29c. LICENSE NU	MBER	29d. D/	ATE SIGNE	ED (Month, Day, Year)		
30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P	rint)	Bult.	No.	2				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	HOS DIT	6/	pelt.	Marce.	12/)				
ADD 2 1991	Julia Davidso	n-handelle								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frows after death. Page 6 may be retained by the intending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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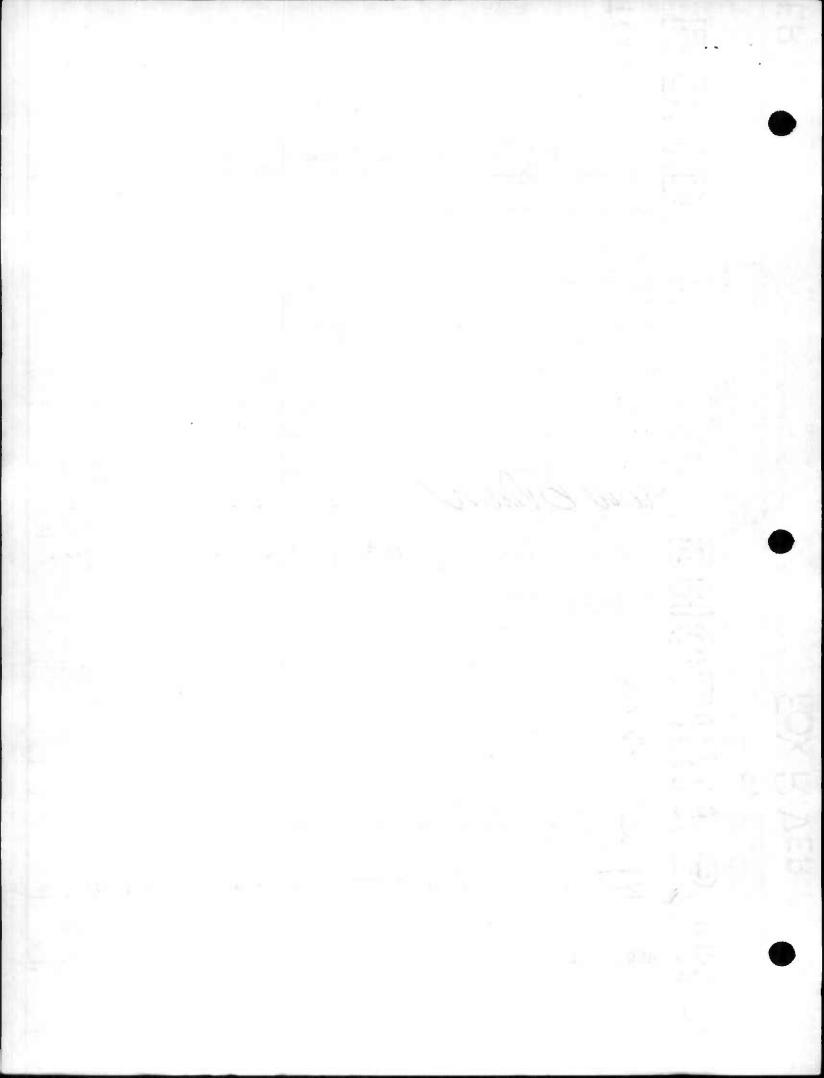
32. REGISTRAR'S SIGNATURE

Julia Davidson-Randall

	FOR 1 - STATE REGISTRAR	STATE OF M				HEALTH AND	MENTA	L HYGIEN		0	18511
	1. OECEDENT'S NAME (First, Middle, Lest) RUSSEll	ALLE	N M	1uh1			2. DATE	OF DEATH	9° 9"I		11:43 Pm
	4. SOCIAL SECURITY NUMBER 216-12-6874	5. SEX 1 📉 M 2 🗌 F	6. AGE (In yrs. las 67	t birthday) YRS.	IF UNDER 1 YEA	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		OF BIRTH		COUMVI	SYLVANIA
TOR	9a. FACILITY NAME (If not institution, give st North Arundel Ho					N OR LOCATION OF D Burnie	EATH		9c. COUNTY Anne		undel
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO						d. INSIDE CITY
	10e. STREET AND NUMBER	ARUNDEL			PASAI	101. ZIP CODE				OF WHA	YES 2 NO
BY FUNERAL	807 RIVERSIDE DRIV  11. MARITAL STATUS  1 Never Merried 2 X Merried  3 Wildowed 4 Divorced	12. WAS OECEOEN FORCES? 1			, specify Cuban, Mexic	Ican, Puerto Rican, etc.) B		RACE -	American Indian, the, etc.		
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5 + NO	·) (G	CEDENT'S two kind of Do NOT u		ATION I most of working		KIND OF BU	SINESS/INDUS	TRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest) CHARLES A. MUHL,  19a, INFORMANT'S NAME (Type/Print)						MENG	Middle, Meider ERT			
10	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  SAME AS # 10  20a. METHOD OF DISPOSITION 1 Maine OATE OF DISPOSITION (Name OATE OF OATE OATE OATE OATE OATE OATE OATE OATE										
	21. SIGNATURE OF THERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVE. S.W. Glen Burnie, MD 21061										
	shock, or heart failure.	List only one csu	ise on each line	<b>.</b>	not entar tha	mode of dying, su	ch aa can	diac or resp			Approximate Interval Between Onset and Death
	disesse or condition resulting in death)	a. COV 8	OR AS A CONSE	QUENCE C	Onter	y 0.	zea	8-e			years
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significent condition	es contributing to	daeth but not	reaulting	in the under	lying cause given in	n Part I.	24a. WAS AI PERFO 1 YES	RMED?	AA Cd	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO DIMPLETION OF CAUSE F DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	B 🗆 DOA	OTHER:	8. PLACE OF OEATN (C					
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	Ney, Year)		JURY M 1	INJURY AT WORK?	28d. DE	SCRIBE NOW	INJURY OCCUP	REO	
	3 Suicide 6 Could not be 4 Nomicide detarmined	building,	of INJURY — At he atc. (Specify)				City	or Town, State			le Number,
COMPLETED	(Check only one)  2 MEDICAL EXAMINE					date and place, and do on, death occured at th					nd manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WA	, ~~	In	w		29c. LICENSE N	UMBER 3ナノン			IGNED (M	fonth, Day, Year)

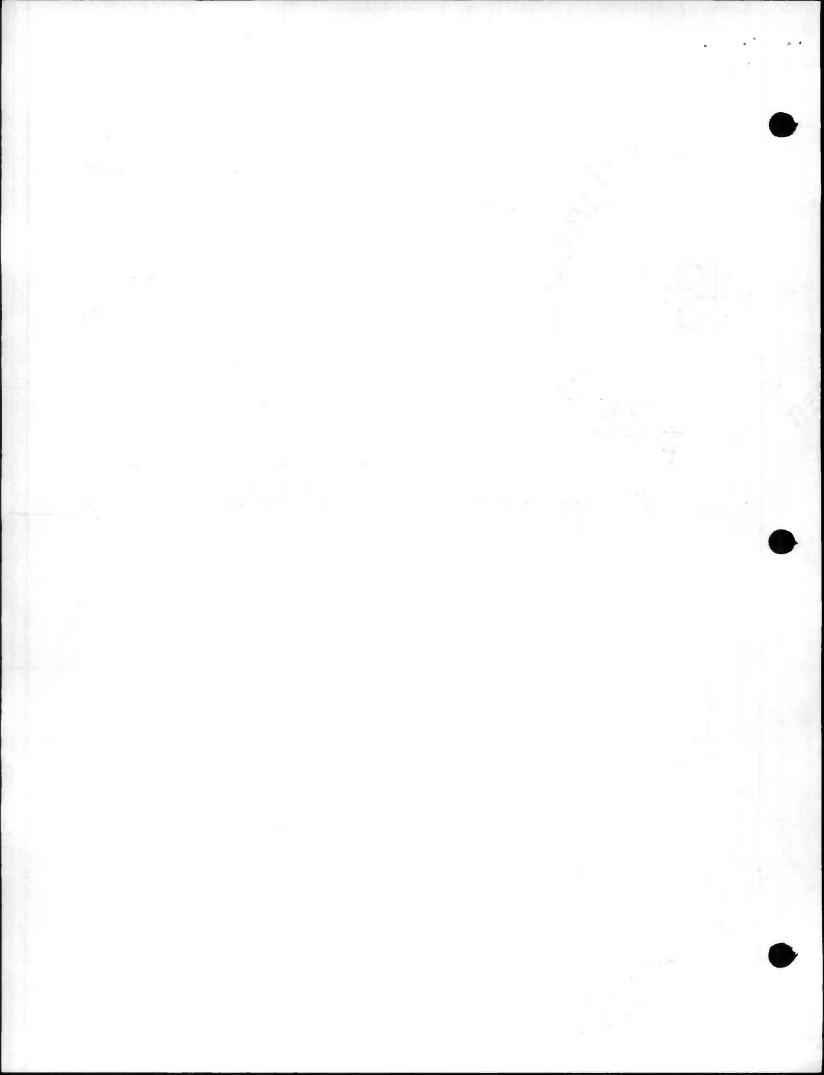
TED CAUSE OF DEATH (ITEM 27) (Type, Print)
1700 #206 Crain Highway, Glen Burnie, Maryland 21061

DNMH-16 Rev 1/89



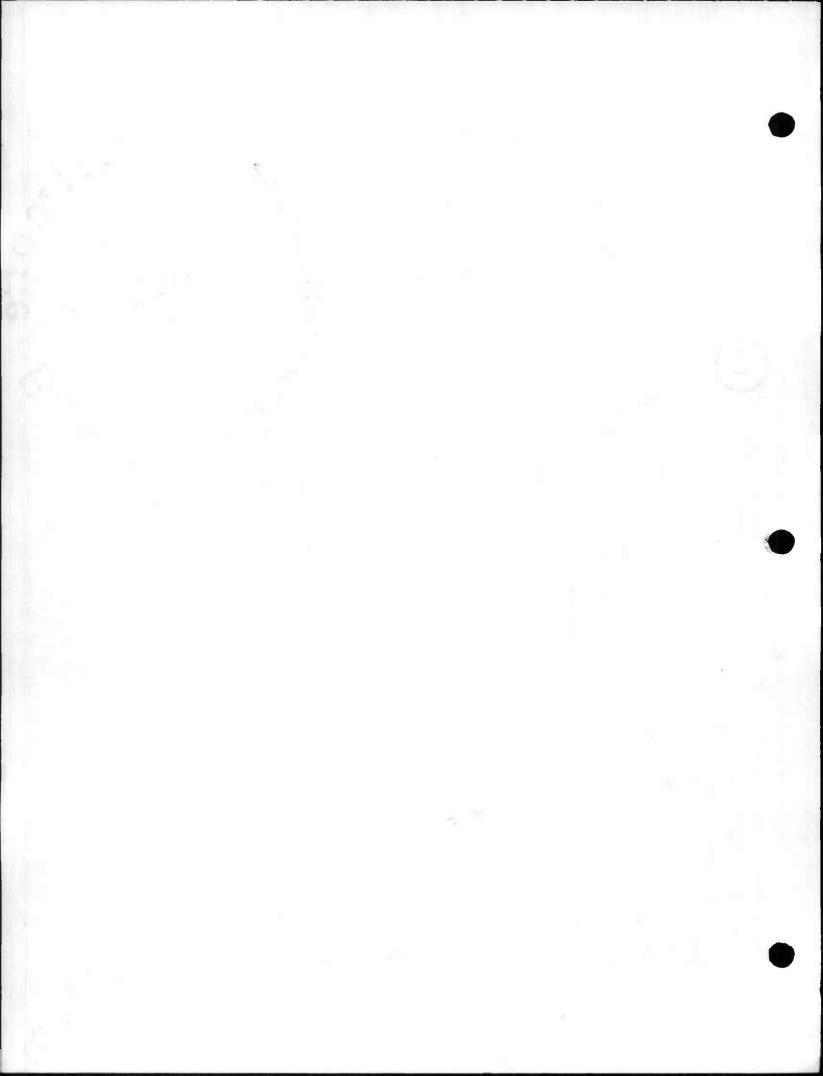
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 1-2 , riours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene phor to bunal, cremation, or removal.	IMPORTANT; If Isom 28 is marked, or Itom 23 shows any Injury, or other traumatic event, the medical examiner must be notified at one	

1	FOR STATE REGISTRAR	STATE OF !	MARYLAN	D / DEPAF CERTIF					MEN	TAL HYGIEN	9		08512
	1. DECEDENT'S NAME (First, Middle, Last)								2. D.	ATE OF DEATH			3. TIME OF DEATH
	ELAINE	RAY		McQl	JOID				M	ARCH 28	199	YEAR	1:30 p M
	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. D/	ATE OF BIRTH fonth, Day, Year)		Count	
	217-26-3263		83	3 11105	01-0170	TOMO! C	D 1 001T	ION OF DE		-22-08	A	M1S	souri
OR	99. FACILITY NAME (If not institution, give st 433 BEN OAKS		lest				RNA ]		EAIR				ARUNDEL
5	RESIDENCE OF DECEDENT	,		10c CIT	Y. TOWN	OB LOCAT	TON						10d. INSIDE CITY
DIRECTOR	MD Anne	Arundel		vern	a Pa	rk						1 YES 2 NO	
FUNERAL	433 Ben Oaks Dr.	West					11146				10g, CIT		WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	YES 2	XNO		If yes, sp	ecity Cub		an, Pus	HGIN? (Specify Yes erto Rican, etc.)		14. RAC	
			La							16b. KINO OF BUS		DISTEN	White
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16	(Give kind of life. Do NOT L	work done	during mo	at of work	ing					
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5		ersonn		50	ecla	list	:	Civil		_	
N N	17, FATHER'S NAME (First, Middle, Last)	4	1	ersonn	er m	anag	_		NAE (5)	U.S. Go		ment	
8	Clarence L. Ellic	. + +									Surnemej		
BE	19s. INFORMANT'S NAME (Type/Print)	οιι		T 401 444 11 11		0.00			_	Prindle Number, City or Tow	- 00-1- 7	- Onde	
2	Dr. Don McQ. Rey	nolde			As		ина митов	or or ribrei	PIOUIS I	Number, City or low	ri, Stein, 21	p Cooej	
			20b. Pt				metery, cre	matory or		20c, LO	CATION —	City or T	own, State
	20c. METHOD OF DISPOSITION  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State												
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1	nairo	22.	NAME A	ND ADDR	ESS OF FA	ACILITY	1		IIVII	10, 110,
- 1	1 98 H	9/1	_			_				ral Home			
	1. Nage	Hyek	~	77.0					_				, Md. 21061
	23. PART I. Enter the diseases, or ahock, or heart failure.				not ente	r the mo	ode of d	ying, aud	ch as	cerdiec or reap	iratory ar	reat,	Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition			0	_								Onset and Death
	disease or condition resulting in death)  a. Consequence of:												
_	A SC PA												
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate  b. OUE TO (OR AS A CONSEQUENCE OF):												
A	cause. Enter UNDERLYING	c	(	145									
H	CAUSE (Disease or Injury that Initiated events	DUE TO	O (OR AS A CO	ONSEQUENCE	OF):								
	reaulting in death) LAST	d											
O	PART II. Other algnificant condition	ne contributing to	o death but	not resulting	in the u	nderivir	a cause	given in	n Part	I. 24a. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
S			117/12							PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA			Phys	>						1 TYES	Z   NO		OF DEATH?
2				<u></u>	-							- 1	1 123 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	1				28. F	LACE OF	OEATH (C	theck o	alv one)			
2	EXAMINER?	HOSPITAL:	□ ED/Outpeti	amt. 2 🗆 004	OTHE	R:				Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26e. DATE C		26b. T		-	JURY AT	Residence	_	I. DESCRIBE HOW	INJURY O	CCUREO	
	1 Natural 5 Pending	(Month,	Day, Year)	- 10	UURY M		ORK? YES 2	□ NO					
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE	OF INJURY -	At home, form	, street, fe	ctory, offi	CB		261	LOCATION (Street		er or Rura	l Route Number,
	4 Homicide determined	building	g, atc. (Specify,	)						City or Town, State	)		
	290. CERTIFIER	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.											
COMPLETED	(Check only												e(s) and manner as stated.
	29b, SIGNATURE AND TITLE OF CERTIFIE	- A A					29c I I	CENSE NI	IMBER		294 DA	TE SIGNE	ED (Month, Day, Year)
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DAT  D  296. 37 3								7/	2=150/				
5	30. NAME AND ADDRESS OF PERSON W	1	USE OF DEAT	H (ITEM 27) (7/	oe, Print)							- /	-01
		(comen			)	A	uno	901	< 5	ond		20	101
	31. DATE FILED (Month, Day, Year)	11 37. REGISTI			p. 40		A 154						
	3/28/91	APR 2	3 1991	Juh	a Davi	don	Pangle	100	_85				
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by Inw	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIEN REG. NO.	E				
1. DECEDENT'S NAME (First, Middle, L	FAYGA OBERF	ELD			2. DATE OF OEATN MONTH DA MAR. 25,	, 1991 ,	3. TIME OF OEATN 2 P. M			
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTN (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
216-27-2246		71 YRS.			7/31/1919		RUSSIA			
9e. FACILITY NAME (If not institution, g			9b. CITY, TOW	N OR LOCATION OF O		9c. COUNTY	OF OEATH			
5715 PARK HE RESIDENCE OF DECEDEN  100. STATE MARYLAND	IGHTS AVE., AP	T. 804		BALTIMOR	E					
10e. STATE 10b. CO		10c. CIT	Y, TOWN OR LO	LTIMORE			10d. INSIDE CITY LIMITS?			
MARYLAND			1 XYES 2 NO							
100. STREET AND NUMBER		10g. CITIZEN	OF WHAT COUNTRY?							
	IGHTS AVE., AP			21215			ISA			
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS OECEDENT EVER I FORCES? 1 YES	2 NO		ECENDENT OF NISPA specify Cuben, Mexico	NIC ORIGIN? (Specify Yes an, Puarto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.			
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR E	ATES A	101	'ES 2 NO Specif	у:		Specify: WHITE			
15. DECEDENT'S		18a. DECEDENT'S			16b. KIND OF BUS	SINESS/INDUS	TRY			
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	most of working		2.00				
9		HOU	SEWIFE			AT	HOME			
17. FATHER'S NAME (First, Middle, Las	)	III. 7.75	PF_173	18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)				
AARON TABTA	BAKOV				LA UNKNOW		27%			
198. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow					
MRS. EMILYA					PT. 43 BA					
20e. METHOD OF DISPOSITION  **Disposition 3	Removal from State	other place)		cametery, cremetory or			y or Town, State			
Donation 5 Other (Specify)		ALTIMORE		3/27 AND ADDRESS OF F		ALTIMO	DRE, MD			
7	KITI				ON & BROS,	INC.				
23. PART i. Enter the diseases	1900	MICO			STOWNED.					
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
DAME II OAK I TOUTH ON THE	litions contributing to death	but not resulting	in the under	ying ceuse given is	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
PART II. Other algoriticant cond					PERFO	4	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		OTHER:	. PLACE OF DEATH (C	heck only one)					
25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	1   Inpatient 2   ER/Ou		4 - Nursing	Home 5 Residence						
27. MANNER OF CEATH  1 Netural 5 Pending 2 Accident Investige	28a. DATE OF INJURY (Month, Day, Year)	26b. TII	JURY	INJURY ÁT WORK?	28d. DESCRIBE NOW	INJURY OCCU	RED			
3 Suicide 6 Could re 4 Homicide determin			street, factory,	offica	261. LOCATION (Street City or Town, State		Rural Route Number,			
(Check only 1 CERTIFYING	PNYSICIAN: To the best of my kno AMINER: On the basis of examinati			·						
29b. SIGNATURE AND TITLE OF CER	Tsmber	g, u	10	D 3	JMBER 4878	29d. DAYE 5	126/91			
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF E		9 Res	sterker	in Ed su	JU 212	is Bull wo			
31. DATE FILED (Month, Dey, Year)  2 APR 0 2 19	91 Julia David	son-Randell	2							



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huneral	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	- marked or liem 22 shows any inlury or other traumatic event the medical examiner
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STATE	0F	MARYLAND	/ DEPARTME	ENT OF	HEALTH	AND	MENTAL	<b>HYGIENE</b>
CERTIFICATE OF DEATH								REG. NO.

08514

91

	1 - FOR STATE OF MARYLAND C		OF HEALTH A		AL HYGIENE REG. NO.	9	1 08514	
	1. DECEDENT'S NAME (First, Middle, Lest)  ROSE IDA OREN	DARF	F		TE OF DEATH DAY	0 9 YE	ar 0940 m	
	4. SOCIAL SECURITY NUMBER  5. SEX  1 □ M 2 ⊅ F	YRS. IF UNDER		HRS. 7. DA	TE OF BIRTH	8. E	BIRTHPLACE (State or Foreign Country) aryland	
OR	North Arundel Hose	9h. CIT	LEN B	OF DEATH	ie	9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?	
	Maryland Anne Arundel 100. STREET AND NUMBER	Glen	Glen Burnie 100. ZIP CODE			10g. CITIZEN	1 ☐ YES 2 🔀 NO  OF WHAT COUNTRY?	
FUNERAL	7896 Tall Pines Court, Apt G.	outro I to	21061	WODANIC OD	OHAN 60	U.S	RACE — American Indian,	
B	1 Never Married 2 Married 3 Wildowed 4 Divorced  1. Was December 1 Yes 2 Married FORCES? 1 Yes 2 Married IF YES, GIVE WAR OR DATES	NO	If yes, specify Cuben, I	Mexican, Puer			Black, White, etc.  Specify: White	
COMPLETED	(Specify only highest grade completed)  Elamentary/Secondary (0-12)  College (1-4 or 5+)	OECEDENT'S USUAL O (Give kind of work done lie. Do NOT use retired.)	CCUPATION during most of working		16b, KIND OF BUSI		яY	
OMP	11th None H	lomemaker	18. MOTHER	R'S NAME (Fir	Own H			
BEC	Harry McComas		Ro		2 -031 0.111 7	)	Meeham	
2	196. INFORMANT'S NAME (Type/Print) Hollis W. Orendorff		s (Street and Number or as #10	Rural Route N	lumber, City or Town,	State, Zip Coo	10)	
	1 M Burial 2 Cremation 3 Removal from State other	place)	ame of cometery, cremato	ory or			or Town, Stata	
	4 Denation 5 Total (Specify) Entombrient Lot 21. SIGNATURE OF UNIONAL SERVICE LICENSE	22	Cemetery NAME AND ADDRESS			imore	, Maryland	
	AM / Marin	G	ingleton l len Burnie	. Mar	yland 2	21061		
NOI	23. PART I. Enter the diseases, or complications that caused the caucock, or heert fellure. List only one ceuse on each list IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONS)  Sequentially list conditions,	ne.  Mujo					Interval Between	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST							
AL	PART II. Other aignificant conditions contributing to death but not	t resulting in the u	nderlying cause glv	en in Part I	. 24a. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDIC					1 🗆 YES 2	X40	COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHE	26. PLACE OF DEA	TH (Check onl	y one)			
HYSI	1 Ves 2 NO 1 Inpetient 2 Ver/outpetient 27. MANNER OF DEATH 28s. DATE OF INJURY		28c. INJURY AT	-	Other (Specify) DESCRIBE NOW IN	JURY OCCUR	ED	
B	1 Netural 5 Pending (Month, Dey, Year) 2 Accident Investigation 3 Suicide a Could not be 28e. PLACE OF INJURY — At building, etc. (Specify)	M	WORK? 1 YES 2 1	286. 1	LOCATION (Street a	nd Number or I	Rural Route Number,	
LETEC	4 Nomicide determined				City or Town, State)			
COMPLETED	(Check only 1 CERTIFYING PRYSICIAN: To the basis of my knowledge, one)  2 MEDICAL EXAMINER: On the basis of examination and/o						ause(a) and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	Depu	ty DC	SE NUMBER	54	≥ 3/	GNED (Morith, Day, Year)	
	WILLIAM P. JONES  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	mD)	695	An	neric	A 0	21035	
	APR 2 1991 Julia Jash dann	State of the state						
		4					DHMH-16 Rev 1/89	

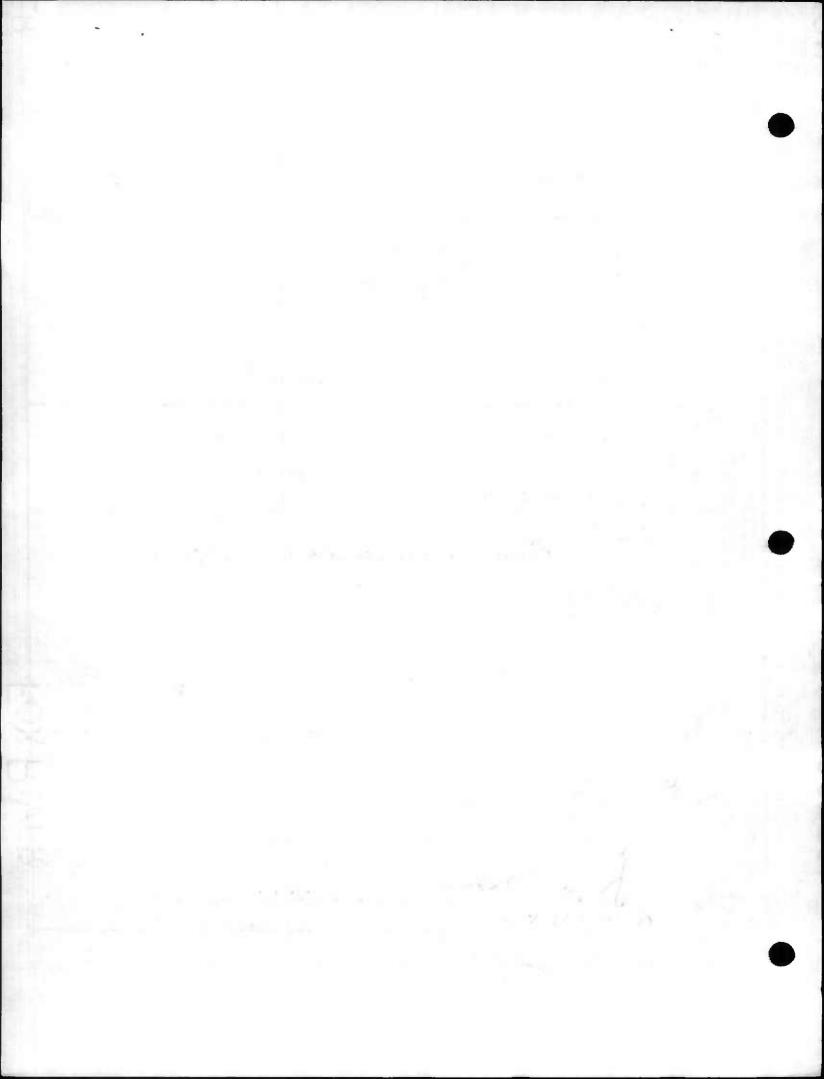
nding process	is the extra frame permit. Pages 1, 2, 3 should	
after death. Page 6 may be retained by the hospital or att	by the funeral director, page 5 should be detached for use imoval.  Iteal examiner must be notified at once.	
D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending procured within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the invariant permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law rec	TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of IMPORTANT: If Item 28 is marked, or Item 23 shu	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE REGISTRAR	STATE OF MAR			F HEALTH AND	MENTAL HYGIEN		
1. DECEGENT'S NAME (First, Middle, Last	0				2. OATE OF DEATH		3. TIME OF CEATH
JAMES Roger	rs	PATT	TERSON		03 25	91	7:03 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIRTH	0.1	BIRTHPLACE (State or Foreign
229-22-0019	1 🔀 M 2 🗆 F	63 YRS.	MONTHS DAT	78 HOURS MIN.	(Month, Day, Year) 6-08-192	7	V A
Se. FACILITY NAME (If not institution, give	atreet and number)		96. CITY, TOV	VN OR LOCATION OF C	EATH	9c. COUNTY	OF DEATH
MERCY HOSPITAL			BALTI	MORE CITY			
RESIDENCE OF DECEDENT							
10a. STATE 10b. COUN	ITY		Y, TOWN OR LO				10d, INSIDE CITY LIMITS?
MD		Ва	ltimo				1 X YES 2 NO
10e. STREET AND NUMBER				10f. ZIP COOE			OF WHAT COUNTRY?
746 Dolphin				21217		US	
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	od 2 Merried FORCES? 1 M YES 2 NO			OECENDENT OF HISPA s, specify Cuben, Mexic YES 2 TO Speci	n or No 14.	RACE — American Indien, Black, White, etc. Specify: Black	
15. DECEDENT'S ES	DUCATION	16a. DECEDENT'S	USUAL OCCUP	PATION	16b. KIND OF BU	SINESS/INDUST	
(Specify only highest gra	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	g most of working			
Constitutive of the state of th	College (1-4 of 3 +)	Main	tenanc	e	Balti	more	City
17. FATHER'S NAME (First, Middle, Last)	-			18. MOTHER'S N	AME (First, Middle, Malden	Surname)	
The second secon				Susi	e Patters	on	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	G AOORESS (Str	set and Number or Rura	Route Number, City or Tow	m. State. Zio Coo	(a)
Thelma Patter	son				imore, MD		
2Q4. METHOD OF DISPOSITION		20b. PLACE AND OAT	F OF OISPOSIT	ION (Name	OATE 20c. LC	CATION — City	or Town, State
1 Denation 5 Other (Specify)	emoval from State	of cemetary, cremator Mt Zioi			1		re, MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	ne alo	22 NAM	E AND ADDRESS OF E	ACHITY		
Charle	10 %	AMIA	Jos	seph H.	Brown Jr.	P.A.	1. 01000
Courter	-C4-19	wor	191	13 W. Ba	Itimore S	t. Ba	1to. 21223
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bOUE TO (OR	AS A CONSEQUENCE OF AS A C	0F): 0F):		les des		
	d						
PART II. Other algorificent condition	iona contributing to dec	th but not resulting	In the under	lying cause given in	Pert I. 24a. WAS AP PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF OEATH (C	Check only one)	-	
EXAMINER?	HOSPITAL:	/Outpatient 3 □ DOA	OTHER:	Home 5 - Residence	Value I I I I I I I I I I I I I I I I I I I		
27. MANNER OF DEATH	28a. DATE OF INJ	URY 28b. TII		INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
1 Netural 5 Pending	(Month, Day, Y		JURY	WORK?			
2 Accident Investigatio	26a, PLACE OF IN	JURY At home, ferm,			28f. LOCATION (Street	end Number or	Rural Route Number
3 Suicide 8 Could not b	building, etc.	(Specify)	,,,		City or Town, State		
29a CERTIFIED							
anal anal	YSICIAN: To the best of my INER: On the basic of exami						ause(e) end manner ee stated.
296. SIGNATURE AND TITLE OF CERTIF	100	J-13-74		29c. LICENSE N	JMBER		IGNEO (Month, Day, Year)
	1×8			O.C.M.	Ε.	▶03/2	26/91
30. NAME AND ADDITED OF PERSON	WHO COMPLETED CAUSE O			T,BALTIMO	RE, MARYLAN	D 2120	
				,	7		
APR 2 1991	32. REGISTRAR'S	SIGNATURE					

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'n	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral denditive man is settled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or remove
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR A	DIRE
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30. NAME, AND ADDRE

31. DATE FILED (Month, Day, APR 02

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Surfail-fransit

for use as the

pal or amending physician.

D 21215-0020

08516 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 23 ORE 1118 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUM 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. North Carolina 1 M 2 F 9a. FACILITY NAME (If not Mytitution, give street and 9c. COUNTY OF 08 808 BR DIRECTOR 7/7 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY imore YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 212 BRICE 11. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie BY 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 04 BE INFORMANT'S NAME (Type/Print 19h, MAILING ADDRESS (S) 2 AT PLACE AND DATE OF DISPOSITION (Namelary, Signatory or Allers 8 METHOD OF DISPOSITION DATE 20c. LOCATION must 3 🗆 R Co. 4 Donation 6 Other (Specify) eraminer WATURE OF FUNERAL SERVICE LICENSEE medical a diseases, or complications that caused tha daeth. Do not anter the mode of dying, such as cardiac or respiratory or heart failure. List only one cause on each line. Approximate intervai Between Onset and Death Ola **IMMEDIATE CAUSE (Final** the disease or condition resulting in death) event, IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 10 5 D-1168 1 TYES 2 NO ent 2 - ER/Outpatient 3 - DOA 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending Investigation 1 YES 2 NO BY 2 Accident 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tima, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the besis of as flon and/or investigation, in my opinion, death occured at the tima, data and placs, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIF th, Day. BE 62 2

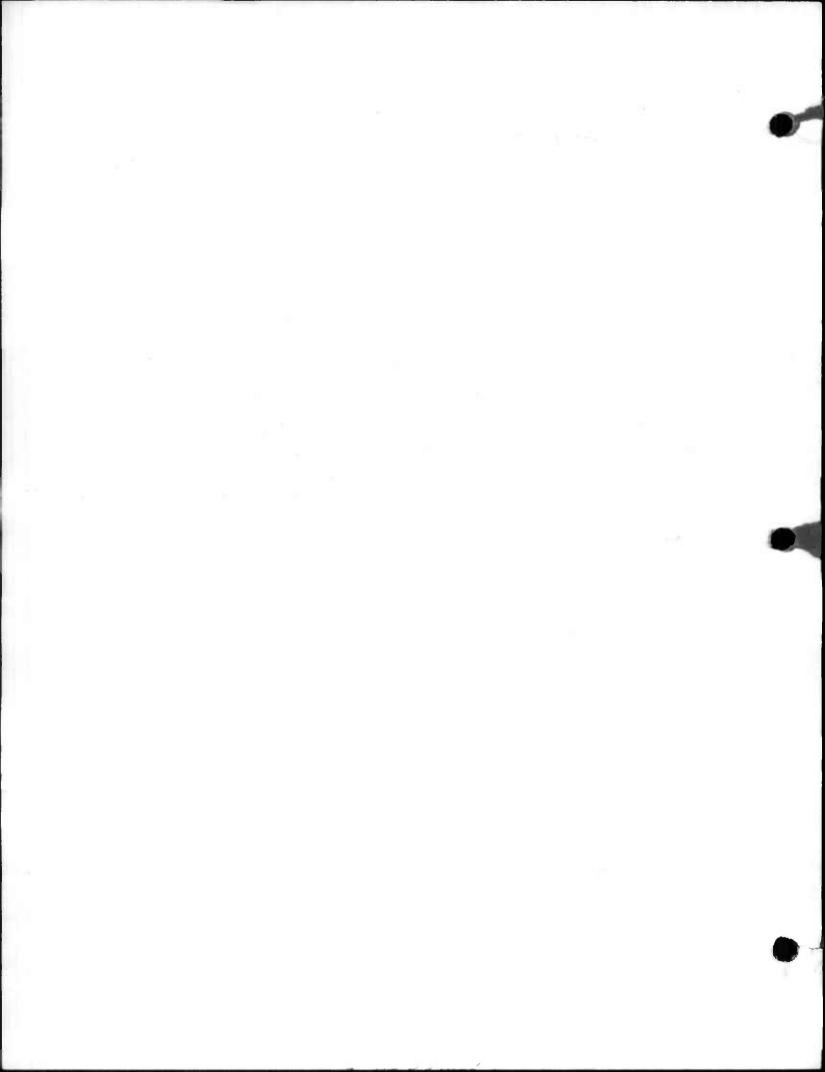
OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

32. REGISTRAE'S SIGNATURE

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1. DECEDENT'S NAME (First, Middle, Last)	, Su	mler	Sumler :	Parran	2. DATE MONTH	29 91	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthde)	y) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTN	8. BIRT	NPLACE (State or Foreign
218104105	1 🕅 M 2 🗆 F	107 YRS.	MONTHS DAYE	HOURS MIN.		-10 - 83	Count	d.
9a. FACILITY NAME (If not institution, give s				OR LOCATION OF DE	EATH	9c. 0	COUNTY OF E	DEATH
BON SECOUR	25 HOSPI	TAL	BALT	IMORE				
10e. STATE 10b. COUNT	Υ	10c. C	CITY, TOWN OR LOCA	TION				10d. INSIDE CITY
MD		В	ALTIMO	ORE				1 TYES 2 NO
10e. STREET AND NUMBER			10	f. ZIP CODE		10g.		WHAT COUNTRY?
3018 We	estwood A			21216	5		U.	S.A.
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMEO YES 2 NO		CENDENT OF HISPAN pecify Cuban, Maxica			Blac	E — American Indian, ck, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR		1 TYES	S 2 NO Specify	y:		Spec	BLACK
15. DECEDENT'S EDU	JCATION	16a. DECEDENT	T'S USUAL OCCUPATI	ON	16b.	KIND OF BUSINESS		1901101
(Specify only highest grade	completed) College (1-4 or 5+)	(Give kind i life. Do NOI	of work done during m use retired.)	ost of working				
,(5.12)		Cust	odian			Social	Secur	rity
17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA		Aiddle, Maiden Surnan		
John	Parra	n		N	Matt	ie		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILJ	NG ADORESS (Street	and Number of Rural	Route Numb	oer, City or Town, State	a, Zip Code)	
Mrs. Janie D.	Parran	301	18 Westw	rood Ave	enue	Balto	. , Mc	1. 21216
20a. METHOD OF DISPOSITION  1 N Burlal 2 Cremation 3 Rem	noval from State		osition (Name of ce		"OM	20c. LOCATION	1 - City or T	
4 Donation 5 Other (Specify)		Bartin						na.
21. SIGNATURE OF FUNERAL SERVICE LI	400		Jame	ND ADDRESS OF FA	orto:	n & Son	S	
Jumes	a. mos	Ton	1701	Laurer	ns S	treet B	alto.	, Md. 21:
disease or condition		- //	( I N/ N	101				
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	b	R AS A CONSEQUENCE	CEVN OF):	)	al .		\	74
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE	E OF):		di .		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b	AS A CONSEQUENCE	E OF):		Part I.	24a. WAS AN AUTOI PERFORMED?	PSY 24	b. WERE AUTOPSY FINDING:
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE	E OF):		Part I.		PSY 24	b. WERE AUTOPSY FINDING
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE	E OF):		Part I.	PERFORMED?	PSY 24	b. WERE AUTOPSY FINDING: AVAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE	OF):	ng cause given in	_	PERFORMED?	PSY 24	b. WERE AUTOPSY FINDING: AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	oue to (or	R AS A CONSEQUENCE	OF):  OF):  26. F  OTHER:		_	PERFORMED?	PSY 24	b. WERE AUTOPSY FINDING: AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO.	oue TO (or	R AS A CONSEQUENCE	26. F  OTHER: A 4   Nursing Hot	ng cause given in	hack only or	PERFORMED?  I YES 2 No	PSY 24	b. WERE AUTOPSY FINDING: AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO.  27. MANNER OF DEATH  1 Natural 5 Pending	b. OUE TO (OI  c. OUE TO (OI  d. OIB TO (OI  d. OI  d. OIB TO (OI  d. OI  d.	RAS A CONSEQUENCE Path but not resulting R/Outpatient 3 DO/JURY 26b.	26. F  OTHER: A 4   Nursing Nor TIME OF   28c. IN W   1	PLACE OF DEATN (C) me 5   Rasidence UURY AT ORK? YES 2   NO	hack only or 6 Othe 28d. DES	PERFORMED?  I YES 2 No	PSY 24	b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO.  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	b. OUE TO (OI  c. OUE TO (OI  d. OIB CONTRIBUTING to de  PARTIAL:  1 % Inpartiant 2 = E  28e. DATE OF IN (Month, Day.  28e. PLACE OF I building, etc.	R AS A CONSEQUENCE Path but not resulting  R/Outpetlent 3 DO/ JURY 26b.  NJURY — Al home, fam.  c. (Specify)	26. F  OF):  OF):  OF):  OF):  OTHER: A 4   Nursing Horitime Of INJURY M 1   m, street, factory, offile curred at the time, dark	PLACE OF DEATN (C) me 5  Rasidence JURY AT ORK? VES 2  NO	6 Other 28d. DE:	PERFORMED?  I YES 2 Ni  No  No  No  No  No  No  No  No  No	PSY 24 D  or OCCURED  make or Rural s stated, to the cause	b. WERE AUTOPSY FINDING: ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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91 08518 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Ike Greelee Payne 1991 March 30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR 408-24-5779 DAYS HOURS 1 ₹ M 2 🗌 F 85 May 11 1905 Tenn. 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 30 Iris Lane Middle River Baltimore 10e. STATE 10c. CITY, TOWH OR LOCATION 10d, INSIDE CITY LIMITS? Md. Baltimore Middle River 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21220 30 Iris Lane USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ri FORCES? 1 YES 2 2 NO 1 Never Married 2 X Merried Specify: BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compi Elementary/Secondary (0-12) College (1-4 or 5+) 5th Bus Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bertha Fletcher Jop Payne BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
32 Kenia Lane BAltimore MAryland 21220 2 Helen Pruett 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE 20s. METHOD OF DISPOSITION

1. Burlel 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) FairfaxCityCemetery4/2/91 Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome300MAceAve.21221 sector complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, fellure. List only one cause on each line. 23. PART I. Enter the disea IMMEDIATE CAUSE (Fine) Onset and Death INFARCTION. 140 CARDIAL disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MANGRO CERTIFICATION DUE TO (OR AS A CONSEQUENCE Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART il. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL

LUNG BSTRUGTVE

1 | YES 2 | NO = EMPHYSEMA

AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 1 TYES 2 NO

26. PLACE OF DEATH (Check only one) OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🗆 Residence 6 🗆 Other (Specify)

М

27. MANNER OF DEATH 1 Natural 2 Accident

26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be datermined 4 Homicide

1 🚫 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

MI

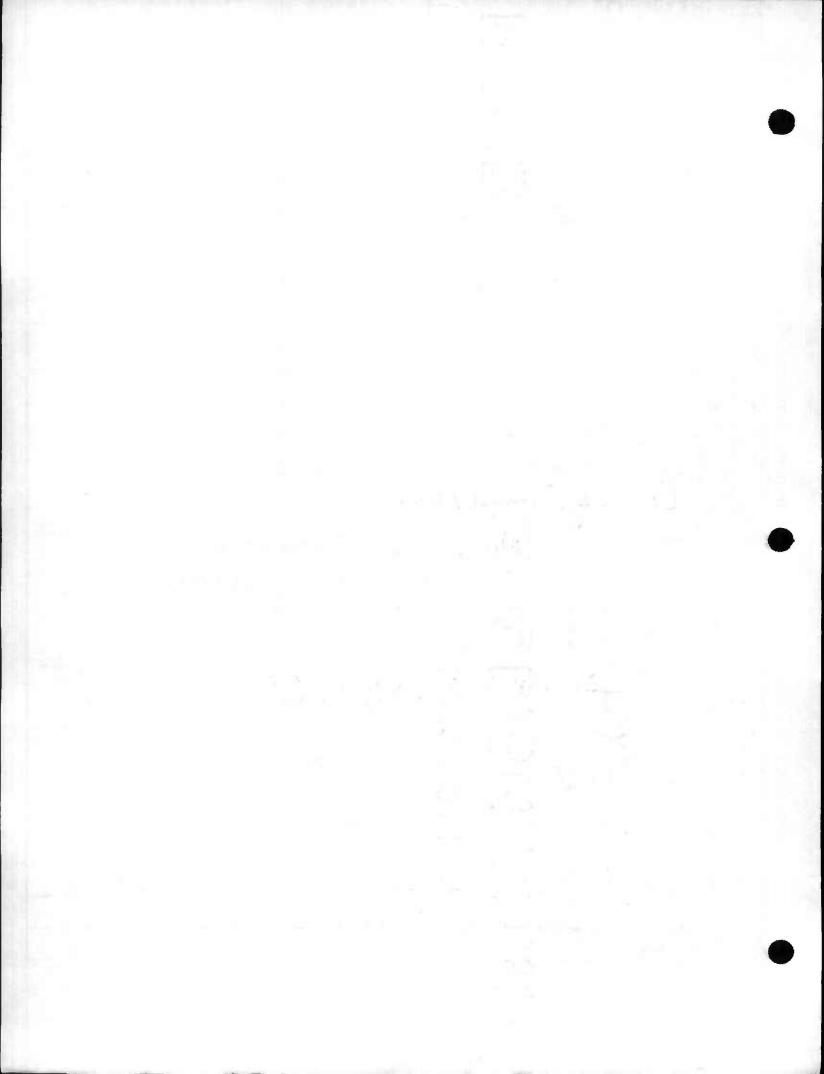
2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occ

,	2 MEDICAL	EXAMINER: On the basis of exam	ination end/or investig
29h STONATI	URE AND TITLE OF	Connel	10
10	you	1 00.	SX.
30. NAME AN	ID ADDRESS OF PER	SON WHO COMPLETED CAUSE	OF DEATH (ITEM 27)

29c. LICENSE NUMBER

1991 the Devidson-Handales

DHMH-16 Rev 1/89



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mounts after death. Page 6 may be retained by the insertance of the physician.

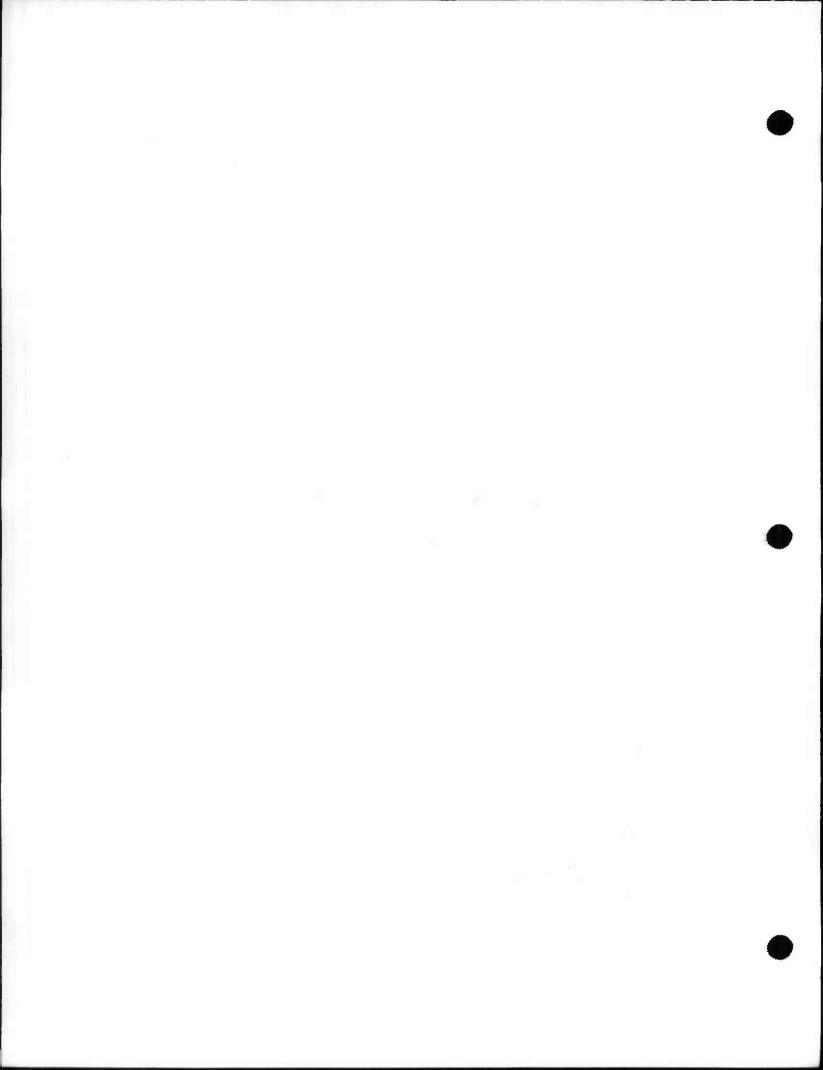
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	1, DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH										2. DATE OF			3. TIME OF DEATH		
1		Rober	rt		T	arso	me					h 25			7:07am	M
	4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In			IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF I	HTRIE	. 17	8. BIRTH	NPLACE (State or Fore	ign
	145 14 02	0.4	1 😡 M 2 🗀 F	6	5	YRS.	MONTHS	DAYS	HOURS	MIN.	5-17.	y. Year) - 192	5	Count	n)	
	9e. FACILITY NAME (If not in	stitution, give s					96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH					DEATH				
FUNERAL DIRECTOR	Maryland Ge		ноѕріtа.	L			Baltimore City NA									
2	10e. STATE	10b. COUNTY	<i>r</i>			10c. CITY	TY, TOWN OR LOCATION 10d. IN:					10d. INSIDE CITY				
1	MD	N	Α		- 1	F	Balt	imo	ore						LIMITS?	0
١٤	10e. STREET AND NUMBER							_	of, ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
H	1202 St.	Paul	Street	t (B	ase	ment	Apt	:)	212	21202						
5	11. MARITAL STATUS		12. WAS DECEDE								IIC ORIGIN? (S		or No-	14. RAC	E — American indien	,
	1 Never Merried 2		FORCES?			0			S 2 NO		n, Puerto Rica /:	n, etc.)		Spec		
	3 Widowed 4 Divo	erced														
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				(Gh	EDENT'S	vork done	during m	ION lost of worki	ng	16b, Kil	ND OF BUS	BINESS/IN	DUSTRY		
YLE!	Elementery/Secondery (0-12) College (1-4 or 5+)				life.	Do NOT us	a retired.)									
COMPL	17. FATHER'S NAME (First, M	liddle, Last)							18. MOT	HER'S NA	ME (First, Midd	lle, Meiden	Surneme)	_		
BE (	19e, INFORMANT'S NAME (	Ema/Driet)			dot	MAII INC	ADDDEC	B /Ctm at	and Mumba	a ou Pound	Route Number,	City or Tour	Ptoto 7	la Cadal		
2	190, INFORMANT'S NAME (	урви-тиц)			190	, MAILING	ADDRES	3 (Street	and Numbe	r or Hunii i	ноше митое,	City or low	n, State, Zi	p Cooe)		
	20e. METHOD OF DISPOSITION  20e. METHOD OF DISPOSITION  20e. LOCATION — City or Town, \$tar  other place)									own, State						
	4 Donetion 8 Other (Specify)															
	Royald Wade, Dir State Anatomy Board															
	/ Juna	eles,	111114	de	4/	1/9	1 6	555	W.	Balt	timor	e St	, Ba	lto	, MD 2120	0 1
	23. PART   Enter the dishock, or h IMMEDIATE CAUSE (Findisease or condition	aart fallure.	List only ona ca	use on as	ch lina.							or resp	iretory a	rrest,	Approximat Interval Bel Onset and	tween
ŀ	disease or condition Probable carcinoma of the rectum  Due to (or as a consequence of):															
Z	Sequentially list conditions,  Dehydration  Due to (OR AS A CONSEQUENCE OF):															
CERTIFICATION										-2						
2	Cause. Enter UNDERLYING CAUSE (Disease or injury  C. Probable sepsis  Due to (or as a consequence of):															
	that initiated events reaulting in daath) LAS	that initiated events DUE TO (OR AS A CONSEQUENCE OF):														
5			d,												+	
	PART II. Other significa	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY FINDINGS AMBLABLE PRIOR TO														
2											1	YES 2			COMPLETION OF CA	
MEDICAL															1   YES 2   N	0
	1 765 2 1 110															
CIAN	25. WAS CASE REFERRED	TO MEDICAL						28.	PLACE OF	DEATN (C)	neck only one)					
2	EXAMINER?		HOSPITAL:	☐ ER/Outp	atient 3	□ DOA	OTHE 4   Nu		ome 5 🗆 F	Reeldence	a Other (S	ipecity)				
PHYSI	27. MANNER OF DEATH		28e. DATE C			28b. TIN		28c. II	NJURY AT		28d. DESCR		INJURY O	CCURED		
		Pending Investigation	(Month,	Day, Year)		IIV.	M		YORK?	□ NO						
D BY	2 Accident 3 Sulcide g	Could not be	28e, PLACE	OF INJURY	— At ho	me, farm,	street, fac	ctory, of	fice		28f. LOCATI	ON (Street Town, State	end Numb	er or Aural	Route Number,	
4	4 Nomicide	determined	building	, etc. (opeo	419)						Gily Gr	iown, State	,			
COMPLETE	Check only	- 2.0	ICIAN: To the best												(e) and menner as str	ated.
2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and mer 29b. SIGNATURE AND TITLE OF CERTIFIER 220. DATE SIGNED (Month, C																
BE	3	dar	naly		1	S			29G. LI	JENIJE NU	n/a		<b>▶</b>	IL SIGNE	3/25/91	
임	30. NAME AND ADDRESS O			USE OF DE	ATH (ITE	М 27) (Турі								_		
	Bashar		ly, M.D.	ADIO 0:0:	AVIDE		c/c	o Ma	aryla	nd G	eneral	Hos	pita	1		
31. DATE APR 1991 Fuha Davidron Bandage																



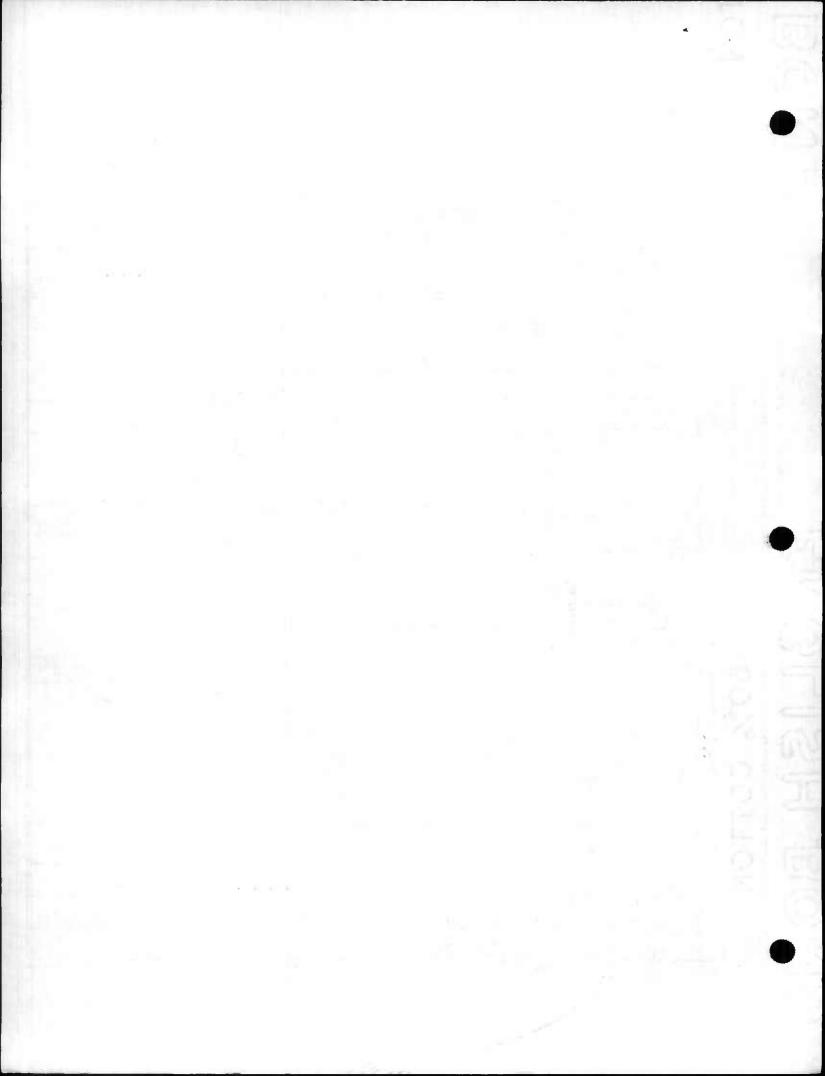
1 - REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO				
1. DECEDENT'S NAME (First, Middle, Last) JOHN	HAHED	DA	PANASUK SR.			AY YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	SR.  IF UNDER 24 HRS. HOURS MIN.	7, OATE OF BIRTH (Month, Day, Year)	7 199 6. BIR Cou	THPLACE (State or Foreign		
049-38-7194  se. FACILITY NAME (If not institution, give:	1 € M 2 □ F	43 YRS.		HOURS MIN.	04-20-194	7 Se, COUNTY OF	Maryland		
North Arundel Ho				Burnie	EATH		undel Count		
10a. STATE 10b. COUNT	imore County		TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
100. STREET AND NUMBER 62 Pittston Circ	le		10		09. CITIZEN OF WHAT COUNTRY? U.S.A.				
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 XXDIvorced	12. WAS OECEOENT EVE FORCES? 1 YES, GIVE WAR OF	ES 2XXNO	2) NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) Black,						
15. OECEOENT'S EDU (Specify only highest grade	JCATION e completed)	16a. DECEDENT'S U	ork done during m		16b. KIND OF BU	SINESS/INDUSTRY			
Elementary/Secondary (0-12) 8th	8th Warehouseman Giant Foods, Inc								
17. FATHER'S NAME (First, Middle, Last)	17. FATHER'S NAME (First, Middle, Last)  Alexander Panasuk, Sr.  16. MOTHER'S NAME (First, Middle, Malden Surname)  Winifred Spicknall Panasuk								
A lexander Panas	uk, Sr.	19b. MAILING	ADDRESS (Street				suk		
	19e. INFORMANT'S NAME (Type/Print)  Mr. Alexander Panasuk, Jr.  RR #1, Box 1573, Stewartstown, Penna.								
20a, METHOD OF DISPOSITION  1 X Burlet 2 Cremetton 3 Removal from State  4 Denetton 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of specify) crematopy-of-other place)  Cedar HIII Cemetery  4/1 Baltimore,							Maryland		
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE Kevin	E. Ecker			eral Home o				
shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events									
resulting in death) LAST									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDEALYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ns contributing to deat	h but not resulting i	n the underlyi	ng cause given in		AMED?	Ab. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF GEATUR  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 GYES 2 NO  27. MANNER OF OEATH			28. 1	PLACE OF OEATH (C	heck only one)				
EXAMINER?  1 TYES 2 NO	HOSPITAL: 1 □ Inpatient 2 1 ER/	Outpetient 3 🗆 DOA	OTHER: 4  Nursing Ho	me 5 - Residence	6 Other (Specify)				
27. MANNER OF OEATH Natural 6 Pending Investigation	26e. DATE OF INJU (Month, Day, Ye.		URY W	JURY AT ORK? YES 2 NO	26d. OEŞCRIBE HOW	INJURY OCCURED			
a D dutates -	28e. PLACE OF INJ building, etc. (	URY — At home, farm, a Specify)	treet, factory, off	ce	28f. LOCATION (Street City or Town, State		al Route Number,		
One)	SICIAN: To the bast of my k						e(s) and manner as stated.		
Mounte me	thele			O . C	M.E.	≥ 03-2	ED (Month, Day, Year) 8-1991		
MARLY MA	HO COMPLETED CAUSE OF		Taraba and the same of the sam	Street Ba	altimore,Ma	aryland	21201		
31. DATE FILEO (Month, Day, Year)  ADD 2 1991	32. REGISTRAR'S S	SIGNATURE PANDARD							

use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for Use as the burial-trans be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	HEGISTHAH		CENTIC	ICATE OF	DEALL	H	EG. NO.		
		Lester Penr					30, 199	YEAR	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 218 14 5064	5. SEX 6. AGE	(In yrs. lest birthday) 6 yrs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	25,1924	Country)	aryland
E 0	9a. FACILITY NAME (If not institution, give 2936 Miles Ave	enue		эь. city, тоwn c	OR LOCATION OF D		9c. COUN	ty of OEATH	
DIRECTOR	100. STATE 100. COUNT Maryland Balt		10c. C/1		rown or Location altimore				INSIDE CITY LIMITS? YES 2 NO
	10e. STREET AND NUMBER 2936 Miles Aven				21211			EN OF WHAT O	
BY FUNEHAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DEC	14. RACE — An Black, White Specify:	nerican Indian, a, etc.			
COMPLEIED	15. OECEOENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	(Give kind of life. Do NOT u	usual occupation work done during mose retired.) Sgt. U.S	et of working	16b. KIN	of Business/IND	USTRY		
BE COM	17. FATHER'S NAME (First, Middle, Last)  Elmer Penr	ner			16. MOTHER'S N		e, Maiden Surname) Vermill		
0	19a. INFORMANT'S NAME (Type/Print) Romaine B. Penr			ADDRESS (Street &			City or Town, State, Zip re, MD 2	Code) 1211	
	20a, METHOD OF DISPOSITION 1 Seriel 2 Cremation 3 Read 4 Donation / Other (Specify)			v pc other place) Veterans	s Cemete		Garrison		
	21. SIGNATURE OF FUNERAL SERVICES	Valer	20		no Accress of F ee-Henss		I HOME		alls Road ore, MD
	23. PART I. Enter the diseases, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CMCMC  DUE TO (OR AS	each line.					i	Approximata Interval Betwee Onset and Deat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	se							
ERTIF	that initiated events resulting in death) LAST	d.	A CONSEQUENCE O	PF:					
EDICAL	PART II. Other aignificant condition	ons contributing to death i	but not resulting	in the underlyin	g cause given i		P. WAS AN AUTOPSY PERFORMED?	AMAIL COMI OF D	E AUTOPSY FINDING ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	tratiant 3 🗆 DOA	OTHER:	LACE OF DEATH (C				
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c. IN.	JURY AT ORK?		BE HOW INJURY OCC	CURED	
	3 Suicide 8 Could not b 4 Homicide determined	26a, PLACE OF INJUR building, atc. (Spo	At home, farm, ecify)	home	ca .		ON (Street and Number own, State)	or Rural Route f	lumber,
COMPLETED	anal anny	SICIAN: To the best of my known NER: On the basis of axamination							manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED WEST	Tao Por (	how .		29c. LICENSE N	UMBER 95/	29d, DATI	SIGNED (Mont	h, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	0 1	Death (ITEM 27) (Typ	Baltin	noe 1	nD.	212/1		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, 1861)

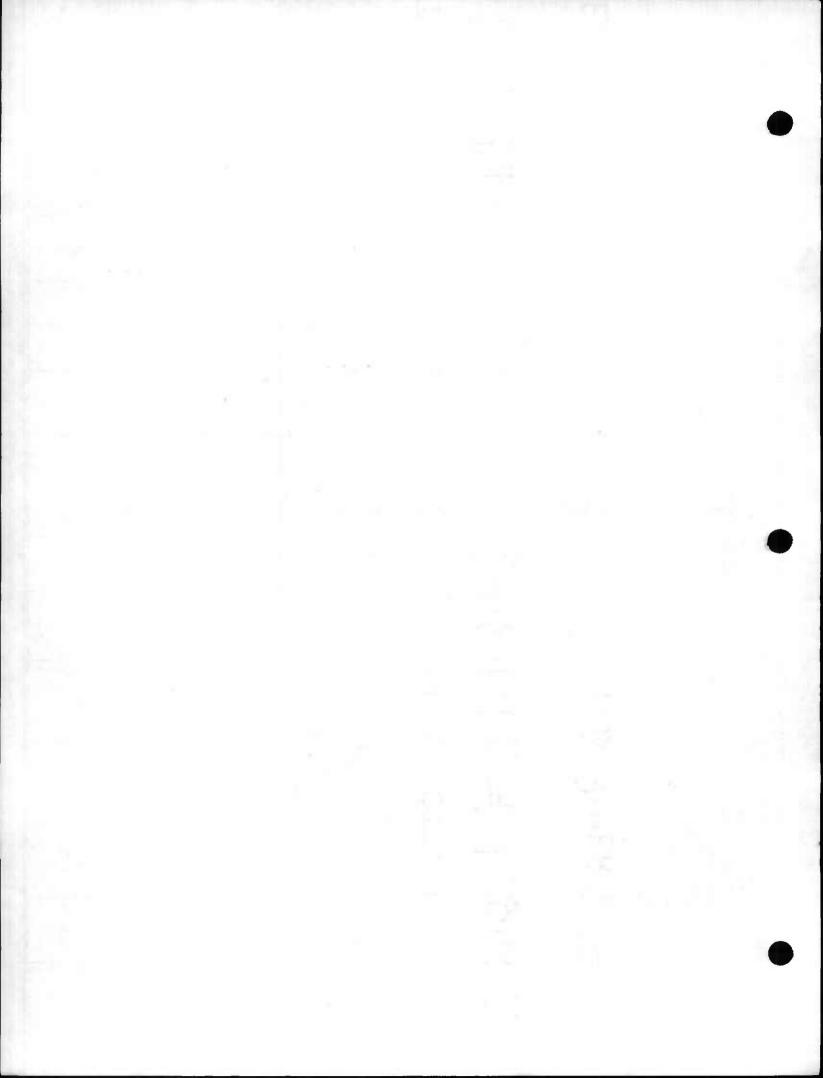
32. REGISTRAR'S SCHATURE

4/1/9/APR

2 1991

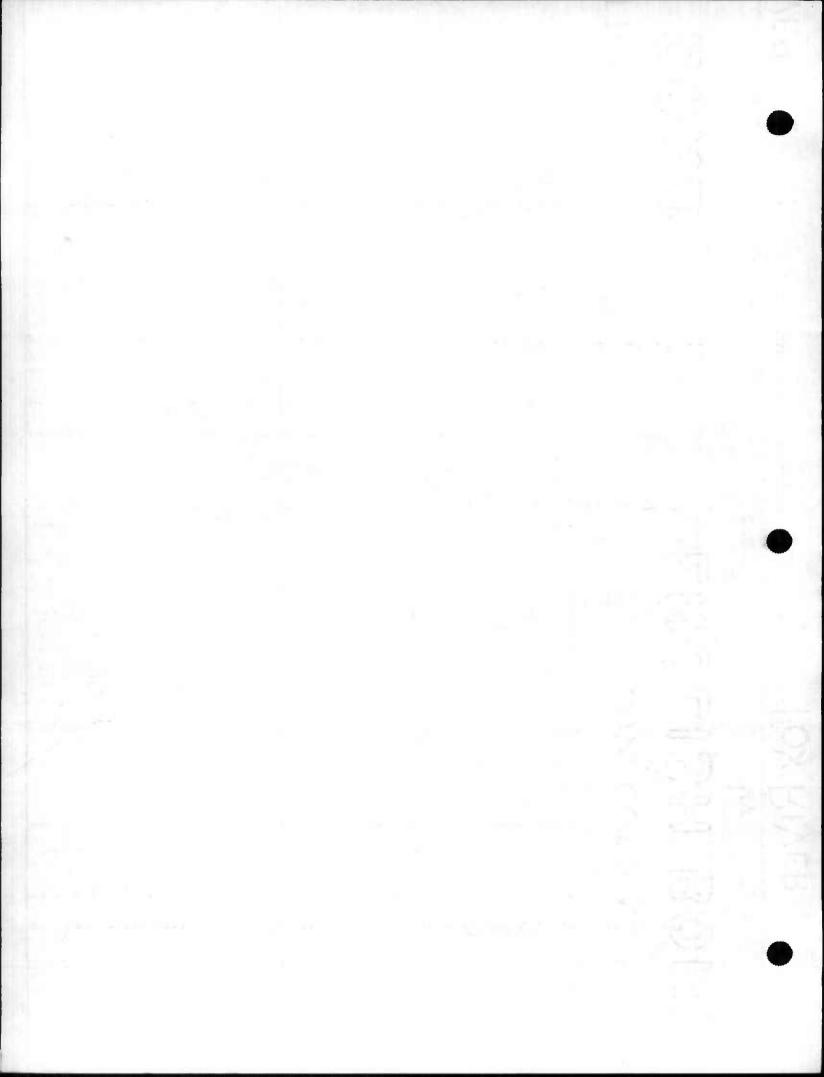
32. REGISTRAR'S SCHATURE

OHMH-16 Rev 1/89



	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			ENTAL HYGIENE REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Lest)	M	Parke	r :	III	2. DATE OF OEATH DAY	7 97	8.55A M			
	4. SOCIAL SECURITY NUMBER 220 648008	1 M 2 D F 3	7 YRS. MOI	UNDER 1 YEAR	HOURS MIN.		53 9	RTHPLACE (State or Foreign			
OR	99. FACILITY NAME (If not institution, give st BON SECOURS HO	·	96	BALT	R LOCATION OF DEA	тн	9c. COUNTY OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT  100 STATE  MARYLAND  100 COUNTY	1	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY			
			BALT	IMORE				1 X YES 2 NO			
RAL	100. STREET AND NUMBER  3911 WOODBINE	AVENUE		101	21207			S. OF A.			
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes, spi	====;	ORIGIN? (Specify Yee Puarto Rican, etc.)	or No— 14. R	ACE — American Indian, lack, White, stc.			
COMPLETED	15, OECEOENT'S EOU (Specify only highest grade	completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo.	N st of working	16b. KIND OF BUS	INESS/INDUSTR				
IPLE	Elementary/Secondary (0-12) 0-12	CLERK GOODWILI					L INDU	STRIES			
CO	17. FATHER'S NAME (First, Middle, Last)				E (First, Middle, Melden S		T A				
BE	EARL MATTHEW PA  190. INFORMANT'S NAME (Type/Print)	RKER, JR.	19b. MAILING AD	DRESS (Street e		N MATTHEWS oute Number, City or Town		,			
유	MR, EARL M. PAR	KER,JR.	3911 WO	OODBINE	AVENUE	BALTIMORE	, MAR	YLAND 21207			
	20a. METHOD OF DISPOSITION  1 Description   20b. PLACE OF DISPOSITION (Name of cometer), crematory or 21-4-91   20c. LOCATION — City or Town, State other place)  ARBUTUS MEMORIAL PARK 4/4/91   BALTIMORE, MD. BALTO CO										
	21. SIGNATURE OF FUNERAL SERVICE LIC		DOTOS PIDAN	22. NAME AN	D ADDRESS OF FAC						
	> Lewis	J. Twy	nn	4517	PARK HEI	GHTS AVE.	BALTIM	21215-6393 ORE MARYLAND			
NO	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each light.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence or):  Due to (or as a consequence or):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.										
MEDICAL	11/000	MANUA	out not resulting in t	the underlyin	g cause given in F	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26, PI	ACE OF DEATH (Che	ck only one)					
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Compatient 2 ER/Out	26b. TIME O	F 28c. IN.	URY AT	28d. OE\$CRIBE HOW II	NJURY OCCURE	0			
ВУ Р	1 Natural 6 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		YES 2 NO	7018					
8	3 Suicide a Could not be determined	3 Suicide a Could not be 28e. PLACE OF INJURY — At home, farm, atreet, f building, etc. (Specify)					et, factory, office  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	CONSTRUCTION CONTY	ICIAN: To the best of my know									
E CO	296. SIGNATURE AND DIELE OF CERTIFIE	ER: On the basis of examination	on end/or investigation,	in my opinion, o	29c. D(CENSE NUM	BER / D		NED (Month, Day, Near)			
TO BE	(500	M	MI	)	116	165	<b>▶</b> 3	127/91			
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DI	AN ITEM 27) (TYPO, PM	740	W. BA	UT, ST.	BAL"	T. MD 2123			
	31. DATE FILED (Month, Ray 2007) 1991	32. PEGISTRABIO SIGN	NATURE Son-Rando DO								

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH I		PHI	LLIPS		2. DATE OF DEATH 03	PAY 91"	3. TIME OF DEATH 08:27 AM M		
	218-12-6747A 1	□ M 2 🔀 F 6	6 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	924 M	BIRTHPLACE (State or Foreign Country) aryland		
HOT	9a. FACILITY NAME (If not institution, give stree NORTH ARUNDEL HOSP RESIDENCE OF DECEDENT	·		GLEN E	BURNIE	ATH	A .	A. COUNTY		
DIRECTOR	Maryland A.	A.Co.	10c. CITY, 1	Pasad				10d, INSIDE CITY LIMITS? 1 ☐ YES 2 🔀 NO		
MERAL	1232 Hillsic				21122		USA			
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 XMarried  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	27 NO	If yes, spe		IC ORIGIN? (Specify \ n, Puarto Rican, atc.)	ea or No—  14. RACE — American Indian, Black, White, etc.  Specify: White			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co- Elementary/Secondary (0-12) 12th.Grade		16a. DECEDENT'S US (Give kind of wor life. Do NOT use r OWn	k done during mod etired.)		11 1500,0000, 1100	16b. KIND OF BUSINESS/INDUSTRY  Co.  Elizabeth Fleckenstei			
BE COM	17. FATHER'S NAME (First, Middle, Last)  George Worch					ER'S NAME (First, Middle, Maiden Surname) Lizabeth Florence Buchheit				
10 8	19a. INFORMANT'S NAME (Type/Print) Mr.Roy J.Philli]	ps	19b. MAILING AI	DDRESS (Street a 2 Hill	side Ro	Poute Number, City or 1 1.Pasade	na, Md	21122		
	20b. PLACE AND DATE OF DISPOSITION (Name DATE OF DISPOSITION (Name DATE OF DISPOSITION (Name DATE OF DISPOSITION (NAME									
	21. SIGNATURE OF FUNERAL SERVICE LICEN	a- Has	la					.Md.21230 D E.Fort Ave		
CERTIFICATION	23. PART I. Enter the diseases, or complications that careed the desth. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Due to job as a consequence or:  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST									
AL	PART II. Other algnificant conditions	contributing to deeth be	ut not reaulting in	the underlying	g cause given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
IN: ME						_		1   YES 2   +10		
PHYSICIAN: MEDIC	1   YES 2   10   1	HOSPITAL: 1- Inpatient 2 - ER/Outp	atlent 3 DOA 4	OTHER:		8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME INJUS	M 1 🗆	RK? /ES 2 NO	28d, DESCRIBE HO				
COMPLETED	3 Suicide 8 Could-not be detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPL	One) 2 MEDICAL EXAMINATE	AN: To the best of my knowl			-			cause(s) and menner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Monté, Day, Har)  D 2009 Y - May (My)  H 0 1 9									
	ELLIOTT GORBATY, M.D./7845 OAKWOOD ROAD, #203/GLEN BURNIE, MARYLAND 21061									
31. DATE FILED (Month, Day, Your)  32. REGISTRAR'S SIGNATURE  ADD 2. 1991  April 2007  Apr										



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DIVISION OF VITAL RECORDS, P.O. BOX 68760-	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificals be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending plant and comments	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burn, three	2
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN	9	08524
	1. DECEDENT'S NAME (First, Middle, Last) THOMAS	REAMER			2. DATE OF DEATH MONTH DA	6 4	3. TIME OF DEATH
		SEX 6. AGE (In yrs. I	est birthday) IF UNDE MONTHS	R 1 YEAR # UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	12 0	BIRTHPLACE (Stress or Foreign
POR	90. FACILITY NAME (If not institution, give street SINA! HOSPITAL	or satimo		Y, TOWN OR LOCATION OF DI		9c. COUNTY	OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY  MD BAL	CD	10c. CITY, TOWN	OR LOCATION			10d, INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	100. STREET AND NUMBER 2826 MARNE	T RD API	r. c	10f. ZIP CODE 21 2	09	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 12 1	. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO 13.	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexici 1 YES 2 NO Specifi	in, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	(pleted)	ife. Do NOT use retired.)	during most of working	166. KIND OF BUS	LAW	
б ш	17. FATHER'S NAME (First, Middle, Last) ISAAC REAMER	3 1	ATTOR		AME (First, Middle, Meiden IES/	Sumame)	
TO B	190. INFORMANT'S NAME (Type/Print) ROSE REAME		196. MAILING ADDRES	S (Street end Number or Aural MARNET	4	n, State, Zip Cod	ME La
	20e, METHOD OF DISPOSITION   Buriel 2   Cremetion 3   Remova   4   Donation 8   Other (Specify)	from State of cemeta		PARK 3/2: NAME AND ADDRESS OF F	8/91 R/ NGILITY ON & BROS.	ANDALLS	
	23. PART I. Enter the disesses, by conshock, for heart failure. Lis iMMEDIATE CAUSE (Finel disease or condition resulting in death)	PICATIONS that caused the control of the cause on each line of the cause of the cau	death. Do not entend.	LEGST	STOWN RD. I	BALTO	MD 21215 Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):	ZTINE LUN	6 DIRE	Azz	
MEDICAL	PART II. Other significant conditions of	ontributing to death but no	t resulting in the u	inderlying cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	OSPITAL:	3 DOA 4 No	26. PLACE OF DEATH (C	and the state of the state of		
BY PHY	27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	RED
<u> </u>	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, fa	ctory, affice	281. LOCATION (Street City or Town, State)		Rural Route Number,
COMPLET	anal and	N: To the best of my knowledge, On the basis of examination end/					suse(e) and manner ee stated.
TO BE C	30. NAME AND ADDRESS OF PERSON WHO	Lys How		29c. LICENSE NU	JMBER	29d. DATE 8	1GNED (Month, Day, Year) 26/9/

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

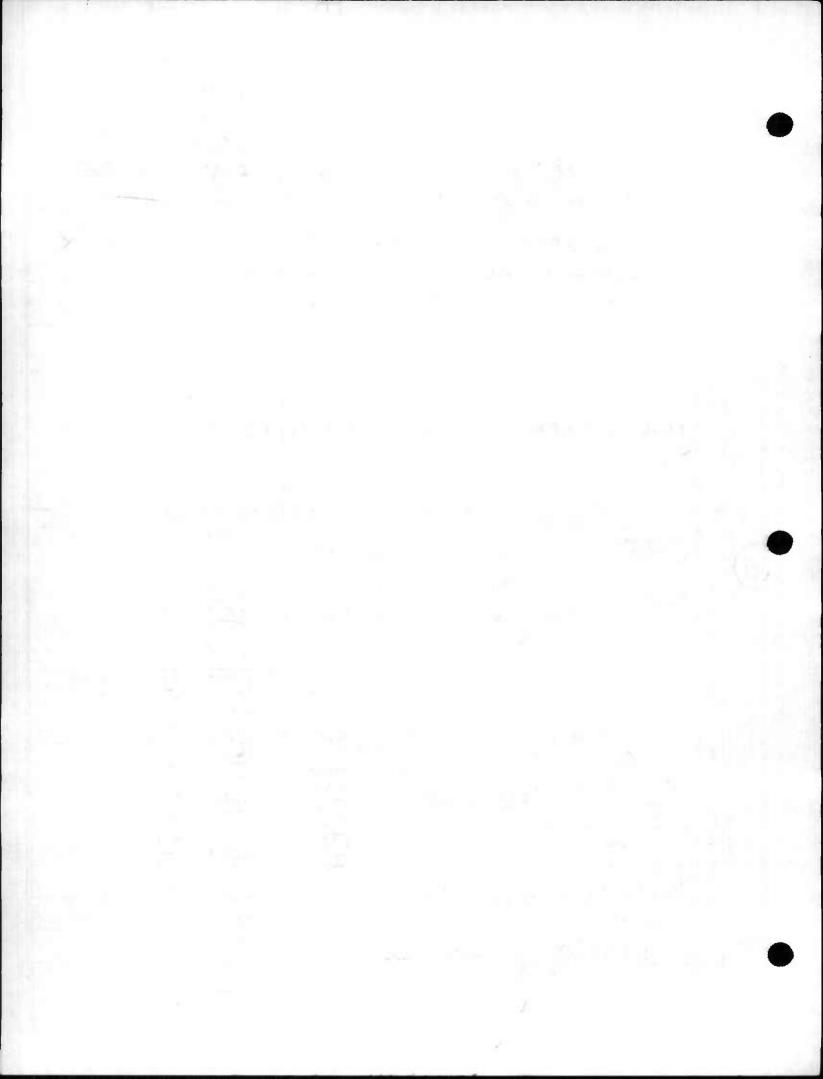
32. REGISTRAR'S SIGNATURE
Julia Davidson Pandell

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OF BALT MORE

MICHAEL VIRATA
31. DATE FILED'(Mohin, Day, Year)

APR 0 2 1991



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DIVISION OF VITAL RECORDS, P.O. BOX	CALL OD ATTENDING
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	mit. Pages 1, 2, 3 should		
	use as the burial-transit pe		
	nis certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		notified at once.
-	by the funeral director, page	moval.	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	an and completely filled in	rith the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	numatic event, the med
200 000 000 000	ed by the attending physici	th and Mental Hygiene prio	any injury, or other tra
2000	is certificate has been sign	ith the State Dept. of Heal	ed, or item 23 shows
I I'VE ON A LENGTH	RAL DIRECTOR: After thi	led within 72 hours after death wi	INTANT: If Item 28 is marke
2 11 2	THE FUNE	filed within	MPORTAN

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND M DEATH	IENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  I SABELLE	B. RUTK	OWSKI		-	2. OATE OF CEATH DAY		3. TIME OF DEATH 8:30 A M	
	216-03-4929	□ M 2 DX F 78	3 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-24-1912	e Ma	ryland	
OR	9a. FACILITY NAME (If not institution, give street Good Samaritan Ho		91	Baltin	ALLION COMOS				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
2	Maryland		Balt	imore_				1 XX YES 2 NO	
BAI	100. STREET AND NUMBER  1651 E. Belvedere	Ave Ant	223		21239		U.S.A.	WHAT COUNTRY?	
BY FUNERAL		. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 XNO	13. WAS DEC	ENDENT OF HISPANI ocity Cuben, Mexican 2 NO Specify:		CE — American Indian, ck, White, etc. ite		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use re	UAL OCCUPATION done during mostired.)	IN st of working	16b. KIND OF BUS	INESS/INDUSTRY		
MPL	12 Yrs.		Homemake	r					
8	17. FATHER'S NAME (First, Middle, Lest)  John Bittorf				Sophia	ME (First, Middle, Meiden : Eckhardt	,		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		oute Number, City or Town			
F	Ruth Kent 102 Manor Ave., Balto., Md. 21206								
	1 X Buriel 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) Parkwood Cemetery 4-2-91						to., Md.	Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENS ROY H. Cather ROY H. Cather	ther)			J. RUCK, I		ford Rd.,E	Balto.,Md. 21214	
CERTIFICATION	ahock, pr heert feliure. Liet pnly one ceuse on each line.  IMMEDIATE CAUSE (Final disease pr condition resulting in deeth)  Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CE	PART II. Other algnificent conditions of	contributing to death	but not resulting in	the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	T =		ACE OF DEATH (Che	ock only one)			
IYSI	1 YES 2 NO 1	Inpatient 2 ER/Out			e 5 🗆 Raaldence	8 Other (Specify) 28d. DESCRIBE HOW II	N II IBY OCCUBED		
	1 Netural 5 Pending	(Month, Day, Year)	INJUR	Y WC	PRK?	28d. DESCRIBE HOW I	NJORY OCCURED		
red BY	2 Accident anvestigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, stre	At home, farm, street, factory, office 28f. LOCATION (Stre			eet end Number or Rural Route Number, ate)		
COMPLETED	const only	N: To the best of my kno						e(a) and manner as stated.	
B	296, SIGNATURE AND TITLE OF CERTIFIER  SALIM MIH	Lu m.	). / P.C.	YT	29c. LICENSE NUN	MBER	29d. DATE SIGN	ED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF D			١				
	31. DATE SALEO (MORTE Day Year)	THE 32 PREGISTRAR'S SIG		17+11	- 100	H KAVE	EN B	VD-BALTO	
1 1	APR 02 1991	Se is Name	80						

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10g. CITIZEN OF WHAT COUNTRY? U.S.A

19121

Sons

3. TIME OF DEATH

1 YES 2 NO

Approximate

Interval Between

Onset and Death

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24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 TYES 2 NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE

14. RACE — American Indian, Black, White, etc.

Black

8. BIRTNPLACE (State or Foreign

7:45 P M

BOX 13146,

RECORDS,

ARYLAND 21203-3146

the traumatic event, other ö Injury. 23 shows any Item 0 marked, 60 MPORTANT: If Item 28

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COMPLETED

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1 YES 2 NO

27. MANNER OF DEATH

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) RAINEY FRANK 6. AGE (In yrs. lest birthday) 5. SEX 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 260-44-996 1 M 2 - F 58 YRS. 9a. FACILITY NAME (If not institution, give street and number) 96, CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Balto County Randallstown HOSP Balto DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE Pai Philadelphia FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 19121 Tontain 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rica 1 YES 2 NO Specify: 2 NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade compa Elementary/Secondary (0-12) College (1-4 or 5+) Self employed KestauranT 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Susie BE 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 172 W. Fontain Phila. 719C 20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name 20c. LOCATION — City or Town, State Burlel 2 Cremetion 3 Re Cem. Phila. □ Donation 5 □ Other (Specify) 22. NAME AND ADDRESS OF FACILITY

Tames A. Morton

1701 Laurens St. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE . B. Ho., Md. 21217 a. mes 23. PART I. Exter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. **IMMEDIATE CAUSE (Finsi** diseese or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) HEMORRHAUIL CEREBROVASCULAR CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): HIPERTENSION cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in desth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 Natural 5 Pending Investiga 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fi building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, ath occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de ed at the time, date and place, and dua to the cause(a) and manner as stated.

OTHER:

4 I Nurs

28b. TIME OF

ne 5 🗆 Residence 8 🗆 Other (Specify)

29

28d. DESCRIBE NOW INJURY OCCURED

29b. SIGNATURE AND TITLE OF CENTIFIES 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

28c. INJURY AT WORK?

1 YES 2 NO

stranger, MO 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPITAL:

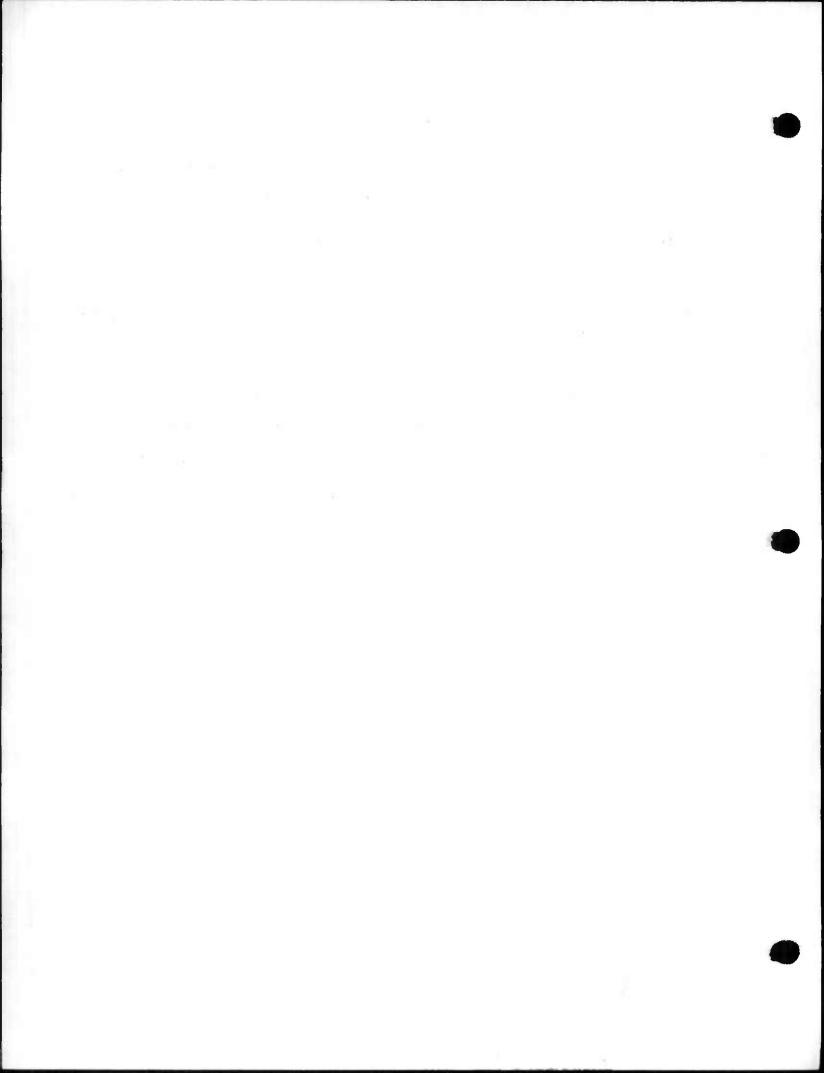
28s. DATE OF INJURY (Month, Day, Year)

lent 2 ER/Outpatient 3 DOA

BALTIMORE RON COUNTY GENER OKATER

33 HEGISTRAP & SIGNATURE delle

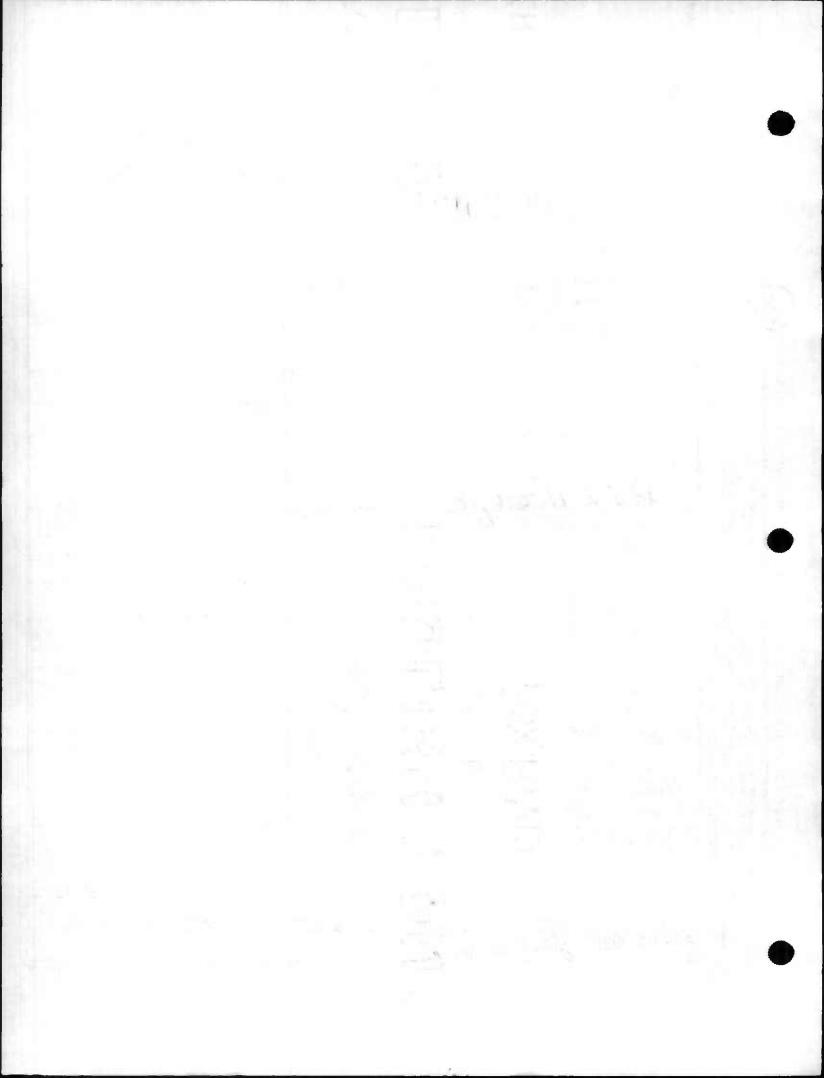
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or min	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for unit to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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nsit permit. Pages 1, 2, 3 should

1	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AN	D MENTAL HYGIENE REG. NO.					
1	, DECEDENT'S NAME (First, Middle, Last)	MYRTLE	т.	ROGALL	2. DATE OF DEATH MONTH DAY	5 91	3. TIME OF DEATH 9:450 M			
L	648-14-9103	1 🗆 M 2 🗹 F	8 / YRS. MONT		(Month, Day, Year) 11-22-0	9 M	ATHPLACE (State or Foreign anyland			
- 11	SAINT JOSE RESIDENCE OF DECEDENT	ph Hospi	+A) %	TOWSON	FDEATH	Baltimore				
	Maryland 10b. country	Y	1110/211/12	vn or Location ltimore City	,	10d. INSID LIMIT 1 [X] YES				
1	oo.street and number 4520 Witzel Ave	•		101. ZIP CODE 21214		11.50	S.A.			
	1. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO		SPANIC ORIGIN? (Specify Yes xican, Puerto Rican, atc.)	Bi	MCE — American Indian, ack, White, atc.			
1	1s. OECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			one during most of working ed.)	16b. KIND OF BUS	INESS/INOUSTRY				
-	9 yr S		Housewif		NAME (First, Middle, Meiden )	Surnama)				
	James Edwa	ard Rufe	nacht	Teli			Bowers			
	on. INFORMANT'S NAME (Type/Print)  Mrs. Ann R. Gree	enfield		RESS (Street end Number or A	ral Route Number, City or Town Baltimore, Ma		21214			
	20a. METHOD OF DISPOSITION  1 M Burlel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  Pine Crest  4/1/91 Mobile, Alabama									
	M. SIGNATURE OF FUNERAL SERVICE LIC	Paul L HA		22. NAME AND ADDRESS O		ore,Mary	yland 21214			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.    IMMEDIATE CAUSE (Finel disease or condition resulting in death)									
	PART II. Other significant condition  atrial  Milate	- 1 P - 11	t not resulting in the	e underlying ceuse given	1 in Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2  NO			
	Malin ES. WAS CASE REFERRED TO MEDICAL	utilition		26. PLACE OF DEATH	I Charle and and		NK			
	EXAMINER?	NOSPITAL:		HER: Nursing Home 5 Reside	nia v a seconomica					
	Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED				
	2 Accident Investigation 3 Suicide 6 Could not be delarmined	26e. PLACE OF INJURY building, atc. (Special Control of the Contro	— Al home, farm, street	, factory, office	261. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,			
	000)	HCIAN: To the best of my knowless: On the basis of examination					se(e) end manner as stated.			
	290. SIXNHATURE AND TITLE OF CERTIFIER  LOUGE   May SICCION   38559   3-25-9									
1	10. NAME AND ADDRESS OF PERSON W	Α			Towson	M				
F	H. DATE FILEDOMONNO POS (1601)	ulia Davida D	ATURE	LAC IPO.	,	-)				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funity filled in by the funeral director, page 5 should be detached for use as the funity filled in the filled in	to burial, cremation, or removal.	umatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attendit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILEO (Month, Day, Year)
APR 2 1991

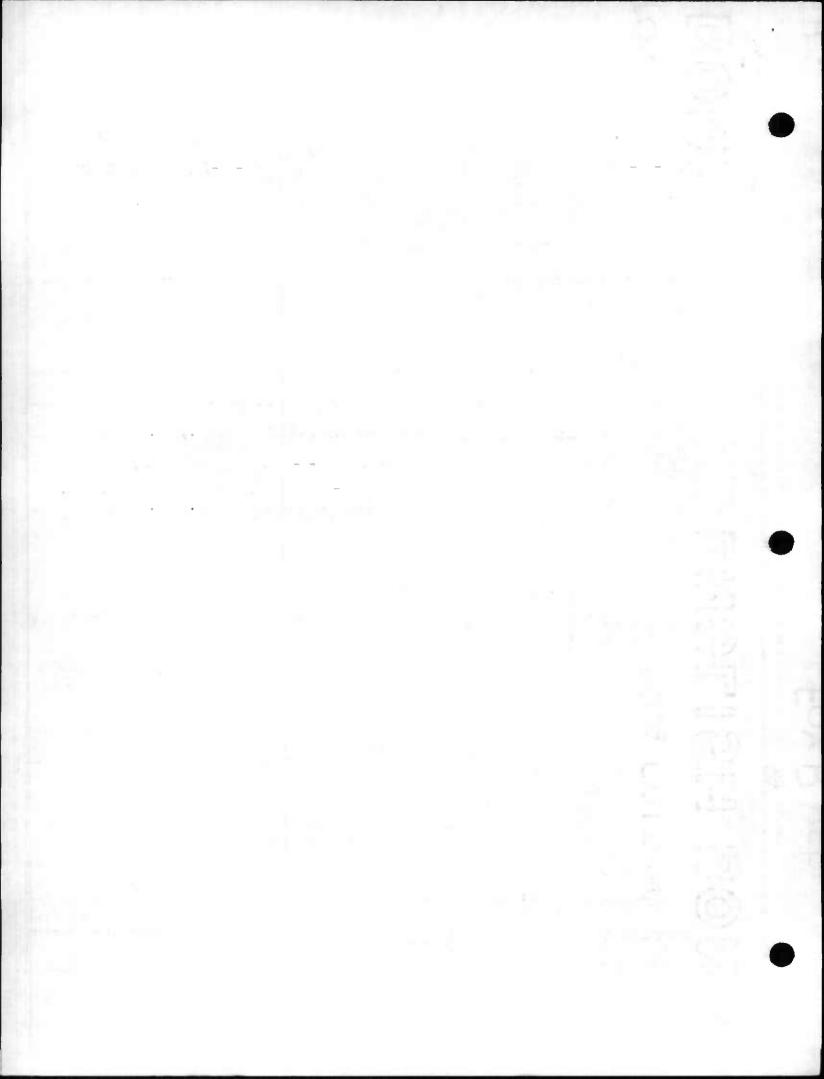
EUGENE H. ROWLEY  1. SOCIAL SECURITY NUMBERS 1. SEX	OF DEATH
SECRITY NUMBER   S. BEX   A. AGE (in yr. to brindow)   Yes	
TO THE RECEIPMENT HAME (Fine members) give shorted and member)  TO HALL NUTLS IN HOME  TO HALL NUTLS IN HOME  TO HALL NUTLS IN HOME  THE RECEIPMENT TO DECEMENT  100. COUNTY  100. CITY, TOWN ON LOCATION OF DEATH  MADURE AND NUMBER  100. ZPC CODE  TOWN ON LOCATION	
TO THE FROM THE STATE   100. COUNTY   100. C	vania
1   YES 2   NO   Specify:   Spe	
1   YES 2   NO   Specify:   Spe	
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3 X Wishowed 4 Diversed WILL AVITY  15. DECEDENT'S EDUCATION (Diversed Will AVITY)  15. DECEDENT'S EDUCATION (Diversed Will average of the control of the co	IITS?
Specific Private   Specific Private   Specific   Spec	
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Specific Properties   Free, agree with Control   Specific Properties   Specific Proper	
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Seminating most of working mater concentrations   Clauma shall of work done during most of working   Self Employed   Roohet	ite
19a. INFORMANT'S NAME (Type/Print)   19b. MAILING ADDRESS (Street and Number or Rural Fourin Number of City or Town. State, 25 00(a)   25 22 West. Woodwell Road Balto., Md. 21222   20e, METHOD OF DISPOSITION   1	
17. FATHER'S NAME (First, Middin, Lasi)   18. MOTHER'S NAME (First, Middin, Lasi)   190. MINORMANT'S NAME (First, Middin, Middin, Minormant'	
Not Known   19a. INFORMANT'S NAME (TyperPrint)   19b. MAILING ADDRESS (Street and Number or Plural Route Number, City or Town, State, Zip Code)   2522 West Woodwell Road Balto, Md. 21222   20b. Mail 2   Cremation   Representation   20b. PLACE AND OATE OF DISPOSITION (Name of Common State)   20b. PLACE AND OATE OF DISPOSITION (Name of Common State)   20b. PLACE OF INJURY   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   24a. WAS AN AUTOPSY PERFORMEDY   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   24a. WAS AN AUTOPSY PERFORMEDY   24b. WEST AND ADDRESS OF FACILITY   24b. WAS AN AUTOPSY PERFORMEDY   24b. WEST AND ADDRESS OF FACILITY   24b. WAS AN AUTOPSY PERFORMEDY   24b. WEST AND ADDRESS OF FACILITY   24b. WAS AN AUTOPSY PERFORMEDY   24b. WEST AND ADDRESS OF FACILITY   24b. WAS AN AUTOPSY PERFORMEDY   24b. WEST AND ADDRESS OF FACILITY   24b. WAS AN AUTOPSY PERFORMEDY   24b. WEST AND ADDRESS OF FACILITY   24b. WAS AN AUTOPSY PERFORMEDY   24b. WEST AND ADDRESS OF FACILITY   24b. WAS AN AUTOPSY PERFORMEDY   24b. WEST AND ADDRESS OF FACILITY   24b. WAS AN AUTOPSY PERFORMEDY   24b. WEST AND ADDRESS OF FACILITY   24b. WAS AN AUTOPSY PER	
196. INFORMANT'S NAME (%pos/Print)  196. MAILING ADDRESS (Street and Number or Aural Fours Number City or Town, State, Zip Code)  2522 West Woodwell Road Balto, Md, 21222  206. METHOD OF DISPOSITION   18 Burlet 2   Cremation 3   Removel from State   20 D. PLACE AND OATE OF GISPOSITION (Name of coperator commonly printed place)  4   Donation 5   Other (Spooth)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or conditions. If any, feeding to immediate cause. Enter UnDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions Contributing to deeth but not resulting in the underlying cause given in Part I.  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1   YES 2   NO  26. PLACE OF DEATH (Chock only one)  27. MANNER OF DEATH  1   Natural 6   Pending	
The involvement is near (pyportring)   The involvement of contributing to deeth but not resulting in the underlying ceuse given in Part I.	
20s. METHOD OF DISPOSITION  1 (Burlet 2   Cremation 3   Removel from State 4   Donation 5   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Duda~Ruck Funeral Home of Dundalk,  79.22 Wiss A Avenue Balto. Md. 21222  23. PART I. Enter the diseasee, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in the sease of condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS	
1   Burlet 2   Cremation 3   Removal from State   Cappetary, crematory or other place)   Carpetary, crematory or other place)   Carpe	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE    22. NAME AND ADDRESS OF FACILITY   Duda~Ruck Funeral Home of Dundalk, 7922 Wise Avenue Balto. Md. 21222   23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in the interpretation of the presentation of the pre	land
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR	
immediate Cause (Fine) disease or condition resulting in death)  Due TO (or As A Consequence of):  Due TO (o	pproximata
DUE TO (OR AS A CONSEQUENCE OF):    Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST    PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.   24a. WAS AN AUTOPSY PERFORMED?   1 YES 2 NO   NO PERFORMED?   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   25a. DATE OF INJURY   26b. TIME OF DEATH   26c. INJURY AT WORK?   1 YES 2 NO   25a. DATE OF INJURY   25b. TIME OF INJURY   25c. INJURY AT WORK?	tarval Between nset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERIVING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation investigation investigation investigation as a consequence of:  28a. DATE OF INJURY M 1 YES 2 NO  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28c. INJURY AT WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DATE OF INJURY At home, farm, street, factory, office  28d. LOCATION (Street and Number or Rural Route Nat Autory) State of Number or Rural Route Nat Autory of National State of Number or Rural Route Nat Autory of National State of Number or Rural Route Nat Autory of National State of Number or Rural Route Nat Autory, office  28d. LOCATION (Street and Number or Rural Route Nat Autory, office)	
Sequentielly list conditions	
The standard of the standard o	
that Initiated events resulting in death) LAST  d.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1 Netural 6 Pending 2 Notice of Nother Office of Notice of Notice of Notice of Notice of Notice of	1.0
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  28. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural 6 Pending Investigation 2 Accident Netural 6 Pending Investigation 2 Accident Netural 6 Pending Investigation 2 Accident Netural 6 Pending Investigation Suicide 6 Could not be determined determined	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural 6 Pending Investigation  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  29. PLACE OF DEATH (Check only one)  20. PLACE OF INJURY AT WORK?  1 YES 2 NO  20. DESCRIBE HOW INJURY OCCUREO  20. DESCRIBE HOW INJUR	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	UTOPSY FINDINGS ILE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  1 Netural 6 Pending Investigation 2 Accident Accident Investigation 3 Suicide 6 Could not be determined  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  4 Nursing Home 5 Residence 6 Other (Specify)  28c. NJURY AT WORK?  1 YES 2 NO  28c. PLACE OF INJURY AT WORK?  1 YES 2 NO  28c. PLACE OF INJURY AT OCCUREO  (Month, Dey, Year)  28c. PLACE OF INJURY AT OF INJURY OCCUREO  (Month, Dey, Year)  28c. PLACE OF DEATH (Check only one)  28c. PLACE OF DEATH (Check only one)  28c. PLACE OF DEATH (Check only one)	TION OF CAUSE TH?
EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Oulpetiant 3 DOA  4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined  28a. DATE OF INJURY North, Dey, Year)  28a. DATE OF INJURY North, Dey, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. PLACE OF INJURY — At home, farm, street, factory, office  28b. LOCATION (Street and Number or Rural Route Number of Rural	S 2 NO
EXAMINER?  1   YES 2   NO	
1   YES 2   NO   1   Inpetiant 2   ER/Oulpetiant 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)  27. MANNER OF DEATH 1   Netural   6   Pending Investigation   2   Accident   Number of Rural Flourity   North, Day, Year) 28a. DATE OF INJURY   28b. TIME OF INJURY WORK?   1   YES 2   NO   North, Day, Year)  28a. PLACE OF INJURY — At home, farm, street, factory, office   26f. LOCATION (Street and Number or Rural Flourite Number of Ru	
1	
2 Accident Investigation 3 Suicide 6 Could not be determined  28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street and Number or Rural Floute Number of Rural Floute Number	
4 Homicide determined building, stc. (Specify) City or Town, State)	
29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	7ber,
one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and m	700,
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month,	

RUN

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

PR. JOHN & LOH 617A 57CMMERS

ROAD, BALTIMOKE, MD



REG NO

FOR STATE REGISTRAR

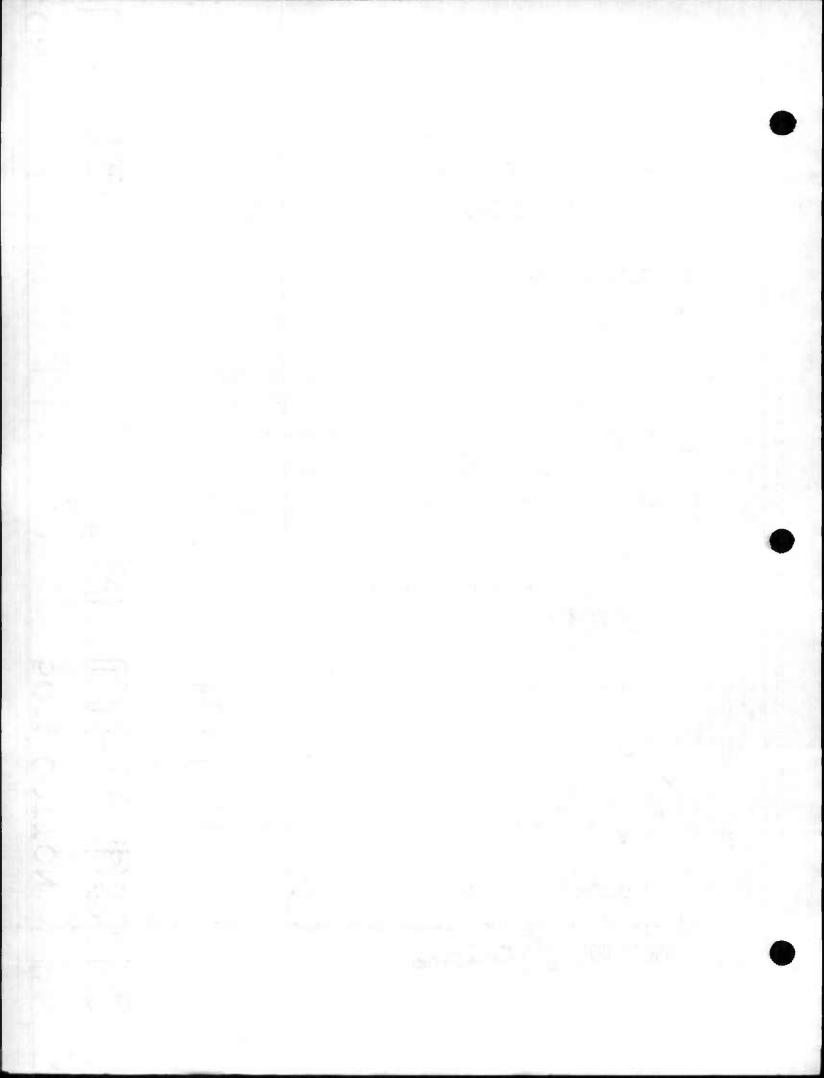
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME DE DEATH RABINOVITZ OLO PM ENA MAR 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 212-36-5311 78 2/11/1913 POLAND Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and nu 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 6940 MARSUE DR., APT. 1-A BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 1 YES 2 ND BALTIMORE permit. 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101, ZIP CODE by the funeral director, page 5 should be detached for use as the burial-transit removal. 6940 MARSUE DR., APT. 21215 1-A after death. Page 6 may be retained by the hospital or attending physician, 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT DF HISPANIC DRIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 TYES 2 TYND XX Widowed 4 Divorced Specify: Specify: WHITE BY COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) COAT FACTORY UNKNOWN MACHINE OPERATOR once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 7 SAMUEL WEINSTOCK ROSE SHUFMAN BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 TOBY WEINBERG 4313 CRESTHEIGHTS RD. BALTIMORE MD 21215 20a. METHOD OF DISPOSITION pe 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State must t Buriel 2 Cremetion 3 (1)
4 Donation 5 (Specify) SHAAREI ZION 3/29/91 ROSEDALE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD. BALTO MD 21215 medicai 23. PART I. Enter the elegese, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, **Approximate** filled in by within 24 hours ehock, of heert fellure List Dnly Dne ceuse Dn eech line. Interval Between 8 Onset and Death the r IMMEDIATE CAUSE (Final attending physician and completely filler ntal Hygiene prior to burial, cremation, disease or condition esperatory Failure resulting in death) traumatic event. LIENCE DE DUE TO (DR AS A CONSE Sterge CERTIFICATION Sequentially list conditions, Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 2 or other DUE TO (OR AS A CONSEQUENCE OF): has been signed by the atter Dept. of Health and Mental PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL Paucreatitis 23 shows any 1 TYES 2 TONO DF DEATH? 1 YES 2 ND MP 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one) The Item DR ATTENDING PHYSICIAN: The DIRECTOR: After this confinate State OTHER: 1 YES 2 NO tlent 2 SER/Outpatient 3 DOA ng Home 5 Nesidence 6 - Other (Specify) marked, or death with the 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE DF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide TO THE FUNERAL DIRECTOR: No. be filed within 72 hours after de IMPORTANT: If item 28 is 1 .00 COMPLETED 4 Homicide 1 📝 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER Daga. 표표 29d. DATE SIGNED (Month, Day, Year) 99 28 awid rem m) 9 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Rd Penn DAVID 0/1 MD 31. DATE PILED (Month, Day, Year) 92 REGISTRAR'S SIGNATURE 02 1991 Tolerand . DHMH-16 Rev 1/89

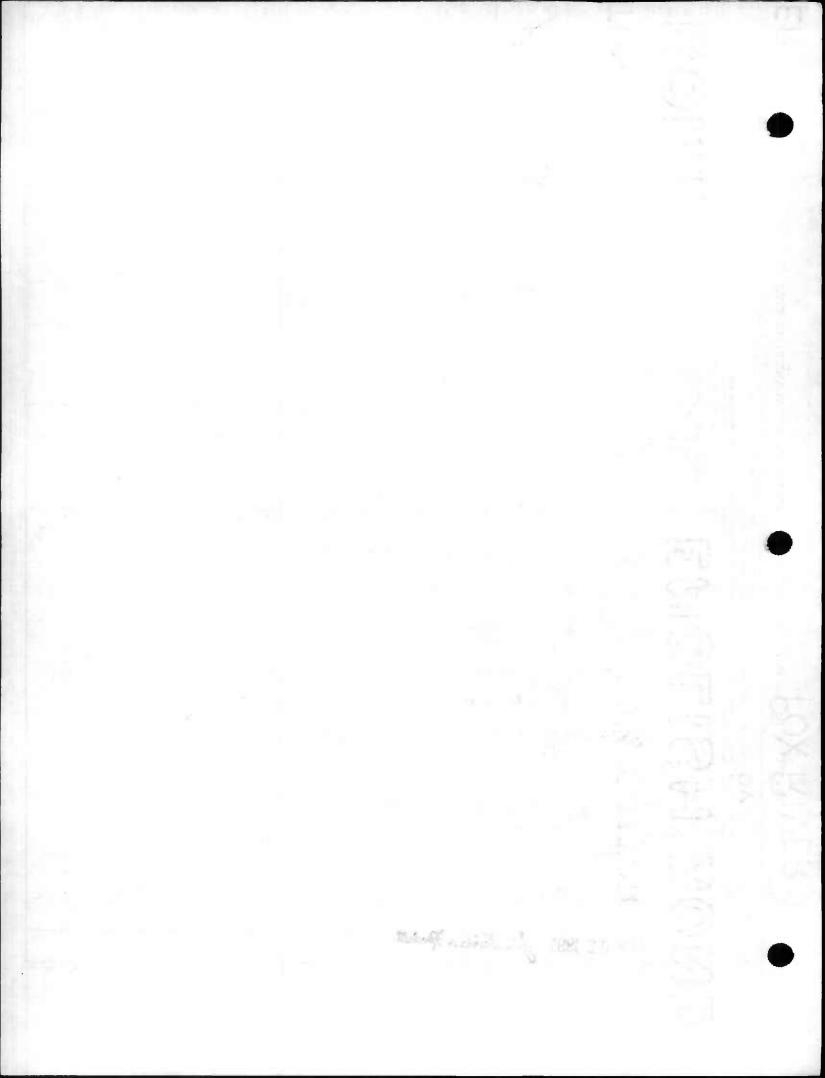
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



BALTIMORE, MARYLAND 21215-0020	SIGIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	odical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nou	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onee.

FOR STATE REGISTRAR	STATE OF		CERTIFICA				REG. NO			
1. DECEDENT'S NAME (First, Middle,	EARL	ROSE				2. DATE	OF DEATH O	3/28/	91 3.1 EAR 1	ime of Death 1:10pm
4. SOCIAL SECURITY NUMBER 227-22-83	5. SEX	6. AGE (In yrs. 66	YRS. IF U	NDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	ø. V	BIRTHPLAC Country) 1 T g i	E (State or Foreign
90. FACILITY NAME (If not institution Universit	-	al			r LOCATION OF DE			9c. COUNTY	OF DEATH	
RESIDENCE OF DECEDER	OUNTY		10c, CITY, TO	WN OR LOCATI	ON				10d	INSIDE CITY
Maryland			Balti	more					ıX	LIMITS? YES 2 NO
10e. STREET AND NUMBER					ZIP CODE			10g. CITIZE		COUNTRY?
413 Seagull		ENŢ,EVER IN U.S.	ADMED		21225	uc opicii	10 /0 alt - V-	U.S		merican Indian,
1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES?	1 YES 2 [ E WAR OR DATES	NO	If yes, spe	city Cuban, Maxica 2/ NO Specif	n, Puerto	Rican, etc.)	O NO	Black, Wh	lack
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	'S EDUCATION	5+)	DECEDENT'S USU/ (Give kind of work of life. Do NOT use retir	ione during mos red.)	st of working	16t	. KIND OF BU	SINESS/INDUS	STRY	
		Co	onstruc	tion						
17. FATHER'S NAME (First, Middle, L James Rose	est)				Calli			Surname)		
19a. INFORMANT'S NAME (Type/Prir	nt)	1	19b. MAILING ADD	RESS (Street ar	nd Number or Rural			vn, State, Zip Ci	ode)	
Nettie Bell	Rose	4	413 Sea	gull	Avenue	, Ba	altim	ore,	MD 2	1225
20a METHOD OF DISPOSITION  ABurial 2 Cremation 3 4 Donation 5 Other (Specific		20b. PLA	ce and date of a ary, crematory or of CISON F	orest	Vets	Cem	Ga	cation - cm	n, M	D
21. SIGNATURE OF FUNERAL SERV	VICE LICENSEE	1.	,	Marsh	ADDRESS OF FA	CIUTY .Tot	nes.J	r. F11	nera	1 Home
	es, or complicational allure. List only one		deeth. Do not e	4101	Edmond	son	Aven	ue, B	alto	. MD 212 Approximate interval Between
	e. DUE	on each i	deeth. Do not e ine.  SEOUENCE OF):  SEOUENCE OF):	4101	Edmond	son	Aven	ue, B	alto	. MD 212 Approximate interval Between
shock, or heart for immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significant co	e. DUE  c. DUE  d.	TO (OR AS A CON	deeth. Do not e ine.  SEOUENCE OF):  SEOUENCE OF):	4101 mer the modern control of the modern co	Edmond de of dying, suc	SON	Avendiec or resp	ue, B piratory arrea	alto	. MD 212 Approximate interval Between
shock, or heart for immediate cause or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	eillure. List only one of the control of the contro	TO (OR AS A CON	deeth. Do not e ine.  SEOUENCE OF):  SEOUENCE OF):	4101 mer the modern control of the modern co	Edmond de of dying, suc	SON	Avendiec or respective or resp	ue, B piratory arrea	alto	Approximate interval Between Onset and Death Onset O
shock, or heart for immediate cause. Enter Understanding in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions in the significant conditions in the signifi	e. DUE  b. DUE  c. DUE  d. HOSPITAL:	TO (OR AS A CON TO (OR AS A CON TO (OR AS A CON to death but no	deeth. Do not e ine.  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):	4101 meter the model of the mod	Edmond de of dying, suc	Part I.	Avendiec or responder or respon	ue, B piratory arrea	alto	Approximate interval Between Onset and Death Onset O
shock, or heart for immediate course. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significant course.	e. DUE  b. DUE  c. DUE  d. HOSPITAL:	TO (OR AS A CON	deeth. Do not e ine.  AM AM SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  Ot resulting in the content of the con	4101 meter the model of the mod	Edmond de of dying, suc grause given in ACE OF DEATH (C)	Part I.	Aven: diec or resp  24a. WAS AI PERFO 1 UYES	ue, B piratory arrea	alto	Approximate interval Between Onset and Death Onset O
shock, or heart for immediate cause. Enter Understanding in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent contents in the condition of the condition o	e. DUE  b. DUE  c. DUE  d	TO (OR AS A CON	deeth. Do not e ine.  AM SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  Ot resulting in the of injury  28b. Time OF injury	4101  meter the model of the mo	Edmond de of dying, suc according cause given in ACC OF DEATH (C)  8  Residence URY AT RK? (ES 2 NO	Part I.	A V e n diec or resp  24a. WAS AI PERFO 1 YES  PERFO SCRIBE HOW	N AUTOPSY RMED? 2 NO	alto pt,  24b. WE AMA COO OF 1 [	Approximate interval Between Onset and Desth Onset O
shock, or heart for immediate cause. Enter UnDERLYING CAUSE (Disease or injury that initiated events resulting in death)  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pendit	e. DUE  b. DUE  c. DUE  d. DUE  d. HOSPITAL: Inpetial: I	TO (OR AS A CON	deeth. Do not e ine.  AM AM SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  Ot resulting in the content of the con	4101  meter the model of the mo	Edmond de of dying, suc according cause given in ACC OF DEATH (C)  8  Residence URY AT RK? (ES 2 NO	Part I.	A V e n diec or resp  24a. WAS AI PERFO 1 YES  PERFO SCRIBE HOW	N AUTOPSY RMED? 2 NO	alto pt,  24b. WE AMA COO OF 1 [	Approximate interval Between Onset and Death Onset
shock, or heart for immediate cause or condition resulting in deeth)  Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions or cause. The significent conditions of the significant conditions of th	e. DUE  b. DUE  c. DUE  d. DUE  d. HOSPITAL: Inpetial: I	TO (OR AS A CON TO (OR AS A CO	deeth. Do not e ine.  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  1 3 □ DOA 4 □  28b. TIME OF INJURY  1 home, farm, street	4101  meter the model of the time, data	Edmond de of dying, suc grause given in  ACE OF DEATH (C)  8 Residence UNY AT RK7 (ES 2 NO	Part I.  Part I.  6 Oth  28d. DE	A V e n diec or respective or respective or respective or respective or representation of the respective or rown, State or row	N AUTOPSY RMED? 2 NO	24b. WE AME CO-OF 1 [	Approximate interval Between Onset and Death Onset and Onset
shock, or heart for immediate cause or condition resulting in deeth)  Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions or cause. The significent conditions of the significant conditions of th	DUE  a.  DUE  b.  DUE  c.  DUE  d.  DICAL  HOSPITAL:  Inpation  rot be inned  G PHYSICIAN: To the best companion of the best compani	TO (OR AS A CON TO (OR AS A CO	deeth. Do not e ine.  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  1 3 □ DOA 4 □  28b. TIME OF INJURY  1 home, farm, street	4101  meter the model of the time, data	Edmond de of dying, suc grause given in  ACE OF DEATH (C)  8 Residence UNY AT RK7 (ES 2 NO	Part I.  Part I.  28d. DE  281. LOC/fy  a to the ca	A V e n diec or respective or respective or respective or respective or representation of the respective or rown, State or row	N AUTOPSY RMEO? 2 NO INJURY OCCU	alto pt,  24b. WE AM COP 1 () Cause(a) an	Approximate interval Between Onset and Desth Onset and Onset



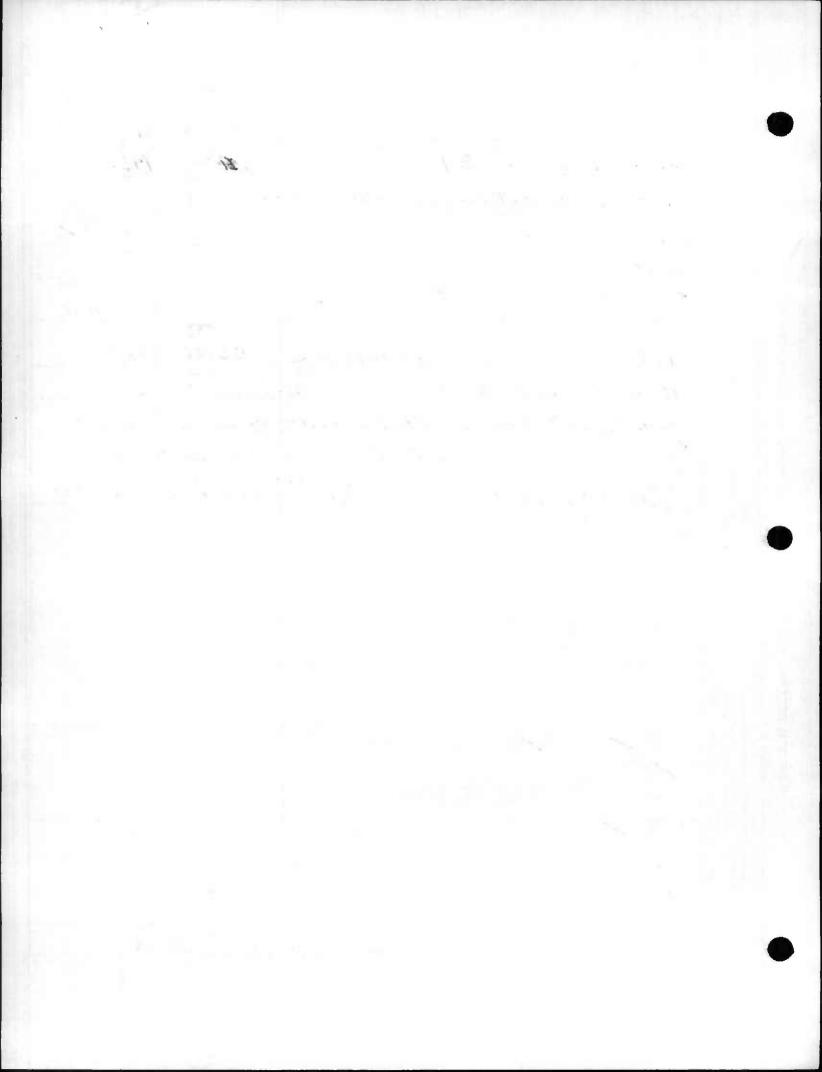
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND I	MENTAL HYGIEN		08531
	1. OECEDENT'S NAME (First, Middle, Last)  MARIC  4. SOCIAL SECURITY NUMBER  213- LA-1-719	8. SEX 8. AGE (In yra. lee	et birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	2. DATE OF DEATH MONTH.  7. DATE OF BIRTH (Month, Dev Year)	30 9	3. TIME OF DEATH  BIRTHPLACE (State or Family)
STOR	9a. FACILITY NAME (If not institution, give at MERCY H RESIDENCE OF DECEDENT		96. CIT	y, town or location of Di	EATH	9c. COUNTY	OF DEATH
FUNERAL DIRECTOR	10s. STATE 10s. COUNTY  MD; 10s. STREET AND NUMBER	OR LOCATION  101. ZIP CODE		10g. CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	1560 ALCON  11. MARITAL STATUS  1 Married 2 Married	JBURY RD,  12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 USES 2 FORCES 2 F	BMED 13.	2/22 WAS DECENDENT OF HISPAL If yes, specify Cuben, Mexico 1 YES 2 NO Specif	in, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc.
COMPLETED BY	3 Widowed 4 Divorced  15. OECEDENT'S EDUC (Specify only highest grade  Elementary/Secondary (0-12)	CATION 16a. Of (Completed) (College (1-4 or 5+)		OCCUPATION during most of working	66. KIND OF BU	USINESS/INDUS	
BE COM	17. FATHER'S NAME (First, Middle, Last) HERMAN  190. INFORMANT'S NAME (Type/Frint)	J. ROBERT	Š	18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)	EBER
10	20a,METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Remove	ROBERTS 20h PLACE	1907	E. PRAH.	Sta BAL	OCATION - CH	21231 or Town, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE UC			ANISLAUS ( . NAME AND ADDRESS OF FE  DUARD  401 S. CHE	WE WE	BER	
	23. PART I. Enter the diseases, or shock, or heart willure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on each line	0.		ch as cardiac or res		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSE	EQUENCE OF):	AST CANCE	n		
CERTIF	that initiated events resulting in desth) LAST	DUE TO (OR AS A CONSE					
: MEDICAL	PART II. Other algolficant condition	a contributing to death but not	resulting in the u	inderlying cause given in	Part I.   24a. WAS A   PERF(   1   YES	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	3 DOA 4 N	26. PLACE OF DEATH (CI			
ву РНУ	27. MANNED*OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	1.	
3 Suicide 6 Could not be building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							
COMPLET	one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, d R: On the basis of examination and/or		opinion, death occured at the	time, date and place,	and due to the o	cause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (More), Day, Nov)						

0.2 1991

DHMH-16 Rev 1/89

Knighen Randoll



BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	INFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MESS TAKE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE CLEEN L. DIRECTOR, After this certificate has been signed by the attending physician and completely file	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR					MENTAL	HYGIENI REG. NO.	9	0	8532
	1. DECEDENT'S NAME (First, Middle, Last)	SQUATRIT	o cp					2. DATE O	DA		EAR	ME OF DEATH
	PETER J.  4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 409	7. DATE 0	26			E (State or Foreign
	214-05-3422	1000	3 yrs.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day: Year)		Country)	
	9e. FACILITY NAME (If not institution, give at					R LOCATI				9c. COUNTY	OF DEATH	
10R	Francis Scott Kei	y Medical Cen	iter	B	alti	more	Cit	ty				
JIREC	10a, STATE 10b, COUNTY	ltimore		TY, TOWN	OR LOCAT	TION	Dunc	dalk				INSIDE CITY LIMITS? YES 2 X NO
RAL	100. STREET AND NUMBER 1515 Leslie Road				101	212				10g. CITIZEN		COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 💢 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT, EVER IN FORCES? 12 YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 NO		If yes, sp		n, Mexica	en, Puerto Ri	(Specify Yes Icen, atc.)	or No- 14.	RACE - AI Black, Whit Specify: W	merican Indian, te, etc.
ED	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DECEDENT'S	S USUAL O	CCUPATIO	ON ast of world	na .	16b.	KIND OF BUS	INESS/INDUST	TRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT !			ot or work		M	LAbran	т Тлач	asnon:	tation
COMPLETED	7th Grade 17. FATHER'S NAME (First, Middle, Lest)		rack	VILLO	e.	40 1107	UED'S NA		iddle, Maiden		wp0,0	
Ö	Rasario Squatrit	0				16. MOI	athe	erine	radie, Merden	surneme)		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G AODRES	S (Street a	ind Numbe	r or Rural	Route Numb	er, City or Town	, State, Zip Co	de)	
유	Marian E. Squatr	ito	1515	Lesl	ie F	Road,	Bal	ltimo	re, MI	2122	22	
	20a. METHOD OF DISPOSITION  1/ Suriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State Sa.	PLACE AND DATE OF THE CONTROL  CREATER  PLACE AND DATE OF THE CONTROL  PLACE AND DATE OF THE	ry or other p	osition	(Name	Cem	3/30	Bai	eation - chy	or Town, s e, Ma	ryland
	21. SIGNATURE OF JUNERAL SERVICE LIC	ENSEE		Di	name ai	ND ADDRE	Fun	eral	Home o	of Dun	dalk,	
	23. PART I. Enter the disease or cahock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS A	ch line.	not enter	the mo	de of dy	ring, aud	ch as cerd	ac or respi		t,	Approximete Interval Between Onset and Death
RTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A										
U	DART II Oshoo algolillaant aandislaa	d.									1	
CAL	PART II. Other aignificant condition	s contributing to deeth bu	it not reediting	in the u	noeriyin	g ceuse	given in	Part I.	24a. WAS AN PERFOR	MED?	AMAII	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE
MED							_		1 TYES 2	□ NO		YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL				20.00	105.05	DE 1711 101					
SICI	EXAMINER?	HOSPITAL:	etlant 2 🗆 DOA	OTHE	R:			5 Other				
PHYSI	27. MANNER OF DEATH  1 X Netural 6 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TI		28c, IN.	JURY AT		_		NJURY OCCUP	RED	
A coldent   Second   Second						Rural Route	Number,					
L L	(Crieck only	CIAN: To the best of my knowle										
COMPL	2 MEDICAL EXAMINE	R: On the besie of examination	end/or investigat	tion, in my	opinion, o				end place, en			
O BE	CHIEFTY	Nax 1H	(lux			29c. LK	SENSE NU	546	2	▶ 3/	27/9	th, Chay: Many
IF	30. NAME AND ADDRESS OF PERSON AND	D'COMPLETED CARSE OF DA	TH (ITEM 27) (To	ne Print)			-	, ,		100	- 11	1

TH (ITEM 27) (Type, Print)

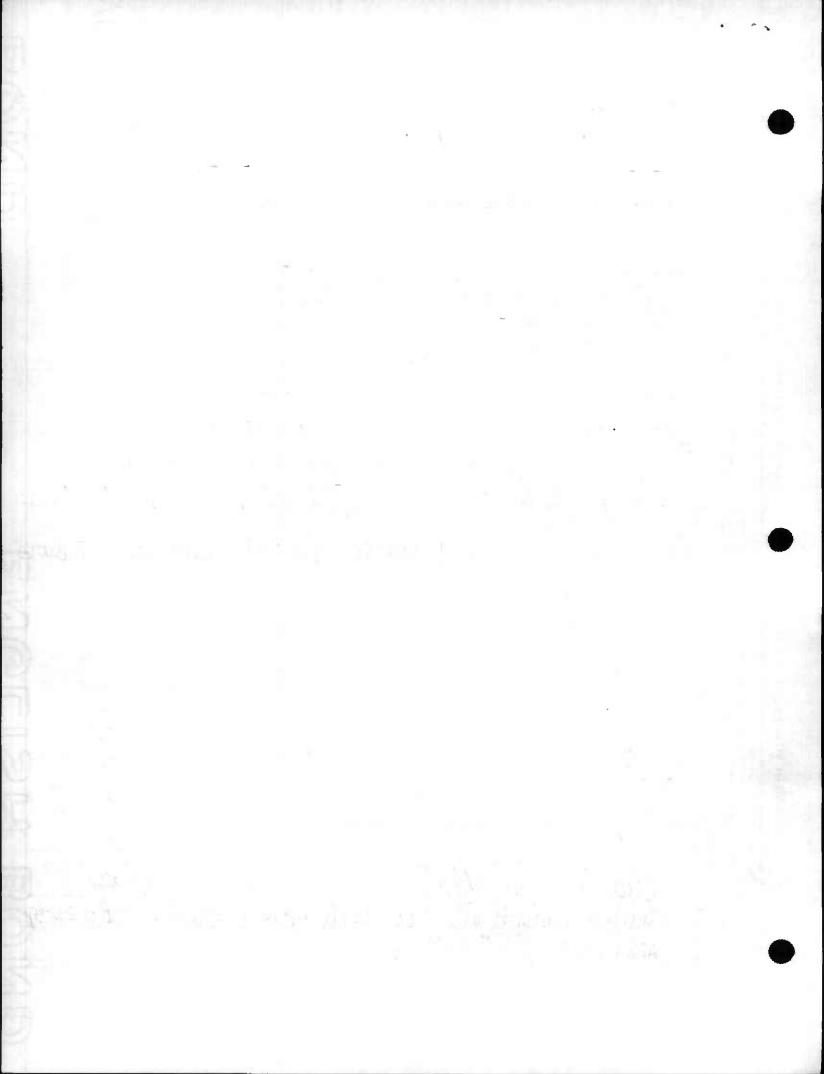
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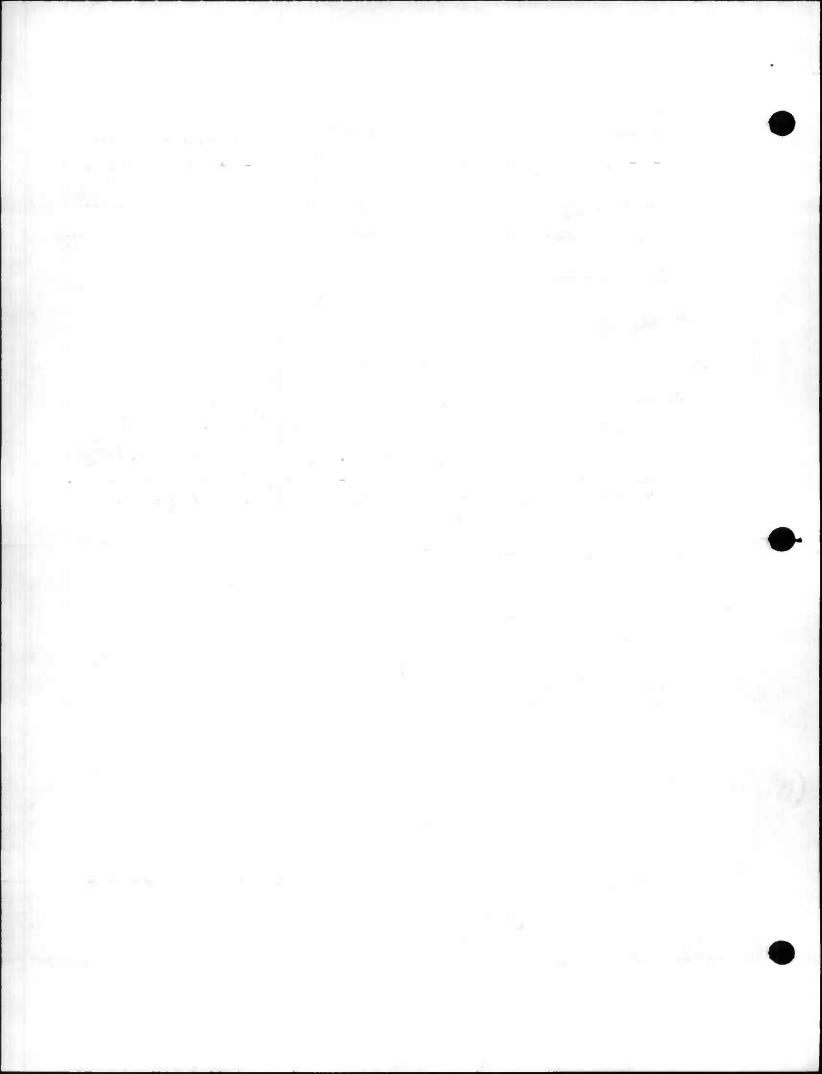
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31. DATE FILED (Month, Dey, Year)
APR 0 2 1991



TO THE HOSPITAL OR ATTRACTOR FOR STATE OF INVESTIGATION TO A CONDITION OF A CONDI

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT	TE OF DE	TH AND M	IENTAL HYGIENI REG. NO.	E	08533
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPHINE	GERTRUDE	STA	NOWSKI		2. DATE OF DEATH DA		3. TIME OF DEATH 03.12AM
	4. SOCIAL SECURITY NUMBER 217-18-8089	5. SEX 6. AGE (In yr	s. last birthday) IF UNI YRS.		IDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 03-10-1901	8.1	BIRTHPLACE (State or Foreign Country) Pennsylvania
DIRECTOR	9a. FACILITY NAME (If not institution, give str Franklin Square RESIDENCE OF DECEDENT	Hospital	F	TY, TOWN OR LOX		ATH	9c. COUNTY BALTIN	ORE CO.
	Maryland Bal	timore		n or Location				10d. INSIDE CITY LIMITS?  1 YES 2/1/2 NO
FUNERAL	100. STREET AND NUMBER 7839 Scholar Roa	d		101. ZIP 0	222		10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3\formalfont Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	X X X	3. WAS DECENDED	NT OF HISPANI	C ORIGIN? (Specify Yea , Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	e. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of w i.)	rorking	16b. KIND OF BUS		PY
	3rd Grade  17. FATHER'S NAME (First, Middle, Last)		Homemake	16, 1	ot Kno	AE (First, Middle, Maiden		
TO BE	Not Known Rome  198. INFORMANT'S NAME (Type/Print)	<u>cki</u>		ESS (Street and Nu	mber or Rural R	oute Number, City or Tow		
	Irene Strong 200 METHOD OF DISPOSITION	20b. PL				eltimore, l		
	Wariel 2 □ Cremetion 3 □ Remo     Donetion 5 □ Other (Specify)							or Town, State 2, Maryland
	Picas?	Carole	1	Vuda-Ruc 1922 Wis	k Fune e Aven	ral Home o ue, Baltir	of Duna nore, l	dalk, Inc. Maryland21222
CERTIFICATION	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	INFARCTION  DINFARCTION  DISEQUENCE OF):  OTIC CORON  DISEQUENCE OF):				retory arrest	Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other significant condition CERBROVASCLAR D MASTECTOMY FOR	ISEASE	not resulting in the	underlying cau	se given in i	Part I. 24a. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН		OF OEATH (Che	ock only one)		
BY PHYSI	1 VES 2 NO  27. MANNER OF DEATH  1 Notural 5 Pending Investigation	1 (2) Inpatient 2 ER/Outpatie 28a. DATE OF INJURY (Month, Day, Year)		28c. INJURY / WORK?	AT	6 Other (Specify) 28d. OESCRIBE HOW I	NJURY OCCUR	ED
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	factory, office		281. LOCATION (Street City or Town, State)		Rural Route Number,
COMPLETED	anal and	CIAN: To the best of my knowledger. On the basis of examination as						ause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIES	Tearer 1	ms	290	7 365	- 4 -	29d. DATE S	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CRAIG PEARCE MD			RIVE, BA	LTIMOR	E, MD 2123	37	
	31. DATE FILED (Month, Day, Year) APR 0.2. 1991	32. REGISTRAR'S SIGNATURE Davidson-Range						



STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

**EDWARD** 

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EDWA MONTHS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH A. BIRTHPLACE (State or Foreig July 1, 1 M 2 F 215-10-8744 Maryland 1907 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore DIRECTOR G0000 RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Timonium 1 TYES 2 NO permit. FUNERAL 10. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2128 Fountain Hill Drive 21093 U.S.A. use as the burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE --- American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerle Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY White 3√Widowed 4 ☐ Divorced 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached for Superintendent News American 12 notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Edward Sappington G. Snyder Mary BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs Dolores E. Long Same as#10 must be 20a. METHOD OF DISPOSITION

\$\text{Suriel} 2 \cap \text{Cremellon} 3 \cap \text{Removal from State}

4 \cap \text{Donation} 5 \cap \text{Other} (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE by the funeral director, removal. Moreland Memorial Park 4-2-91 Parkville, Maryland examiner 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. · Wallace S. 1050 York Road, Towson, Md. 21204 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate filled in by shock, or heert fallure. List only one cause on each line. Interval Between 0 IMMEDIATE CAUSE (Fine) **Onset and Death** I completely filled irial, cremation, c the disease or condition\_ Week within resulting in deeth) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): executed Hygiene prior to burial, sta CERTIFICATION and Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) attending physician 2 certificate CAUSE (Disease or Injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, or een signed by the atte of Health and Mental PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL 24s. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? that shows any 1 TES 2 NO requires 1 TYES 2 NO peed PHYSICIAN: certificate has been the State Dept. of 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item HOSPITAL: OTHER: OR ATTENDING PHYSICIAN: 1 YES 2 NO patient 2 ER/Outpatient 3 DOA ng Home 5 Residence 8 Other (Specify) marked, or the 28a. DATE OF INJURY 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with t 1 Natural 5 Pending Investigation M 1 YES 2 NO A After 1 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: If Item 28 is m 28e. PLACE OF INJURY — At home, farm, street, factory, office building, sic. (Specify) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

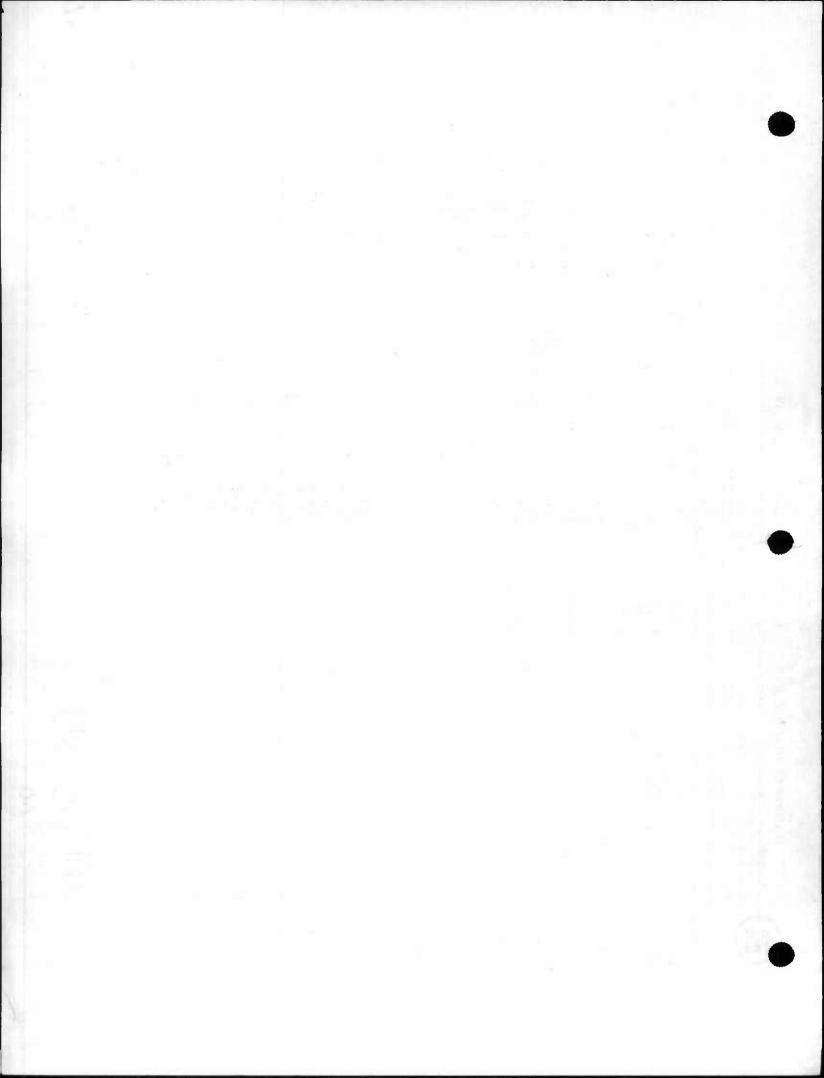
1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 31 3019 rda 20 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE his Davidson Randall 2 1991 **OHMH-18 Rev 1/89** 

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

SAPPINGTON, SR.

2. DATE OF DEATH

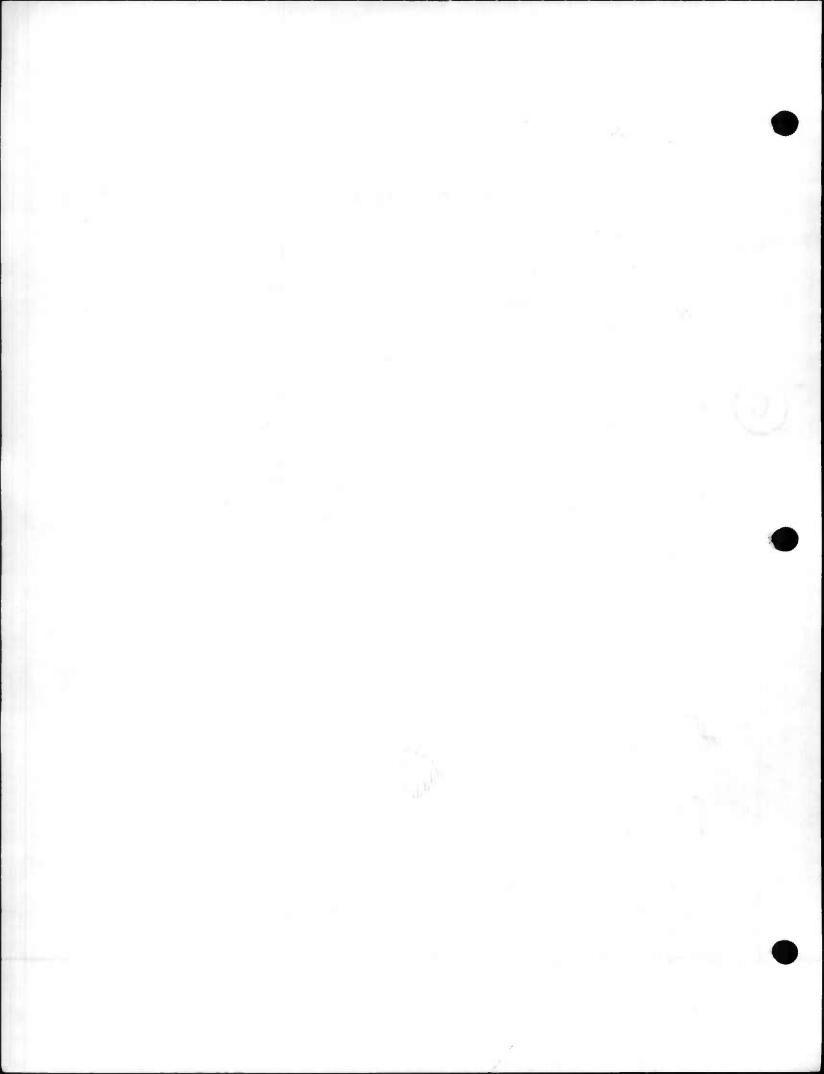


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STATE OF	MARYLAND	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	TH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				HYGIENE REG. NO.	9	085	35
	1. OECEDENT'S NAME (First, Middle, Lest)	/RVIN	(IRVIN SK	LAR)		2. DATE OF MONTH	DEATH DAY	1991	3. TIME OF OEATH	
		8. SEX 8. AGE (H		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	ley, Year)	8. B	USA	ilgn
TOR	BALTO. COUNTY GEN: HOSPITAL RESIDENCE OF DECEDENT  BESIDENCE OF DECEDENT									
DIRECTOR		BALTIMORE 10c. CITY, TOWN OR LOCATE RANDALLS							10d. INSIDE CITY LIMITS? XX YES 2 N	10
RAL	3735 COURTLIEGH DR.			101.	1. ZIP CODE 10g. CITIZEN C				OF WHAT COUNTRY?	
BY FUNERAL	1. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO			If yes, spe					RACE — American Indien Black, White, etc. Specify: WHITE	l,
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  18a. DECEDENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use retired.)			done during mot lired.)	of working 16b. KIND OF BUSINESS/INDUSTRY					
d MC	12 17. FATHER'S NAME (First, Middle, Last)		BU	TCHER	18. MOTHER'S NA	ME (Flest Mid)	MEATS			
	HYMAN SKLAR				ROSE					
O BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street a	nd Number or Aural I			State, Zip Cod	(0)	
2	MRS. BEVERLY LAT				TATION R	D. SE	EVERN,	MD 2	21144	
	20s. METHOO OF DISPOSITION XX Buriel 2 Cremetlon 3 Remove 4 Donation 5 Other (Specify)	al from State	PLACE OF DISPOSITION Of the Place) FORBAND		3/:	25/91			E, MD	
1	21. SIGNATURE OF PUNERAL SERVICE LICE	telluan	)	SOL	D ACCRESS OF FA LEVINSON REISTERS!	N & BF			,MD 21215	5
	23/PART I. Enter the diseases, or co- ahock, or freet failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	ACUTE /	ich lina.				c or reapire	itory erreat,	Approximat Interval Bet Onset and	tween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to desth but not resulting in the underlying cause given in Part I.						4a. WAS AN A PERFORM	ED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO	IO AUSE
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Ch	neck only one)				
Sic		HOSPITAL: 1 D inpetient 2 DER/Outp		THER:  Nursing Hom	e 5 🗆 Residence	6 Other (	Specify)			
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		URY AT RK?	28d. DESCI	RIBE HOW IN.	JURY OCCUR	ED	
B	2 Accident Investigation 3 Suicide 6 Could not be	1 Natural 5 Pending M 1 2 Accident Suicide 6 Could not be building, etc. (Specify)			ES 2 NO			tural Route Number,		
COMPLETED	4									
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a)							suse(s) and menner sa str	ated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Vinum	Ram Vinimagadda MD			29c. LICENSE NUI					
RAM NIMMAGADDA BCGH Randallstonn MD 2133										
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN								



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his c	urs after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	im 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
To Jos	ath	mar
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31. DATE FILED (Month, Day, Year)

	1 - STATE OF MARY		RTMENT OF HEALTH		TAL HYGIENI REG. NO.	9	08536		
	1. DECEDENT'S NAME (First, Middle, Last) (HENRY GETZI SPECTOR) Henry				2. DATE OF DEATH MONTH 3 - 24-9)  3. TIME OF DEATH 15 A				
PLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER (5. SEX 6. AG	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS	MIN (N	ATE OF BIRTH Honth, Day, Year) AUG. 23, 1		BIRTHPLACE (State or Foreign Country)		
	90. FACILITY NAME (If not institution, give street and number)  LEVIND ALE	6. CITY TOWN OR LOCATION OF DEATH  SALTIM OR E			9c. COUNTY OF DEATH				
	MARYLAND	10c. CIT	ry, town or location BALTIMORE		10d. INSIDE CITY LIMITS? 1  YES 2 NO				
	100. STREET AND NUMBER 6210 PARK HEIGHTS AVE., APT	10f. ZIP CODE	10f. ZIP CODE 21215			10g. CITIZEN OF WHAT COUNTRY?			
	11. MARITAL STATUS  1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. Was Decedent EVE FORCES? 1 YE IF YES, GIVE WAR OF	R IN U.S. ARMED	13. WAS DECENDENT OF	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexican, Puerto Rican, atc.)  1 YES 2 NO Specify:					
	(Specify only highest grade completed) (Give Elementary/Secondary (0-12) College (1-4 or 5 +)		B USUAL OCCUPATION work done during most of working se retired.) TTIVE	ne during most of working i.)					
COMPLET	17. FATHER'S NAME (First, Middle, Leet)  MORRIS SPECTOR		18. MOTH	IDA	ME (First, Middle, Melden Surname)				
TO BE	190. INFORMANT'S NAME (Type/Print)  MR. LAWRENCE R. SPECTOR		G ADDRESS (Street and Number of SMITH AVE.		Number, City or Town				
	20s. METHOD OF DISPOSITION  1   Secretary Companies of Other (Specify)   DATE   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   DATE   20c. LOCATION - City or Town, State   DATE   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   DATE   20c. LOCATION - City or Town, State   DATE   20c. LOCATION - City or Town, State   20c. LOCATION - C								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215								
	23. PART I. Enter the disease, or domplications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Between Onset and Death disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):								
ATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury C.	S A CONSEQUENCE O	INCE OF):						
MEDICAL	PART II. Other significant conditions contributing to death but not recuiting in the underlying cause given in Part I.  ATHEROSCLEROTIC CARDIO VASCULAR DISEASE  WITH ARRHYMIA HISTORY OF DLD MYOCARDIAL  1 VES 2 NO  1 VES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 1 NO  1 Inpatient 2 ER/Outpetient 3 DOA  4 Aursing Home 5 Residence 8 Other (Specify)								
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending Investigation  28s. DATE OF INJUI (Month, Day, Yes		ME OF 28c, INJURY AT WORK?  M 1 YES 2						
	A PROGRAM	JRY — At home, farm, Specify)	s, farm, street, factory, office  281. LOCATION (Street and Number or Rural Route City or Town, State)			Rural Route Number,			
COMPLETED	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER - E H 7 13	ATTENDE		ENSE NUMBER	610	29d. DATE S	IGNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CRUSE OF		e, Print) SET 1	HTWA	R	M)	24.41		

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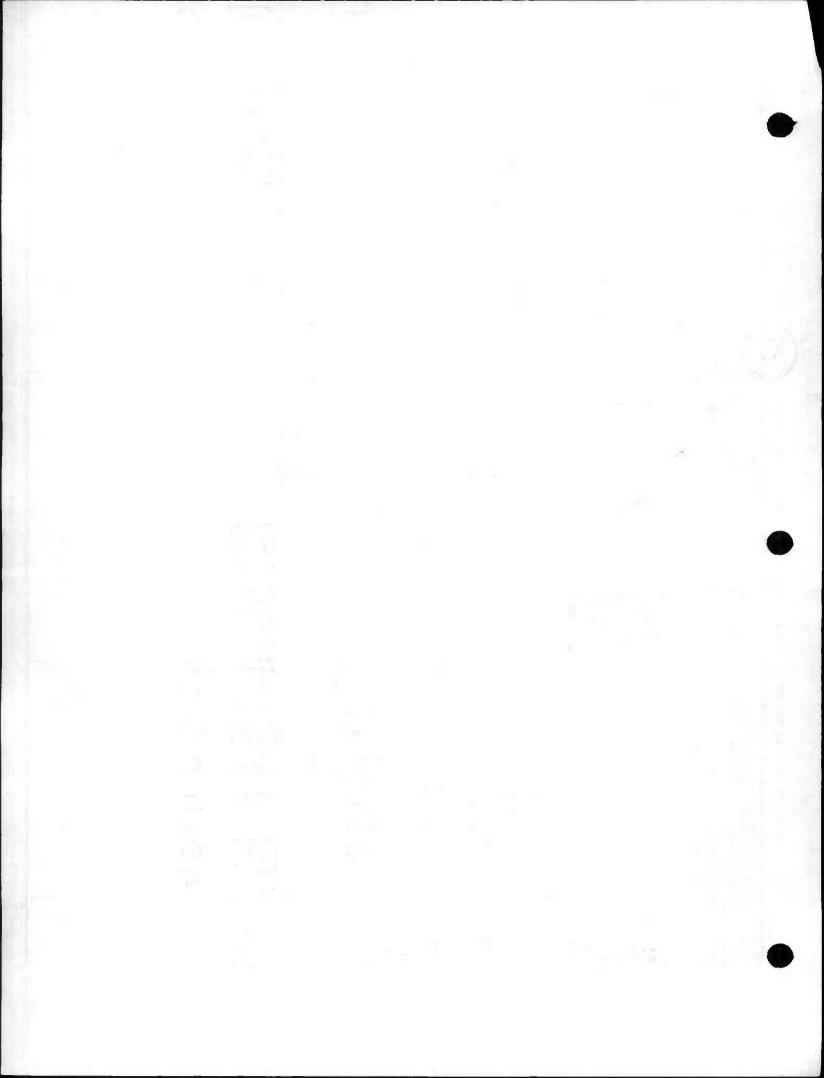
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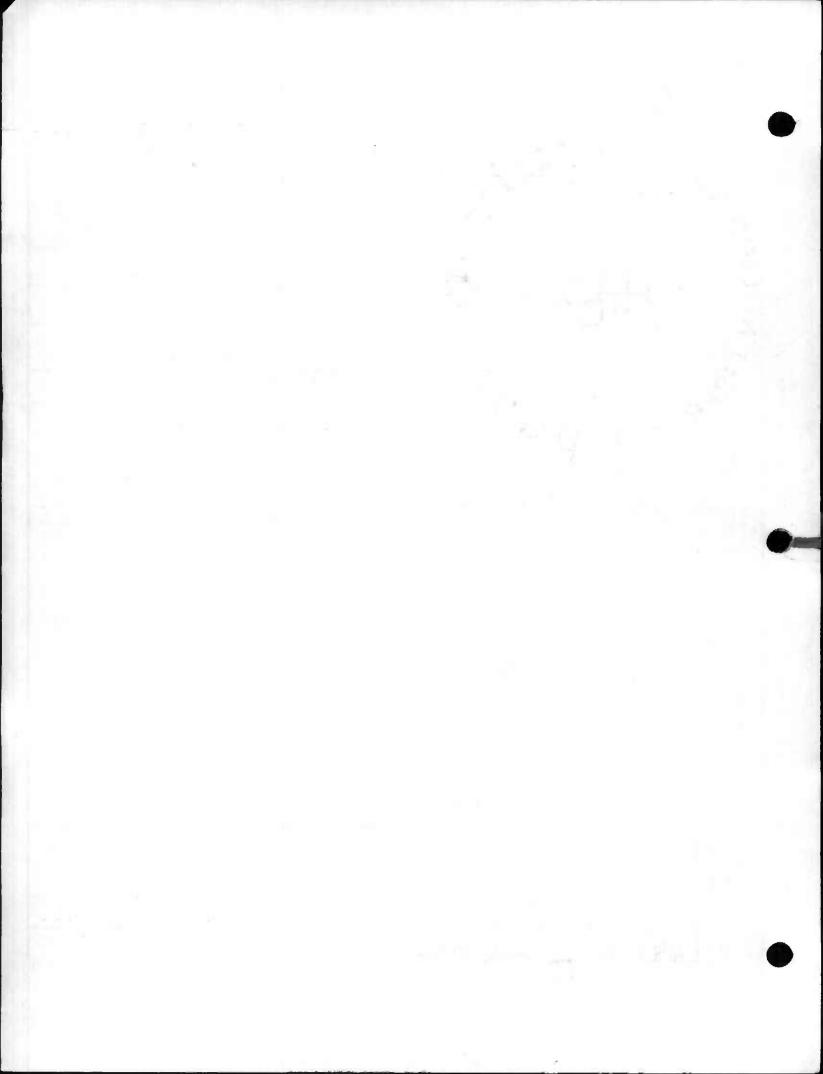
(	OX 68760, BALTIMORE, MARYLAND 21211-0020	TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the common months of physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be determent the burial-transit permit. Pages 1, 2, 3 should a find within 72 hours after death with the Share Dept of Health and Mental Hydiene brior to burial, cremation, or removal.	remate event the mades examiner must be neitled at once
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physical property of the State Debt. of Health and Mental Hydiene by	per left winner. It may not to count our to case our per to the country of the period of some country of the major of the country of the coun

}	1. DECEDENT'S NAME (First, Middle, Las	UDI=	1. 5	266	-00			2. DATE (	F DEATH	¥ _	QYEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-74-3250	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER 24 HRS HOURS MIN.	7. DATE (	F BIRTN Day, Year)	_	Count	
	9a. FACILITY NAME (If not institution, give	1 M 2 AF		YRS.	ah CITY	IS DAYS HOURS MIN. (Month, Day, Year) 6/25/190			5/190	· · · · · ·	MA.	SHINGTON, DC
OR	MERIDIAN N		CAL		TOWSON			9c. COI		PIMORE		
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COU	MTY		10a CIT	Y, TOWN C	DE LOCAT	TION					10d, INSIDE CITY
FUNERAL DIRECTOR	MARYLAND	***		IOC. CIT		TIM						UMITS?
A I	10e. STREET AND NUMBER				DATE	- 7 -	I. ZIP CODE			10g. Cl	TIZEN OF	WHAT COUNTRY?
ER/	7015 PARK HEIGH	rs ave., A	PT. B-1				21215			1	USA	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI				ENDENT OF HISI			or No-	14. RAC Blec	E — American Indian, ik, White, atc.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 N				2 NO Spe		, , , , , , , , , , , , , , , , , , ,		Spec	**y: WHITE
	15. DECEDENT'S Et (Specify only highest gra		(Gi	CEDENT'S	vork done	CCUPATIO	ON ost of worlding	16b.	KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 a	Ma	Do NOT us	e retired.)		700000			3 m . I T	OME	
M	12. FATNER'S NAME (First, Middle, Last)			HOU	JSEWI	.FE	14 MOTHER'S	NAME (First M		AT H	OME	
	MOSES RUBEN	VOET SON		16. MOTHER'S NAME (First, Middle, Meiden Suman HANNAH UNKNOWN					14.0			
BE	19a. INFORMANT'S NAME (Type/Print)	TOPHSON	198	MAILING	ADDRESS	S (Street I	and Number or Rui				ip Code)	
임	MRS. PERIE MELT	ZER	23	30 SI	CONEY	RU	N LA.,A	PT. 4G	BAL	TO.,	MD	21210
	20e_METHOD OF DISPOSITION  1 Durial 2 Cremation Recity Constitution 5 Other Specify		20b. PLACE	AND DATE	E OF DISP	DSITION		DATE				own, State
				crematory or other place) H TFILOH 3/26/91 BALTIMORE,						MD		
	21. SIGNATURE OF FUHERAL SERVICE		22.		ND ADDRESS OF L LEVIN		RROS.	. TNC				
	May	In	244	-	1		REISTE					MD 21215
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, anock, or heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Approximata interval Between Onset and Death  Onset and Death											
NO	Sequentially list conditions,	b	(OR AS A CONSEC	UENCE O	FI:							
FA	if any, leading to immediate cause. Enter UNDERLYING	100.00			,,							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	OUENCE O	F):						-	
E		d										
	PART II. Other aignificent condit		daeth but not r	eaulting	in the u	ndariyin	ig cause given	in Part I.	24a. WAS AN PERFO		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	/V>N	-			-				1 TYES	2 NO		COMPLETION OF CAUSE OF DEATH?
-												1 TES 2 140
AN	25 WAS CASE RESERVED TO MEMICAL				_	26.0	ACE OF DEATH	Charl and an				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   1   Inpetient 2   ER/Outpetient 3   DOA   4   Mersting Home 5   Residence 6   Other (Specify)  27. MANNER OF DEATH   28. DATE OF INJURY (Morith, Day, Year)   1   Specific   1   No Provided Provi												
H	27. MANNER OF DEATH	28a. DATE OF	INJURY	26b. TIN	E OF	28c. IN	JURY AT	-	CRIBE NOW	INJURY O	CCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, E	Pay, Year)	10.	JURY M		YES 2 NO					
	3 Suicide 6 Could not	be building.	OF INJURY — At ho , atc. (Specify)	me, farm,	street, fac	tory, offi	ce		ATION (Street or Town, State		er or Rural	Route Number,
Substitute of City or Town, Stete)												
One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated							(s) and manner as stated.					
BE	29b. SIGNATURE AND TITLE OF CERTIFICATION	FIER Reph /	Jola	m	1		29c. LICENSE I	783	- 2		TE SIGNE	D (Mopth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON		PYU/	0 S /	Print)	DA	rive J	rite	206	7	Jus	on MM
JOSEPH Adoms MD 7401 Osler DRIVE Sit 206 Touson MI 31. DATE PILED (MORTH, Day, Year) ADD 02 1991												



TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	ENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)	5 PARK				2. DATE OF DEATH	9 <sup>Y</sup> IAR	3. TIME OF OEATH 2:13p.m
	4. SOCIAL SECURITY NUMBER 213-34-8868			INDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI	HPLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give st CHURCH HOSPIT				IMORE (	ATH	DEATH	
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY	Y	10c, CITY, TO	WN OR LOCAT	ON			10d, INSIDE CITY
<u> </u>	MD	NA			altimo	ce		LIMITS?
	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
ER	3013 Wells Ave	nue			21219		USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS OECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spe		NO	r No — 14. RAC Blac Spec	E — American Indian, ok, White, etc. ody: White
	15. DECEDENT'S EQU	CATION 1	Sa. OECEDENT'S USU	AL OCCUPATIO	N	16b. KIND OF BUSH	NESS/INDUSTRY	WILLE
COMPLETED	(Specify only highest grade		(Give kind of work life. Do NOT use ret	done during mo-			ity Gua	ard
S I	17. FATHER'S NAME (First, Middle, Last)		-		18. MOTHER'S NA	ME (First, Middle, Maiden S		
	EDWARD SPARKS					RAE KIRB		
BE	19e. INFORMANT'S NAME (Type/Print)	40	19b. MAILING ADD	ORESS (Street e		RAE KIRD		
2	Gary Sparks	Brother	8352 K	avana	uah Rd	, Baltimo	re.MD	21222
	20e. METHOD OF DISPOSITION 1	20b. P	LACE OF DISPOSITIO				ATION — City or 1	
	4 Donetion 5 Other (Specify)	CENSEE A 3 3 3 3 3		22. NAME AN	ID ADDRESS OF FA	CILITY		
	Somere 1	Honald W	ade,Dir 4/1/91			State timore St		omy Board, MD 21201
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  s.   DUE TO (OR AS A CONSEQUENCE OF):							
ATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A C	ONSEQUENCE OF):					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):					
SAL	PART II. Other algoriticant condition  A (cohe (sm	na contributing to death but	not resulting in the	he underlyln	g cause given in	Part I. 24a. WAS AN / PERFORM	AED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC						_		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (C	heck only one)		
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Dinpatient 2 ER/Outpet	ient 3 DOA 4	THER:	e 5 🗆 Residence	8 Other (Specify)		
PHY	27. MANUER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	r wo	JURY AT DRK? YES 2 NO	28d, OESCRIBE HOW IN	JURY OCCUREO	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	tigetion  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route City or Town, State)						
COMPLETED	(Check only	SICIAN: To the best of my knowled						e(e) end manner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIC	F for, MD			29c. LICENSE NU	F034	≥ 3	ED (Month, 9by, Year) 2991
=	Timothy I	Low, MD	Chur	the He	spetal	100 N. B	roadwa	y Baltio.M
31. DATE FILED (Month, Day, Yolir)  32. REGISTRAR'S SIGNATURE  APR 2. 1991 Gulia Davidson-Randelle								



1 - STATE REGISTRAR

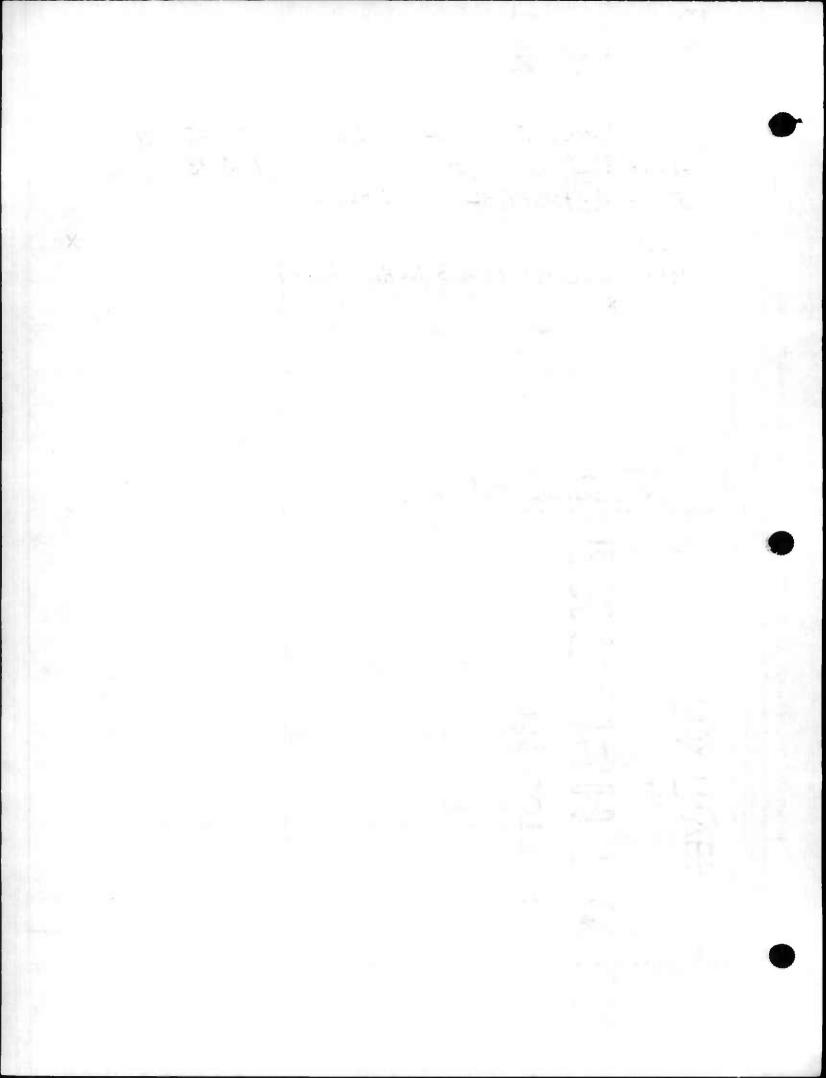
1. DECEOENT'S NAME (First, Middle, Last)

	4. SOCIAL SECURITY NUMBER 212-18-8063	5. SEX 6. AGE			UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day Year)	8	BIRTHPLACE (State or F Country) Virginia
TOR	98. FACILITY NAME (If not institution, give a ST AGNES H	OSPITAL		BACTIN		тн		TY OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY Balt	timore Count		own or Location				10d. INSIDE CI LIMITS? 1 TYES 2
FUNERAL	10. STREET AND NUMBER 4128 OLD	ANNAPO			227		U.	S.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR WORLD WAR	S 2 NO		Cuban, Maxican,	C ORIGIN? (Specify Puerto Rican, atc.)	Yes or No—	4. RACE — American In Black, White, etc. Specify: White
OMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th Grade	CATION completed) College (1-4 or 5+)	15e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of tired.)	working		Coast	Guard Yard
EC	17. FATHER'S NAME (First, Middle, Last) W	illiam J. Sm	ullin	18.	. MOTHER'S NAM	E (First, Middle, Maid Virgini		g
TO B	19e. INFORMANT'S NAME (Type/Print) Helen Smullin			oness (Street and A				yland 2122
	20a. METHOD OF DISPOSITION 1 🔀 Buriel 2 🗆 Cremation 3 🗆 Ram 4 🗆 Donation 5 🗀 Other (Specify)	oval from State	Nob. PLACE AND DATE OF Commentary, crematory or Md. Nation	other place) al Memor	ial Par	k 4-1 La		ity or Town, State Maryland
į	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE OL	Donis	George		ce Funer		e P.A. more, Md.
RTIFICATION	Sequentielly list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Regut  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  B A CONSEQUENCE OF):	pher	ic a	erebia	lyas	culer
: MEDICAL CE	PART II. Other eignificent condition  atrial  Mathematical	Resulta	but not resulting in	the underlying co	suse given in P	PER	AN AUTOPSY FORMED? 3 2 NO	24b. WERE AUTOPS: AWALABLE PRI COMPLETION O OF DEATH?  1  YES 2 [
SICIAN:	25. WAS CASE REFERRED TO MEDICAL/ EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	E OF DEATH (Chec			
ED BY PHYSIC	27. MANNER OF DEATH    Natural 5   Pending	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME C INJUR	WORKT	AT	28d. DESCRIBE HO	eet and Number	URED  or Rural Route Number,
OMPLET	29a. CERTIFIER Chock only	SICIAN: To the best of my kn	Owledge, death occurred	nt the time, date and	d place, and due t	to the cause(s) and		ud.
0	one)	ER: On the besis of axemine	tion and/or investigation,	in my opinion, deati	h occured at the t	ime, data and place	, and due to the	
TO BE COM	one)	mien k		29	c. LICENSE NUM	BER	29d. DATE	

08539 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 10130Pm 8. BIRTHPLACE (State or Foreign Country) Virginia COUNTY OF DEATH 10d. INSIDE CITY LIMITS? g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: White SS/INDUSTRY ast Guard Yard ame) Long tate, Zip Code) Maryland 21227 ION — City or Town, State el, Maryland Home P.A. ltimore, Md. 21225 ory arrest, Approximate interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RY OCCURED Number or Rural Route Number,

2. DATE OF DEATH

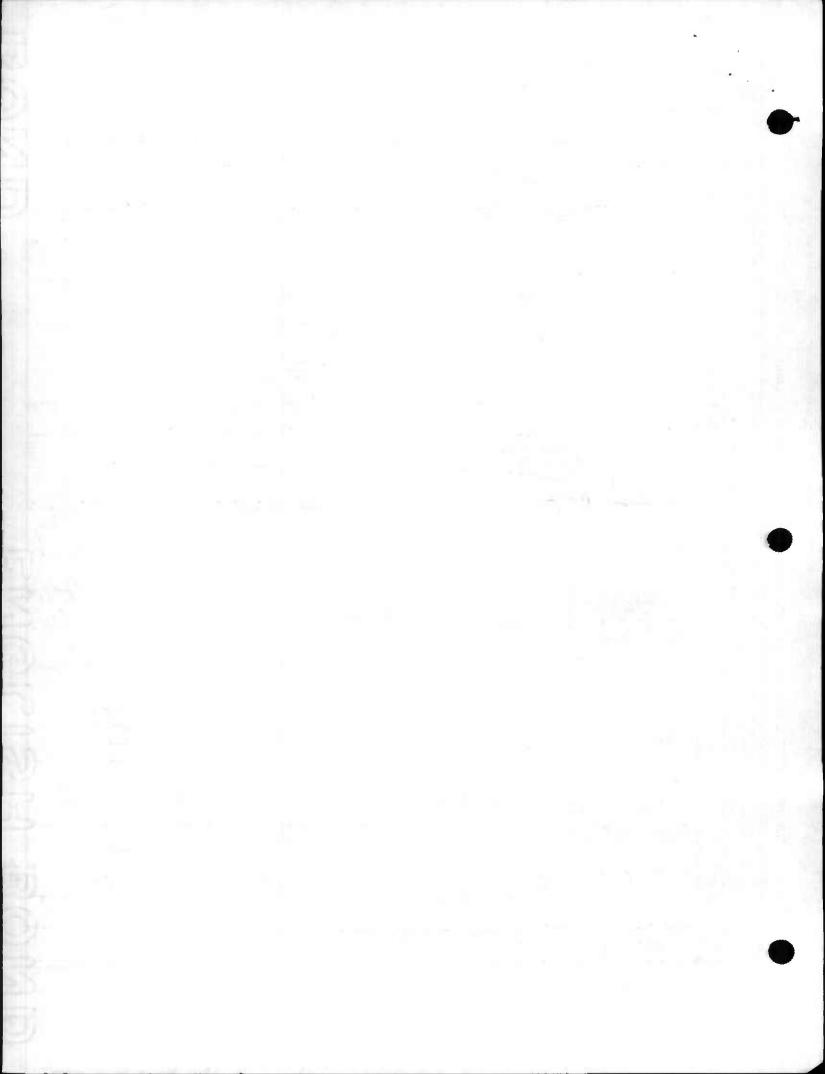
DHMH-15 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

	REGISTRAR		CERTIF	CATE OF	DEATH	RE	G. NO.			
7	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATN		3. TIME OF DEATN	
	LILLIAN HF	ELEN	SI	EARS		MONTH O3	31	91	3:10 PM M	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BU	RTH		HPLACE (State or Foreign	
	003-10-0030	1 🗆 M 2 🔀 F	74 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, 10-1-1	Year)	Coun	W YORK	
TOR	90. FACILITY NAME (If not institution, give stre NORTH ARUNDEL HOS RESIDENCE OF DECEMENT		OCIATION		BURNIE	ATN	9c.	A.A.	COUNTY	
DIRECTOR	10e. STATE 10b. COUNTY	Arundel	7	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	arunder	пап	lover					1 TYES 2 NO	
FUNERAL	7429 Ridge Rd.			1.	OF ZIP CODE			J.S.A.	WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Never Married 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	if yes, s	CENDENT OF NISPAN pecify Cuben, Mexica S 2 A NO Specify	n, Puerto Ricen,		14. RAC Blac Spec	CE — American Indian, ck, White, etc. city: White	
0	15. OECEDENT'S EDUCA	ATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND	OF BUSINES	S/INDUSTRY		
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	Coflege (1-4 or 5+)	Ille. Do NOT us	,		Civri	1 Com	vi ana		
M	17. FATHER'S NAME (First, Middle, Last)	4	Keview	worker	S.Securi					
	Dominic	Napoli			18. MOTNER'S NA Lacy	ME (First, Middle,	Maiden Surna	ne)		
BE	19a. INFORMANT'S NAME (Type/Print)	•	19b. MAILING	ADDRESS (Street	and Number or Rural I	Route Number, Cit	ty or Town, Stat	a, Zip Code)		
9	J. Mark Sears		11 No	rth Gle	n Ave. A	nnapoli	s, Md.	2140	1	
	20a, METNOD OF DISPOSITION  1 Buriel 2 Cremation 3 Remove  4 Donation 5 Other (Specify)	val from State	of cemetary, crematory Meadowri	or other placel			Elkrid			
- 1	21. SIGNATURE OF FUNE RAL SERVICE LICENSES					ADDRESS OF FACILITY leton Funeral Home				
	> 1 tolde	-						Burni	e, Md. 21061	
CERTIFICATION	disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):								Sylas	
	PART II. Other algnificant conditions	pontributing to d	ath hus not requising	la Abo conductor	an advertishe to	Book I au			b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	TAN III CHO BIGINION CONGINION	Contributing to di	Tour not resulting		ng cause given in		WAS AN AUTO PERFORMED! YES 2 N		AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (Ch	eck only one)				
SIC		HOSPITAL:	P/Outpatient 3 DOA	OTHER:	me 5 🗆 Residence		no(fly)			
ЭΗ	27. MANNER OF CEATN	28a. DATE OF IN (Month, Day,	JURY 28b. TIM	E OF 28c. II	JURY AT	28d. OESCRIB		Y OCCURED		
BY	1 Natural 5 Pending 2 Accident investigation			M 1	YES 2 NO					
0	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF i building, et	NJURY — At home, farm, and (Specify)	ntreet, factory, off	ica	281. LOCATION City or Tox	(Street and No vn, State)	imber or Rural	l Route Number,	
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER		y knowledge, death occurr ningtion and/or investigation						(a) and manner as stated.	
						D (Mojeth, Day, Year)				
38 C	GULLE	4 0	1		10200	94	•	4/6	1/4/	
5	DR.E.GORBATY. M.D		KWOOD ROAD	0.1%	IDNITE ME	21061		1	/	
	31. DATE FILEO (Month, Day Year)	32. REGISTRIAR	SIGNATURE CARRE	GLEN BO	MILE. MD	21001				
	Ybk 8 1881	Juna way	NOST -							



BALTIMORE, MARYLAND 21203-3146

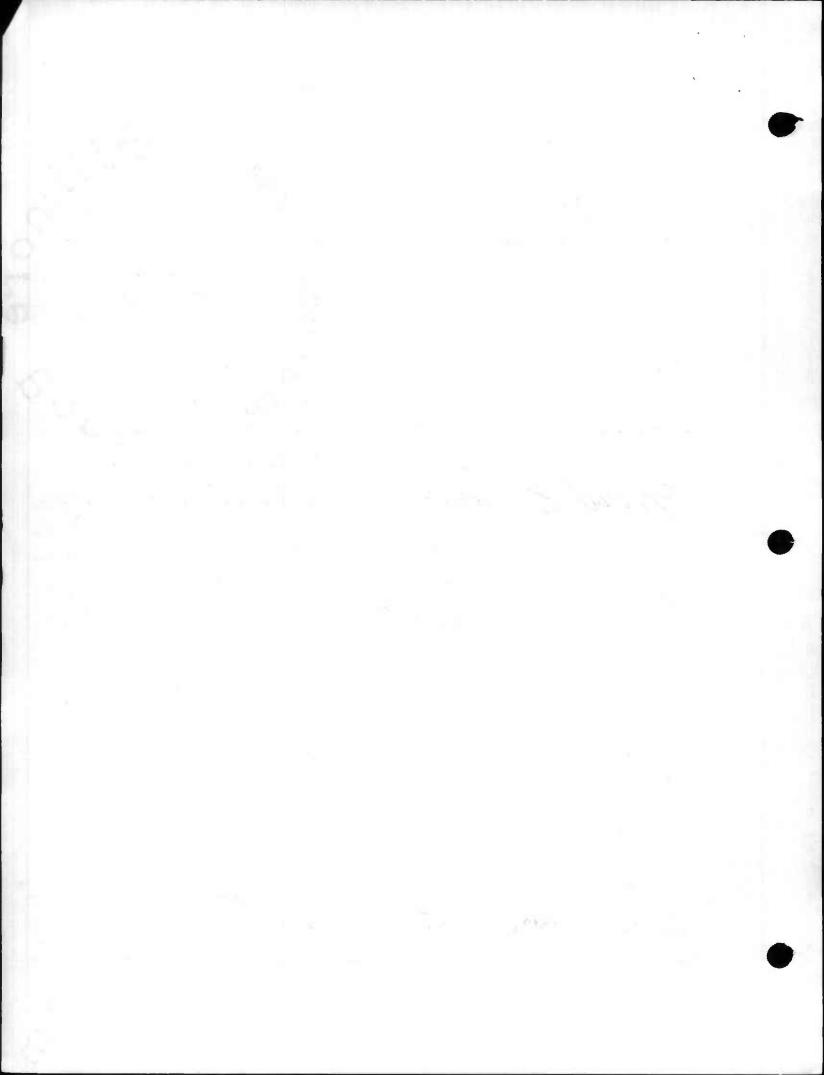
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

2

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	TIEGIOTTIAN			9.		IOAIL		DEA		- 110	. d. 140.				
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF D	DAY		YEAR	3. TIME OF DEATN	
4			Y DERNBA										91	M	
-	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. las	-	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BI (Month, Day,	Year)		8. BIRTN Countr	IPLACE (State or Foreign y)	
	216-20-8763		1 M 2 🔀 F	86	YRS.	96. CITY, TOWN OR LOCATION OF DEATN					+	Ohio			
	9a. FACILITY NAME (If not in	stitution, give si	treet and number)			9b. CITY	, TOWN	OR LOCATION	ON OF DE	EATN		9c. COUN	TY OF D	EATN	
2010	681 Arleig	h Rd.				Seve	erna	Parl	K			Anne	Art	undel	
בַּ	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN (	OR LOCAT	rion						10d. INSIDE CITY	
Ę	Maryland	Anne	Arunde1		Sex	verna	a Pa	rk						LIMITS?	
١	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CITIZ	EN OF V	WHAT COUNTRY?	-
	681 Arleig	h Rd.						21140	6			U.S.	Α.		
5	11. MARITAL STATUS	,		T EVER IN U.S. AF			WAS DEC	ENDENT C	OF NISPAN	NIC ORIGIN? (Sp	ecify Yan c	_	14, RACE	E — American Indian,	
	1 Never Married 2			NAR OR DATES	40			ecify Cube		n, Puerto Ricen, y:	, atc.)		Speci		
0	3 🔁 Widowed 4 🗌 Divo													White	
ם ב		EDENT'S EDU		/G	CEDENT'S	work done	during mo	ON ost of working	ng	16b. KINI	OF BUSI	NESS/INDI	USTRY		
9	Elamentary/Secondary (	0-12)	College (1-4 or 5	+)	Do NOT u	se retired.)									
Z Z	12th		4	S	ecre:	tary					S.A.				
3	17. FATHER'S NAME (First, M	fiddie, Last)								AME (First, Middle					
ם	George	T (T) do (t)	Der	nback			0.101			icka Route Number, C		Le	-	t	
2		,,								ltimore					
	Joseph R. H			20b. PLACE		***				TTHIOTE		ATION — C		nun State	
	14 Buriel 2 Cremetic	on 3 🗆 Rem	oval from State	other pi	lace)					4. 2					
4 Denetion 5 Other (Specify) Meadowridge Memorial Park  21. SIGNATURE OF CHERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								FACILITY					-		
	Q/pa	all	13/1/	Leans	/	1	Sing	leto	n Fu	neral H	Iome				
-	11000	26		person		_			_				_	, Md. 21061	
	23. PART I. Enter the d ahock, or h		List only one ca			not antai	r tha mt	oda or dy	ring, suc	n as cardiac	or respin	atory arr	est,	Approximata Interval Between	
	IMMEDIATE CAUSE (Findisease or condition	nai	Am	10-10	1-	1.1	_	1	1	1/				Onset end Death	
	resulting in death)	$\rightarrow$	a. DUE TO	190190	M	14	re1	11	au	fare	1			Tym	2
			DUE IC	10 A SA COMSE	ODENCE	/P):	00	KI	1	1/100	est			1	
HILICATION	Sequentially list condit		b	OR AS A CONSE	OUENCE C	2/	ALL	1.9	L	11 100				- lyes	
Ą.	If any, leading to imme cause. Enter UNDERLY	ING		NII H	011	ANI	Port	/						1744	
	CAUSE (Disease or Injuthat initiated events	ury	C. DUE TO	OR AS A CONSE	QUENCE C	OF):								1	-
F	resulting in death) LAS	ST	d	/											
S	PART II. Other significa	ent condition	ne contributing to	n death but not	maultina	in the u	nderlylr	o course	alven in	Part I 24a	. WAS AN /	MITTOREY	241	b. WERE AUTOPSY FINDINGS	-
DICAL	TART II. Called Significan	ant condition	The Continuously to	o double but not	rosurung	111 010 0	поопун	ig cause	given in		PERFORI	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ב										—   ¹º	YES 2	NO		OF DEATH?	
Σ														1 TES 2 NO	
Z Z	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF I	DEATH (C	heck only one)					-
2	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	1 DOA	OTHE			Panidanca	6 Other (Sp	molfs()				
PHYSICIAN:	27. MANNER OF DEATN		28a. DATE O	F INJURY	28b. TII	ME OF	28c. IN	JURY AT	(eside) ice	28d. DESCRI		JURY OCC	CURED		-
	7	Pending Investigation	(Month,	Day, Year)	IN IN	JURY		YES 2	NO NO						
E E	2 Accident 3 Suicide	Could not be		OF INJURY — At h	ome, farm,	street, fac	ctory, offi	ca				nd Number	or Rural	Route Number,	-
ш	4 Homicide	determined	building	g, etc. (Specify)						City or io	wn, State)				
COMPLETED	29a. CERTIFIER 1 CER	TIFYING PNYS	ICIAN: To the best of	of my knowledge, d	eath occur	red at the	time, dat	e and plac	e, and du	a to the cause(s	a) and man	ner as stal	led.		
N N	Crieck drily													(a) and menner as stated.	
	29b. SIGNATURE AND TITL	E OF CERTIFIE	R ~ 1 -	- 1	0			29c, LIC	CENSE NU	IMBER		29d, DAT	E SIGNE	Q (Month, Day, Year)	-
00	Mon	a Pol	11.	Nem	K	1	1,1	-	Da	8293	ء ا	<b>&gt;</b>	4	191	
2	30. NAME AND ADDRESS O	OF PERSON WI	HO COMPLETED CA	USE OF DEATH	IM 27 (%)		,		10	9			50	YEKUA	-
	DonalD	N:	900	T. M		31	V	200	W 5	OVC	RT	>	Pro	the more	
	31. DATE FILED (Month, Cy	7001		IAN'S SIGNATURE	de 92.				, , ,	-			100	21141	-
	MALK &		Around hor	A MODIAL A MAN	1									C T Io	



	REGISTRAR		OLITTI	ICHIL	I DEATH	REG.	NO.	
	1. DEÇEDENT'S NAME (First, Middle, Last)  MARIA M J.	KAZMA	REK	_		2. DATE OF DEATH	28	3. TIME OF DEATH
		5. SEX 8. AGE	(In yrs. last birthday)  73 YRS.	IF UNDER 1 YEA		(1.4 M) Day 16-		8. BIRTHPLACE (State or Foreign Country) Marvland
_	9a. FACILITY NAME (If not institution, give stre				96. CITY, TOWN OR LOCATION OF DEATH			TY OF DEATH
DIRECTOR	Harbor Hospital	Center		Balti	more C:	ty		
E C	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
		Arundel	В	altimor				1 TES 2 NO
FUNERAL	100. STREET AND NUMBER  201 - 8th Avenu	e			101. ZIP CODE 21225	5	2.12	S.A.
3		12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS	DECENDENT OF HIS	PANIC ORIGIN? (Specify	Yea or No-	14. RACE — American Indian, Black, White, atc.
B	1 Never Married 2 🔀 Married 3 Widowed 4 Divorced	FORCES? 1 1 1 YES  IF YES, GIVE WAR OR D  WORLD WAR	2 ∐NO ATES II		yes, specify Cuban, Maxican, Puarto Rican, etc.)  PES 2X NO Specify:  White			
ETED	15. OECEOENT'S EDUCA (Specify only highest grade of	ompleted)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working	16b. KIND OF	BUSINESS/INDI	USTRY
PLE	8th Grade	College (1-4 or 5+)		horema	1	Ship	ping	
COMPL	17. FATHER'S NAME (First, Middle, Lest)	***	DOM D	IIOI CINA		NAME (First, Middle, Ma	den Surnama)	
BE C	Mic	chael Kazma	arek			Rose		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	et and Number or Ru	ral Route Number, City or	Town, State, Zip	Code)
유	Stella Kazmarek		201 -	- 8th A	venue	Baltimore,	Maryl	and 21225
	20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Remove	val from State	other place)		cemetery, crematory			City or Town, State
	4 Donation 6 Other (Specify)	(	Cedar Hi		tery		altimor	e, Maryland
	Pelaud	EOM	حة	Geo	orge J. G	once Fune		ne P.A. more, Md. 21225
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.							
	IMMEDIATE CAUSE (Fine) Onset and Do							Onset and Death
	disease or condition resulting in death)	Con	9 es no	V	reagt	fail	SIC	
_		DUE TO (OR AS	N SONSEOUENCE C	r-):				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE O	)F):				
FIC	CAUSE (Disease or injury that initieted events	DUE TO (OR AS	A CONSEQUENCE O	OF):				
FE	resulting in deeth) LAST							
	PART II. Other significant conditions	contributing to death	but not resulting	In the under	ying cause given	In Part I. 24s. Wh	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL	Chronic o	obst lu	my o	liseci		- 0.77	S 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	ahi	8 fa-110	alia-					OF DEATH?
Z Z								
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH	(Check only one)		
YSI	YES 2 NO	1 - Inpatient 2 ER/Ou		4 - Nursing		ce 6 - Other (Specify,		
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)		JURY	. INJURY AT WORK?	28d. DEŞCRIBE H	OW INJURY OCC	CURED
ED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Sp	Y — At home, ferm, ecify)	street, factory,	office	28f. LOCATION (S City or Town,		or Rural Route Number,
1								
COMPLET	CONSTRUCTION OF THE PROPERTY O	CIAN: To the best of my kno R: On the basis of examinati						led. se cause(s) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1.14	1 M	2	29c, LICENSE	NUMBER	29d. DATI	E SIGNED (Month, Day, Year)
TO B	18				100	45024		17171
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF O	EATH (ITEM 27) (Typ	e, Print)				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE					
1	MDD 9 1001	80.00						

isit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020 nours after death. Page 6 may be retained by the hospital or attending phy

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or arts TO THE FINERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH
	JAMES B STOOT	J. JR.		MARCH 3	1991	M
	4. SOCIAL SECURITY NUMBER 5. SEX		F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHP	LACE (State or Foreign
	111 111 2000 12 M 2 DF	LID YRS.	ONTHS DAYS HOURS MIN.	Month, Day, Year)	Country)	Man
- 8	9e. FACILITY NAME (If not institution, give street and number)	1.75	b. CITY, TOWN OR LOCATION OF DI		9c. COUNTY OF DE	ATH ATH
œ	Se. PACIEIT NAME (II NOT HISTORICH, GIVE SUEST ENG NUMBER)		0	IAIR .	SC. COUNTY OF DE	AIR
0	JOHNS HOPKINS HOST	, TAY	BALTIMORE			
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10c CITY	TOWN OR LOCATION		T	10d. INSIDE CITY
E	0		1			LIMITS?
0	MARYLAND BALLING	0 16	ARKVILL			1 YES 2 NO
M	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF WI	HAT COUNTRY?
E	A 2012000W840E	VI.	21234		U.S.1	A
FUNERAL	FOROTOR	NT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI		or No- 14. RACE	American Indien,     White, atc.
	I Mever merried 2 merried IF YES GIVE	WAR OR DATES	It yes, specify Cuben, Mexico		Specify	
ВУ	3 Widowed 4 Divorced				103	TIL
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	SUAL OCCUPATION rk done during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
ET	Elementary/Secondary (0-12) College (1-4 or 5	life Do NOT use	retired.)			
PL	9 yes.	Rear	SITTER	SUPL	R FRIS	Л
M	17. FATHER'S NAME (First, Middle, Last)	16111	18 MOTHER'S NA	ME (First, Middle, Maiden 3		<u></u>
	Tonic O com	02 7	A	ERIN F.	0 -	
BE	19e. INFORMANT'S NAME (Type/Print)	2,1/2			ROVO	
2	~	19b. MAILING A	DDRESS (Street and Number or Rural	Floute Number, City or Town	n, State, Zip Code)	
	LAMILY KELOROS	SE	JOH 2H JUL	JVS		
1	20e, METHOD OF DISPOSITION  1 Surial 2 Cremetion 3 Ramoval from State	20b. PLACE ANO OATE C		134 17	CATION - City or Tow	vn, State
	4 Donation 5 Other (Specify)	- DULANEY	NAMEY	97	monium	2 MO-
	21. SIGN TUTIL OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA			7
	1 7 0011		22. NAME AND ADDRESS OF FA	DET OF 1 15	2.101157	21
	House Ac vous !!			ORD ROPC		(VILLE
	23. PART I. Enter the diseases, or complications the	et caused the death. Do no	t enter the mode of dying, suc	ch as cerdiec or reaple	ratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final					Onset and Death
	disease or condition	CNP				Man
	resulting in death) a. DUE T	O (OR AS A CONSEQUENCE OF):				
_						/
CERTIFICATION	Sequantially list conditions, b.	O (OR AS A CONSEQUENCE OF):				
A	If any, leading to immediate cause. Enter UNDERLYING					
5	CAUSE (Disease or Injury C.	O (OR AS A CONSEQUENCE OF):				
Ē	that initiated events resulting in death) LAST	y (on no n conceccence or).				
H	d					· · · · · · · · · · · · · · · · · · ·
0	PART II. Other significent conditions contributing t	o death but not recuiting in	tha underlying cause given in	Part I. 24a. WAS AN	AUTOPSY 24b.	WERE AUTOPSY FINDINGS
EDICAL				PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ö				1 YE\$ 2		OF DEATH?
						1 YES 2 NO
÷				100		
M	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)		
PHYSICIAN: M	EXAMINER?  1% YES 2 NO 1 inpatient 2		OTHER:  I  Nursing Home 5  Residence	8 Other (Specify)	11/08	10.0
×	27. MANNER OF DEATH 28e, DATE O			28d. DESCRIBE HOW II	NJURY OCCURED	
		Day, Year) INJU	RY WORK?  M 1 □ YES 2 □ NO			
BY	2 Accident investigation			200		
		OF INJURY — At home, farm, str g, etc. (Specify)	reet, factory, office	281. LOCATION (Street e City or Town, State)		oute Number,
E	4   Nomicide determined					
		of my knowledge, death occurred	st the time, date end place, end du	e to the cause(e) end mar	nner as stated.	
2	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best					
MPLE	(Check only To CERTIFTING PHYSICIAN: To the best		, in my opinion, death occured at the	e time, date and piece, an		and manner as stated.
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basic of					
	(Check only To CERTIFTING PHYSICIAN: To the best		29c. LICENSE NU	IMBER	29d, DATE SIGNED	
<b>BE</b>	(Check only 1 B. CERTIFTING PHYSICIAN: To the best of 29b. SIGNATURE AND TITLE OF CERTIFIER	examination and/or investigation	20c. LICENSE NU D132	IMBER		200
	(Check only one) 2 MEDICAL EXAMINER: On the basic of	examination and/or investigation	29c. LICENSE NU D132	72	PAPRIL	(Month, Day, Year)
<b>BE</b>	(Check only 1 D. CERTIFYING PHYSICIAN: To the best one) 2 MEDICAL EXAMINER: On the basic of 29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	examination and/or investigation	29c. LICENSE NU D132	72	PAPRIL	(Month, Day, Year)
<b>BE</b>	(Check only 1 CHITIPING PHYSICIAN: To the best one) 2 MEDICAL EXAMINER: On the basic of 29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	examination and/or investigation	29c. LICENSE NU D132	IMBER	PAPRIL	(Month, Day, Year)
<b>BE</b>	(Check only 1 S. CERTIFYING PHYSICIAN: To the best one) 2 MEDICAL EXAMINER: On the basic of 29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	USE OF DEATH (ITEM 27) (Type, I	29c. LICENSE NU D132	72	PAPRIL	(Month, Day, Year)
<b>BE</b>	(Check only 1 CERTIFFING PHYSICIAN: To the best of me) 2 MEDICAL EXAMINER: On the basic of 29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	USE OF DEATH (ITEM 27) (Type, I	29c. LICENSE NU D132 Print)	72	PAPRIL	(Month, Day, Year)

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TO THE HOSPITAL OF THE FUNERAL DID BE filed within 72 ho

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this certificate has been signed by the attending physician and completely fills with the State Dept. of Health and Mental Hyglene prior to burial, cremation, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIRECTOR: After the hours after death w

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 03/31/91 1:10 PM Calvert Ernest Scott 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 11/19/00 HOURS 1 X M 2 - F 90 Maryland 212-01-6639 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF OEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Baltimore Catonsville Forest Haven Nursing Home RESIDENCE OF DECEDENT 10a. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Catonsville 1 - YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 315 Ingleside Avenue 21228 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 14. RACE — American Indian, Black, White, atc. 1 X Never Married 2 Married IF YES, GIVE WAR OR DATES B 3 Widowed 4 Divorced WW II White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. OECEOENT'S EOUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 8th Never Worked Never Worked 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Benjamin F. Scott Hartley Mary BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Betty L. 109 Sanford Avenue MD 21228 Parks Balto., 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, Stata DATE Metro Crematory, Inc. 4 Donation 5 Other (Specify) Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LIDENSEE 22. NAME AND ADORESS OF FACILITY Cremation Society of Md., Inc. George E. MacNabb 299 Frederick Rd. Balto.. MD 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such ea cardiec or reapiratory arrest, **Approximate** ahock, or heert feilure. List only one cause on each line IMMEDIATE CAUSE (Finel Onset end Death MULTI INEU MONIA disease or condition resulting in death) PROBABLE CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury OUE TO (OR AS A CONSEQUENCE OF) that initieted events recuiting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PHYSICIAN: MEDICAL ARKINSONS DEMENTIA. 1 YES 2 X NO 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	heck only one)	
EXAMINER?  1 YES 2 X NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3		HER: Nursing Home 5 🗆 Rasidenca	8 Other (Specify)	
27. MANNER OF OEATH  1  Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCUREO	
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, ferm, street	factory, office	281. LOCATION (Street and Number or Rural Route Number City or Town, State)	

1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

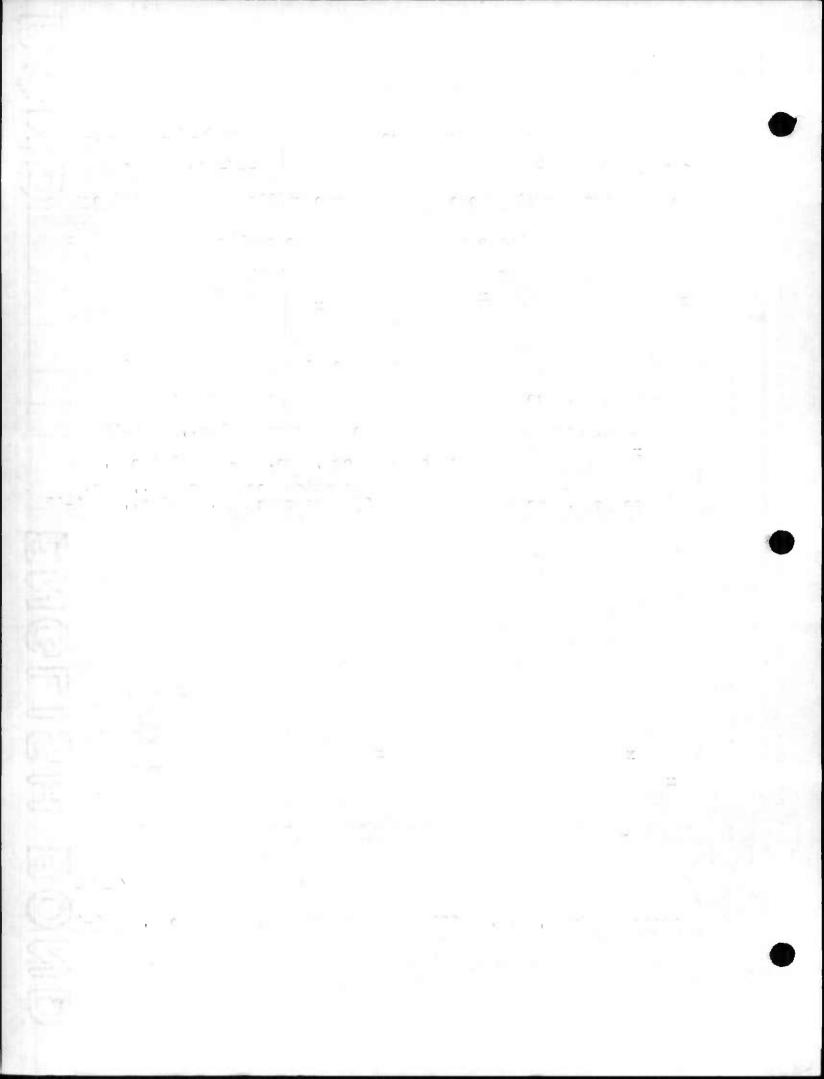
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated

205 SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
January Halphani ny	D285995	► 04/01/91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

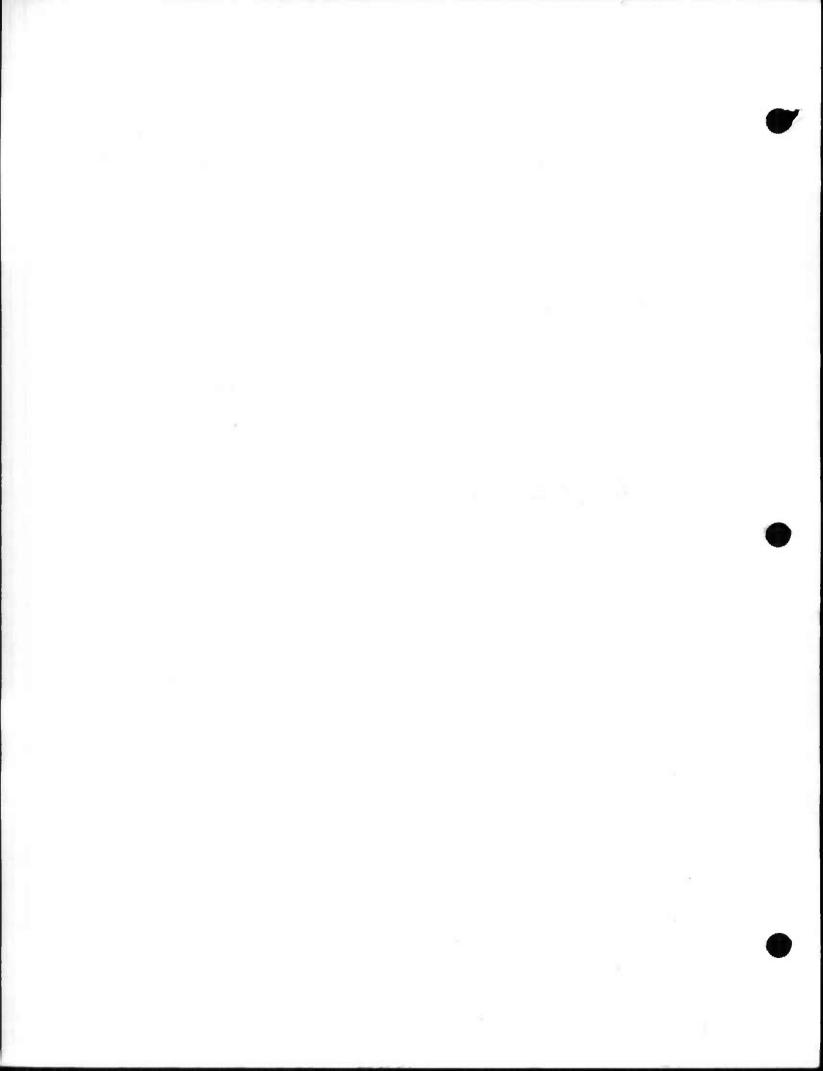
Tasneem Lakhani, 7220 Park Heights Ave. Baltimore, MD 21208 M.D.

31. DATE FILED (Month, Day) 3"1991 Ma Dividon-10



10	(	permit. Pages 1, 2, 3 should	
30X 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the heap of attending providing.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the funeral transit permit. Pages 1, 2, 3 should he filled with the State Deor, of Health and Mental Hygiene prior to burial, cremation, or removal.	r traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certific	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine within 72 hours after death with the State Deat; of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

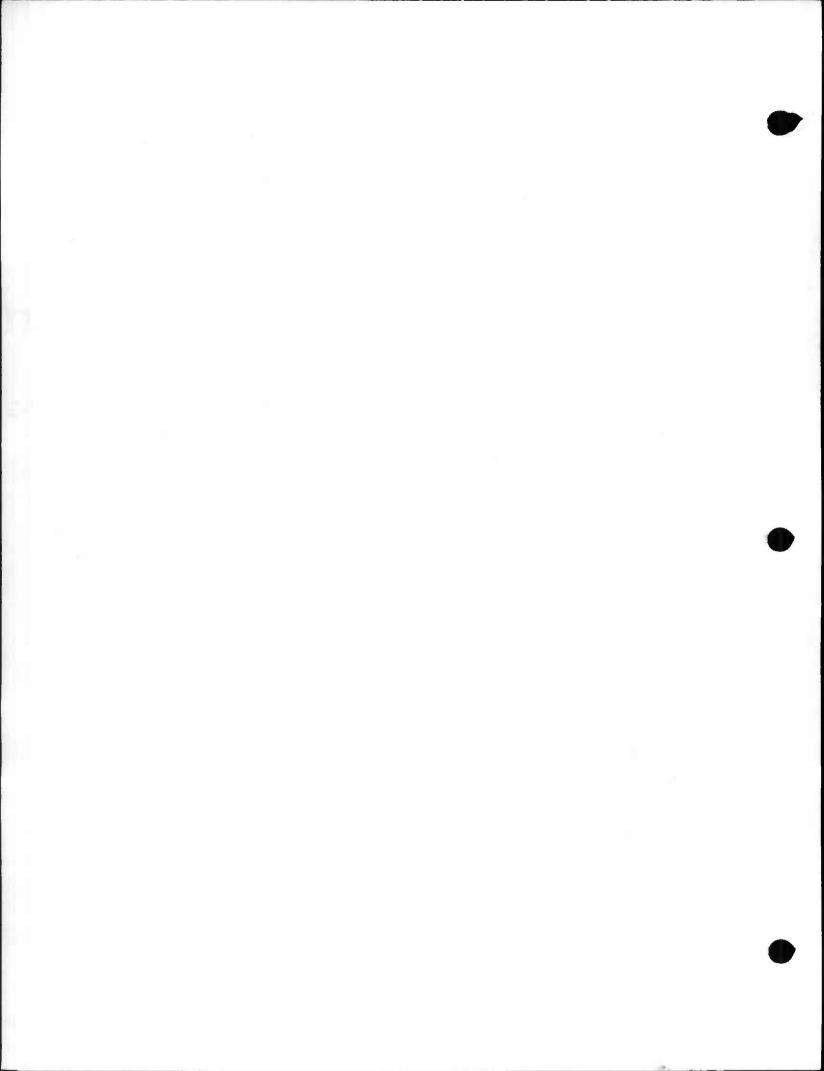
٠	FOR STATE REGISTRAR	TATE OF MARYLAND	) / DEPARTM				GIENE 9	1 08545	
j	1. DECEDENT'S NAME (First, Middle, Last) Wayne Tylu					2. DATE OF DE	ATH DAY YI	3. TIME OF DEATH  7:21 A M	
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (In yrs		NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH 8.	DISTUST ACE /State of Familia	
	215-14-3548 1	M 2 DF 70	YRS. MON		HOURS MIN.	9/22/	1920	Maryland OF DEATH	
5	Harbor Hospital				.City,				
i C	10a. STATE 10b. COUNTY			10d. INSIDE CITY LIMITS?					
FUNERAL DIRECTOR	Maryland A.A	.Co.	G1		rnie, Mo	d .	100 CITIZEN	1 YES 2 NO	
HA	2019 Norman Rd	•		101.	21061			SA	
BY FUN	11. MARITAL STATUS 12. 1 Never Married 2 X Married 3 Widowed 4 Divorced	RACE — American Indian, Black, White, atc. SpecifyWhite							
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY								
COMPLETED	12th.Grade	llege (1-4 or 5 +)	Asbest		rker		Local #	11	
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,			
BE	Washington		Tyler		Agn			ustice	
2	19a. INFORMANT'S NAME (Type/Print)  Mrs.Catherine M	.Tvler					urnie, Me		
	20e. METHOD OF DISPOSITION  (X) Buriel 2 Cremation 3 Removal	20b. PL/	ACE OF DISPOSITIO	N (Name of cen	etery, crematory or	T	20c. LOCATION — City	or Town, State	
	4 🗆 Donation 5 🗆 Other (Specify)		n Haver					rnie,Md.	
	22. NAME AND ADDRESS OF FACILITY  Balto.Md.212  McCully Funeral Home, 130 E.Fo								
	23. PART I. Enter the diseases, or complete shock, pr heert failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)		line.				r respiretory arres	t, Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COL	NSEQUENCE OF):						
۲	PART II. Other algorificant conditions of	lure			g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 100	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC	Vendrica	-or wy	-ythmi	. ~0		_		1 🗆 YES 3 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				ACE OF OEATH (Ch	eck only one)			
Sic		OSPITAL: Inpatient 2 - ER/Outpatie		THER:  Nursing Hon	e 5 🗆 Residence	8 Other (Spec	offy)		
E	27. MANNER OF DEATH  1. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WC	RK?	28d, OEŞCRIBI	HOW INJURY OCCU	RED	
B	2 Accident Investigation	28e. PLACE OF INJURY —	At home, farm, stree	M 1		28f. LOCATION	(Street and Number or	Rural Route Number,	
TED	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Specify)		, , , , , , , , , , , , , , , , , , , ,		City or Tow			
COMPLETED	one)	l: To the best of my knowledg						cause(s) and menner as stated.	
	FID SIGNATURE AND TITLE OF CERTIFIER			_	29c. LICENSE NU	MBER	29d. DATE 8	SIGNED (Month, Day, Year)	
TO BE	anux 1	ouse o	Kt ce		He	<u> </u>	1 4	11191	
	10 KANT AND ADDRESS OF PIRSON WHO CO	MPLETED CAUSE OF DEATH	S. H	Z	mer	84	Bal	40	
	31. DATE FILED (Month, Gry, Year)	102 RECHETAR'S SIGNATU	indelle	-		- 4	N. Control of the Con		



1	-	STATE REGISTR	AF
	1. D	ECEDENT'S	H/

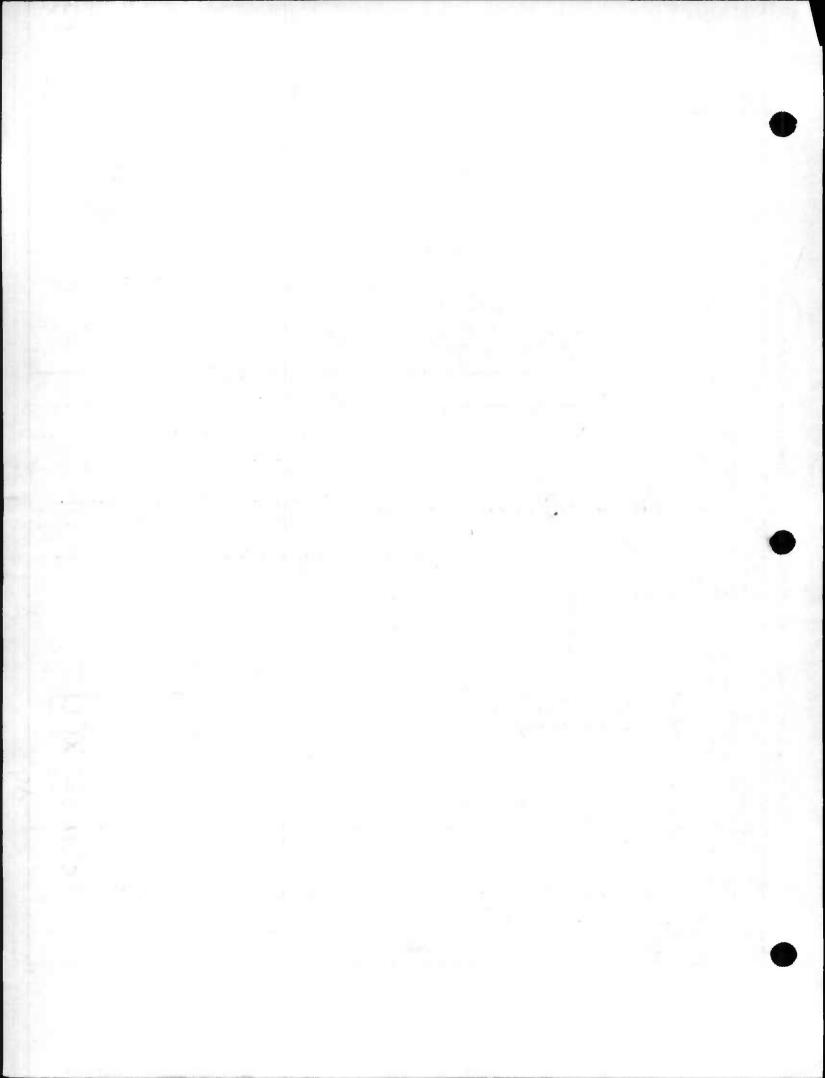
9	0	8	5	L	(

S. TIME OF DEATH  6.30 P  LACE (State or Foreign  LINOIS  ATH  10d. IHSIDE CITY  LIMITS?  1 YES 2 NO  IAT COUNTRY?  American Indian,  White, atc.
LACE (State or Foreign LINOIS ATH  10d. IHSIDE CITY LIMITS? 1 YES 2 NO IAT COUNTRY?
LINOIS  ATH  10d. IHSIDE CITY LIMITS? 1 YES 2 NO  NAT COUNTRY?  American Indian, White, atc.
10d. IHSIDE CITY LIMITS? 1 YES 2 NO HAT COUNTRY?  — American Indian, White, atc.
LIMITS?  1 YES 2 NO  NAT COUNTRY?  — American Indian, White, atc.
LIMITS?  1 YES 2 NO  NAT COUNTRY?  — American Indian, White, atc.
— American Indian, White, atc.
White, atc.
21208 m, State
21215
5 year
WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
1 TES 2 NO
oute Number,
and manner se stated.



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should like mythin 72 hours after death with the State Dept. or Health and Mental Hygher prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	MEGISTRAM		CE	INTIF	ICAIL	· Ur	DEA	I III	H	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I	DEATH DA	NY.	YEAR	3. TIME OF DEATH
	Mary France								March		1991		М
	4. SOCIAL SECURITY NUMBER 218 22 1765	5. SEX	B. AGE (In yrs. las	t birthday) . YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE OF E	v. Year)	1020	Countr	
	9a. FACILITY NAME (If not institution, give str		62	Tho.	ah CITY	TOWN (	OR LOCATION	ON OF DE	March	10,.		NTY OF D	ryland
œ		wei and number)						ON OF DE	AIN				
DIRECTOR	1207 Aster Drive				Glen.	Bu	rnie				Anr	ne Ar	undal
REC	10a. STATE 10b. COUNTY				Y, TOWN O								10d. INSIDE CITY LIMITS?
	Maryland Anne A	rundal		Gle	en Bu	_							1  YES 2 NO
₹ I	1207 Aster Drive					10	1. ZIP COD						WHAT COUNTRY?
FUNERAL							2106				1	S.A.	
5	11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	T EVER IN U.S. AR	MED 10	1	f yes, sp	ecify Cubi	n, Maxica	NC ORIGIN? (S n, Puerto Ricer		or No—		E — American Indian, k, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES "		1	YES	2× NO	Specify	y:			Spec	lly:
0	15. DECEDENT'S EDUC. (Specify only highest grade of		16a. DE	CEDENT'S	USUAL OC	CUPATI	ON		16b. KIN	D OF BU	SINESS/IN	DUSTRY	L <del>te</del>
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT u	se retired.)	aunny m	OST OF WORK	'vg					
MPI	TT		H	omema	aker					_			
8	17. FATHER'S NAME (First, Middle, Last) Luther B. Madis	on							ME (First, Middl		Surname)		
BE		5011				_			R. John				
2	Salvatore E. Vo	1ne							Aoute Number, C en Burr				
	20a, METHOD OF DISPOSITION	-pc	20b. PLACE	_				GIE			CATION —		
-	1 Burial 2 Crymalion 3 Ramo	val from Stata	DOOM					03-	30-91				Balto, Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE/					ND ADDRE				Jului	, -	dico, na
	> HI1/1/10 /1	HIMM	/		Bu	irge	e-Her	nss,	3631 I	Fall	s Rd.	, Bal	to., Md.
	23. PART I. Enter the diseases, or c	omplications the	at caused the de	ath. Do	not enter	the mo	ode of dy	Ing, suc	h aa cardiac	or resp	ratory sr	rest,	Approximate
	shock, or heart failure. L	list only one ce	use of each line										Interval Between Onset and Death
	disesse or condition	are	TO MY	na	ude	2	in	dar	etim	)			3 hra.
	resulting in death)	DUE TO	OR AS A CONSE	OUENCE O	NF):		l	7					
Z	Sequentially list conditions,	L											
E	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE O	F):								
임	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	NF):								+
CERTIFICATION	resulting in deeth) LAST	1000											
8	DART II OIL - I - III - III - III			4-4					I .				
EDICAL	PART II. Other significant conditions			resulting	in the un	nderlyir	ng ceuse	given in	Part I. 24	PERFO	AUTOPSY AMED?	248	MAILABLE PRIOR TO
ă	(3) alycy then	nee .	·						1	YES :	MO		OF DEATH?
Σ	(2) absent	left leg							—				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	any					1 105 05 5	NE 4511 401					
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER	R:		,	neck only one)	200			
¥.	1 YES 2 NO	28a, DATE O	ER/Outpatient 3	26b. TIR	_		ne 5 M'R JURY AT	esidenca	6 Other (S)		NJURY OC	CCURED	
	1 Natural 5 Pending		Day, Year)		JURY M	W	ORK? YES 2	NO	100.000				
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY — At he	ome, farm,	street, fact	tory, offi	Ce					or Or Rural	Route Number,
TED	4 Homicide determined	building	, etc. (Specify)						City or it	own, State			
٦	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	f my knowledge, de	eath occur	red at the t	lime, dat	a and place	a, and due	to the cause(	a) and ma	nner as str	nted.	
COMPLET	one) 2 MEDICAL EXAMINE												s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1	,			-	29c. LiC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
) BE	Thurson C.	Kram	A, m	.D.			D	05	939		•		28/91
2	30. NAME AND ADDRESS OF PERSON WHO Dr. Sheldon C. Kr	O COMPLETED CA	SE OF DEATH (ITE	M 27) (Typ	e, Print)	eni	tal	R <sub>2</sub> 1	timore	. Ma	rvlar	nd	
						ъът	car,	Jar	CIMOI C	,	- J = u		
	31. DATE FILED (Month, Day, Year)	34. REGISTR	AR'S SIGNATURE	1.00	V								
- 1	(ADD) / (BU)	34.976	on towards at.	a stand									

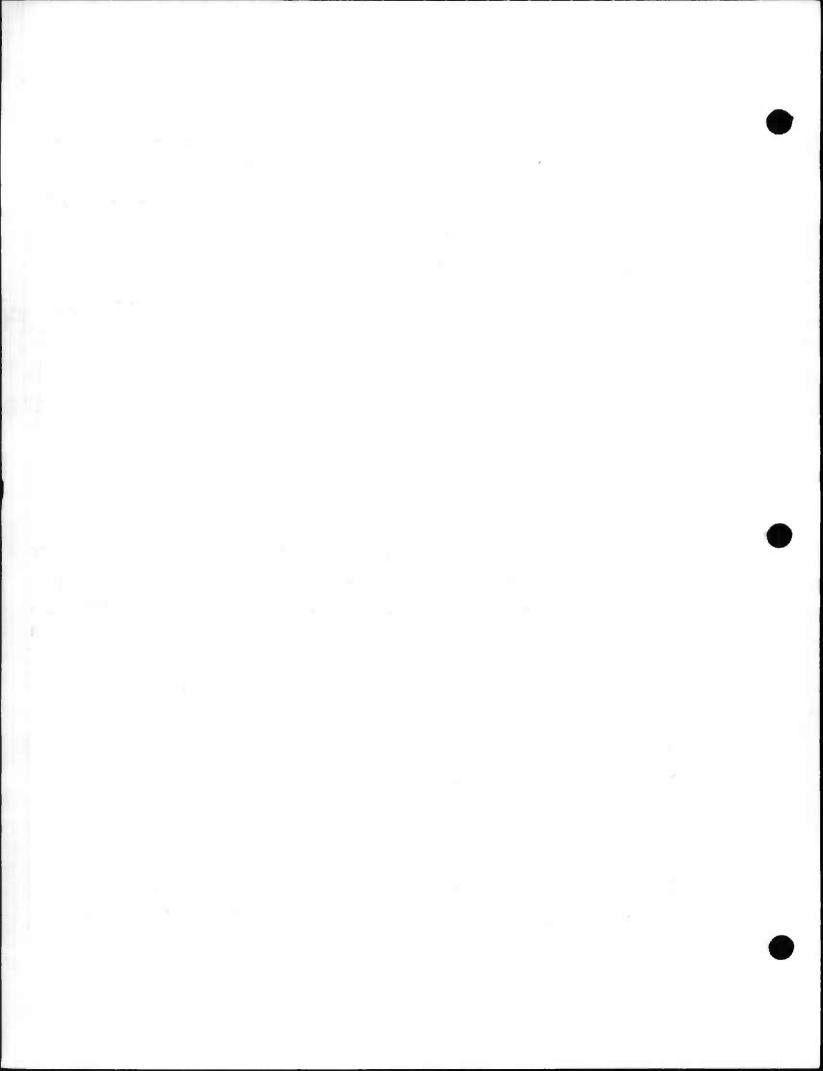


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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R		9	
1.000.0		must	
10.00	pe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not	
A	removal	redical examin	
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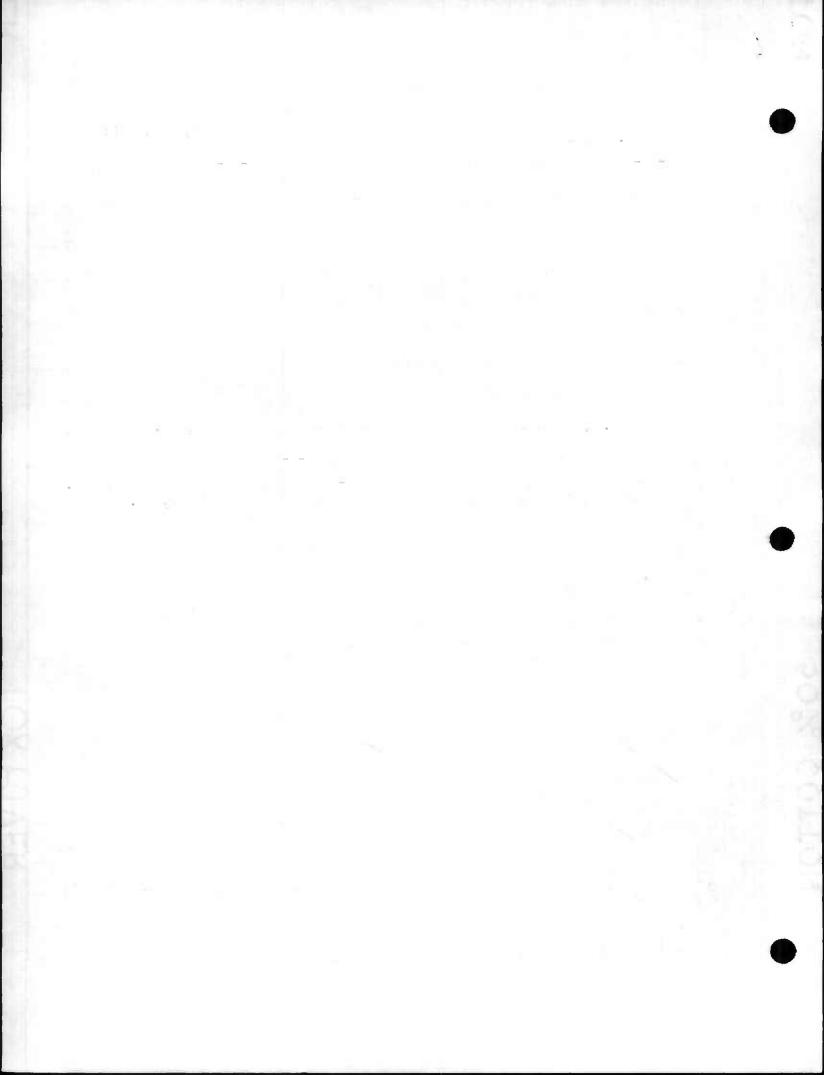
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTMENT CERTIFICAT			MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	in W	oulff			2. DATE O	F DEATH DAY	J QI	3. TIME OF DEATH
			yrs. last birthday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		IRTHPLACE (State or Foreign
	229-22-2875  9a. FACILITY NAME (If not institution, give stree	M 2 F	64 YRS. MONTH		HOURS MIN.	8-	21-2		NEW YORK
TOR		Itsville Hay			rel	AIII		Princ	
DIRECTOR	10a. STATE 10b. COUNTY	ce beong	e Be	OR LOCATION	1/1/4				10d. INSIDE CITY LIMITS? YES 2 \( \square\) NO
FUNERAL	10e STREET AND NUMBER	a Mill R	d	10f.	ZIP CODE 2070	5		10g. CITIZEN	OF WHAT COUNTRY? USA
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN IT FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spec	NDENT OF HISPAN city Cuban, Maxicar 2 NO Specify	n, Puerto Ric		or No 14. I	RACE — American Indian, Black, White, atc. Specify:
ED BY	3 Wildowed 4 Divorced  15. DECEDENT'S EDUCA		16a, DECEDENT'S USUAL	OCCUPATION	N .		IND OF BUS	INESS/INDUSTI	White
PLETED		College (1-4 or 5+)	(Give kind of work doi life. Do NOT use retired	1.)			TI	RE & AL	JIO OIT.
000	17. FATHER'S NAME (First, Middle, Last) DAVID WOULFOWITZ		WAREHO	DUSE M	IANAGER 18. MOTHER'S NAI SAD	,		Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print) MRS. MOLLIE KNOP!	 ਣਾ	196. MAILING ADDRI 51 ASTER		d Number or Rural F				•)
	20e. METHOD OF DISPOSITION 1 Burlel 2 Sycremetton 3 Remov	rel from State	PLACE OF DISPOSITION other piece)	(Name of cem	etery, crematory or		_	CATION — City	or Town, State
	4 Donellon S Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEI		EEN MOUNT	2. NAME AN	3/26 D ADDRESS OF FAC	5/91_ oiutry	B/	ALTIMOF	RE, MD
	Day alan	Leurs		SOL SOLO R	LEVINSON		RD. BZ	ALTO.	MD 21215
	23. PART I. Enter the diececes, Dr CD shock, or heert fellure. Li	mpRestions that caused to only one cause on each	the deeth. Do not en ch line.	ter the mod	le of dying, aucl	h aa cerdid	ec or reepi	ratory errest,	Approximata Interval Between Onset and Death
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cardia	6 ARY	-774	MIA				minute
z		DUE TO (OR AS A C		My					YEARS
ATIO	Sequentielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING	ARTERION	CONSEQUENCE OF):	Carain	Vastella	RE	irea	46	YEARS
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in deeth) LAST		CONSEQUENCE OF):						
	DARTE II Other circultions and distance	anni dhuitan ta dash hu	A			D. A.I.			
PHYSICIAN: MEDICAL	PART II. Other aignificent conditions	contributing to deeth bu	t not realiting in the	underlying	ceuse given in		24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME						_			1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF OEATH (Ch	eck only one	1		
SICI	EXAMINER?	HOSPITAL:	tlant 3 DOA 4 D	IER:	5 - Rasidenca				
HX	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJU	JRY AT			NJURY OCCURE	ED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	YRULNI	1   Y	ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY - building, etc. (Specif	— At homa, farm, atreat,	factory, office		281, LOCA City o	TION (Street a r Town, State)	and Number or A	itural Floute Number,
COMPLETED	one)	IAN: To the best of my knowle							suse(a) and menner as stated.
ECC	29b. SIGNATURE AND TITLE OF CERTIFIER	Den	vymetic	2/	29c. LICENSE NUI	MBER		29d. DATE SIG	GNED (Month, Day, Year)
TO BE	Paul a hellow	COMPLETEO CAUSE OF DEA	amines		0018	37		▶3-:	24-9/
	PAUL A. DEVOR	EMI) 420:	3 Queense	bury.	Rd Hya	ナガ	ville	mo:	20181
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNA	Tondoll.			72			

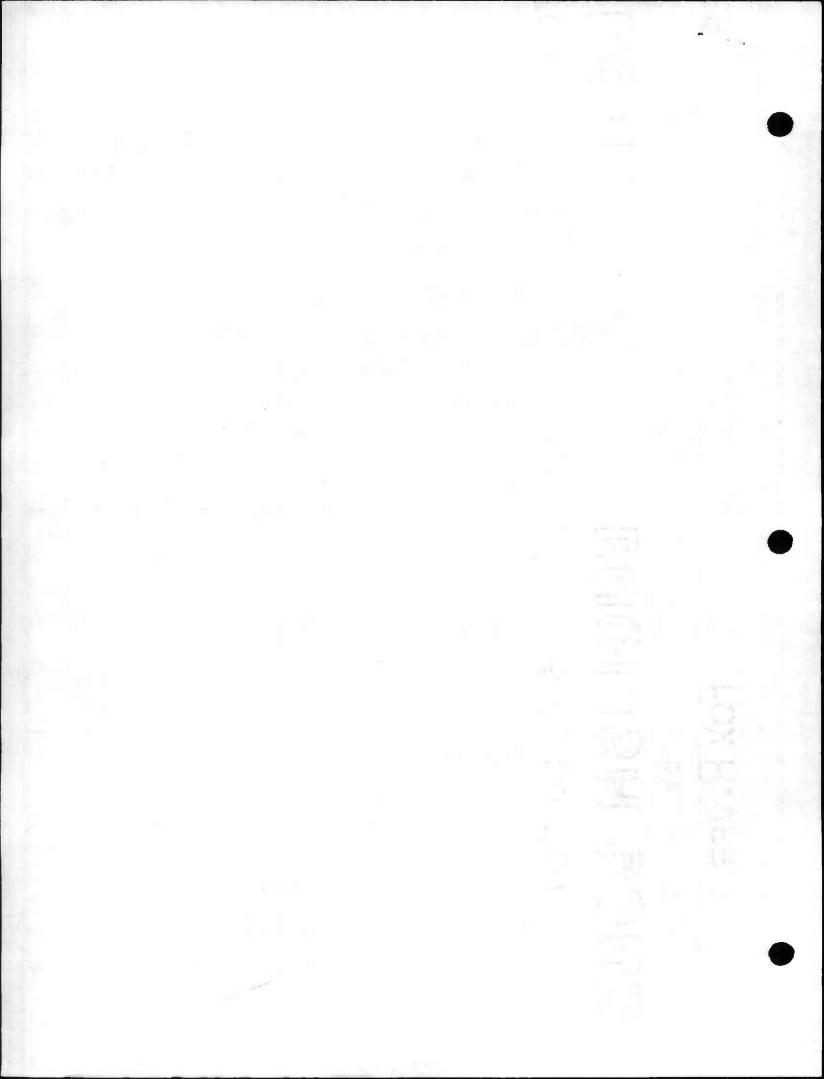


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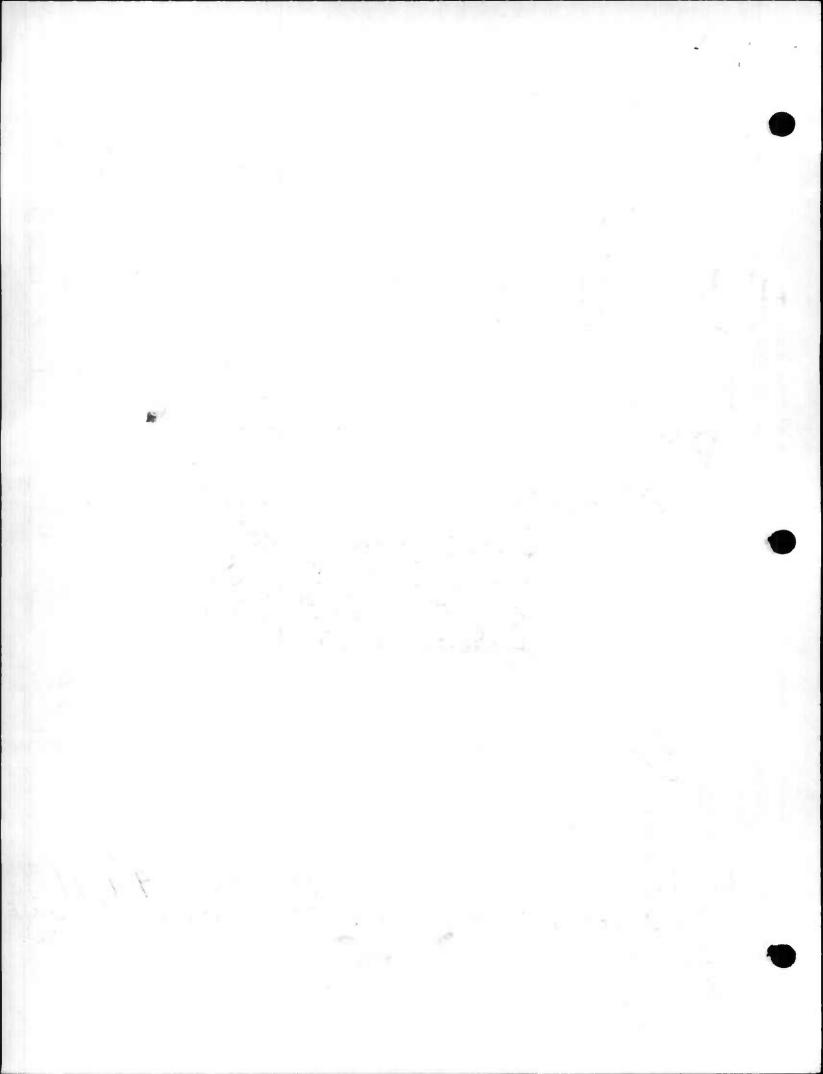
1. DECEDENT'S NAME (First, Middle, Last)  MELVIN P. (WAIT7						2. DATE (	ich 37,	199 YEAR	3. TIME OF DEATH  1:30 A
4. SOCIAL SECURITY NUMBER 558-10-3294	5. SEX 1 1 M 2 F	8. AGE (In yrs. le:		IF UNDER 1 YE		s. 7. DATE (Month)	DE BIRTH Day, (\$00) 6-1899	Coun	HPLACE (State or Foreign try) Yland
Manor Care Towso RESIDENCE OF DECEDENT				Tows	WN OR LOCATION OF	DEATH		county of 1 Baltim	
10a. STATE 10b. COUNT	v timore			, town or li WSON	OCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
3C Fellowship Co					101. ZIP CODE 21204			rited.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	YES 2	RMED NO	If yes	DECENDENT OF HIS s, specify Cuban, Me YES 2 NO Sp	xican, Puarto R		0— 14. RAC Blac Spec	E — American Indian, ik, Whita, etc. city: White
15. DECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 8th ghade	JCATION e completed) College (1-4 or 5 +	) (G	ECEDENT'S I Silve kind of w b. Do NOT use CTÚC		PATION g most of working		KINO OF BUSINES	s/inoustry Tote	
17. FATHER'S NAME (First, Middle, Last)	illiam Wa	ltz				NAME (First, N Sie Lu	liddie, Maiden Surna UZ.	ime)	
180. INFORMANT'S NAME (Type/Print) Cathleen E. Zandi	aniker				reet and Number or Ri Ester Roa				222
20a. METHOD OF DISPOSITION 1\( \) Burlet 2 \( \) Cremation 3 \( \) Rer 4 \( \) Donation 5 \( \) Other (Specify)	noval from State	20b. PLACE	E ANO OATE	of disposit of other place Redeen	ner 4-2-	91 OATE	Balti	more	own, State Maruland
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	2000		Dudo 7920	ne and address on Ruck Fu Wise Au	neral neral	Home of	Dunda	lk. Inc.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	b. DUE TO	OR AS A CONSE	OUENCE OF	tast	7(es-	con	col	Ith	8
PART ii. Other significant condition	dns contributing to	death but not	resulting i	n tha under	rlying cause giver	in Part i.	24a. WAS AN AUTO PERFORMED 1 YES 2 N	?	b. WERE AUTOPSY FINOING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	6. PLACE OF DEATH				
27. MANNER OF OEATH  1 Natural 5 Pending Investigation	28a. DATE OF (Month, De	INJURY	28b. TIME	E OF 280 URY	. INJURY AT WORK?	28d. DES	CRIBE HOW INJUR	Y OCCUREO	11
3 Suicide S Could not be detarmined	28e. PLACE O building,	F INJURY — At h atc. (Specify)	ome, ferm, a	treet, factory,	office		ATION (Street and N or Town, State)	lumber or Flural	Route Number,
tomon only	BICIAN: To the best of IER: On the besis of a								(a) and manner as stated.
296. SIGNATURE AND THE OF CERTIFI	7, lu	/	u,		D2	NUMBER 771	290	DATE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W A/Sergio Cass					wood Av	e., B	alto. N	1d. 2	1237
APR 2 1991	32. REGISTRA	R'S SIGNATURE	ala)						



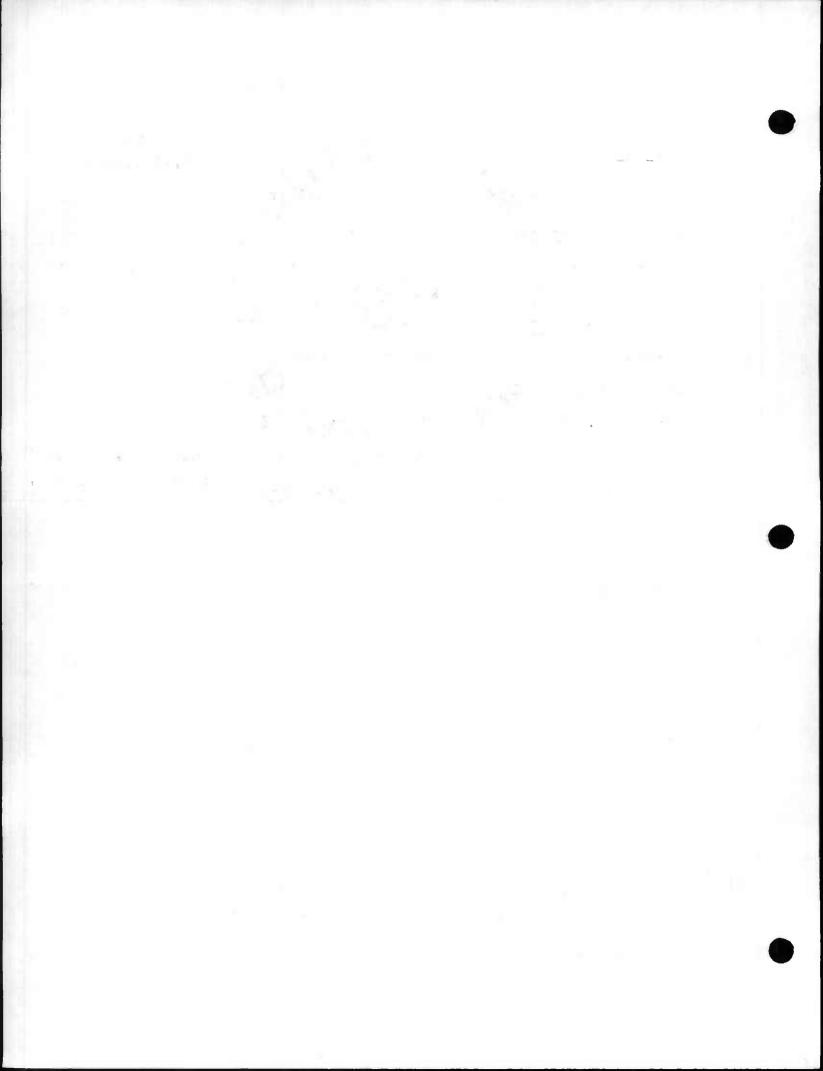
" REGISTRAR		CEF	RIFICA	IE OF	DEATH	F	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	(MAY	)				2. DATE OF MONTH	DEATH DAY	VE	3. T	TIME OF OEATH
Bernadette	` M	•	Wi	lliar	ns	3	27	9]		59 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last bi		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, De				CE (State or Foreign
220-50-0113	1 🗆 M 2 💢 F	38	YRS. MONTH	B DAYS	HOURS MIN.	6/29/	1952	,		yland
9a. FACILITY NAME (If not institution, give si	treet and number)		9b. C	ITY, TOWN	OR LOCATION OF OR	ATH		9c. COUNTY	OF DEATH	
Union Memorial H	ospital		F	Baltir	nore			N/A		
RESIDENCE OF DECEDENT								,		
Maryland N/A		1	Balt		City				10d	LIMITS? YES 2 NO
10e. STREET AND NUMBER				10	. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
828 W. 35th S	Street,				21211			U:	SA	
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARME YES 2 NO	O C	3. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (S	Specify Year	or No- 14.	RACE - / Black, Wr	American Indian,
1 Never Married 2 Married 3 Wildowed 4XX Divorced	IF YES, GIVE WAR				ecify Cuban, Mexica 2XXNO Specif		in, etc.)		Specify:	White
15. OECEDENT'S EDU- (Specify only highest grade	CATION	16a, OECE	DENT'S USUAL	OCCUPATION	ON .	16b. Kil	NO OF BUSI	NESS/INOUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use retire	d.)	ist or working					
12th Grade		1	Iomema	ker		- 15	Mothe	r and	Hous	sewife
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA					
Thomas Rranc	s Ge	isler			Cathe	rine	Myrt1	e Cris	spins	S
19a. INFORMANT'S NAME (Type/Print)		19b. 1	MAILING ADDR	ESS (Street	and Number or Rural					
Mr. Matthew Laft	ferty, Sr		4116	Falls	Rd., Ba	ltimor	e, Md	. 21:	211	
20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	of cemetary, co				4/1		imove		sum ryland
21. SIGNATURE OF FUNERAL SERVICE LIK	ENSEE Kovi	n E. Eck			ND ADDRESS OF FA		Daic	, HIIOT C	- Mai	yranu
1	12		Ve1	McCu 237	lly Fune E. Patap	ral Ho	me of	Brook	klyn	d. 21225
23. PART I. Enter the diseases, or a shock, or haert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one couse	on each lina.			10173 C					Approximate Interval Between Onset and Death
resulting in country		R AS A CONSEQU				0.4	V \ -			Ep
Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEQUE	ENCE OF):							
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (O	R AS A CONSEQU	ENCE OF:							
resulting in death) LAST	d									
PART II. Other significant condition	a contributing to d	eath but not res	ulting in the	underlyin	g cause given in	Part I. 24	Ia. WAS AN	WTOPSY	24b. WE	RE AUTOPSY FINDINGS
							PERFORM			ILABLE PRIOR TO MPLETION OF CAUSE
						—   '	□ YES 2	□ NO	OF	DEATH?
									1 1	y25 2 □ NO
25. WAS CASE REFERRED TO MEDICAL				26 P	LACE OF DEATH (C)	ack only one)				
EXAMINER?	HOSPITAL:	700 and all a C		IER:			C1200-1			
27. MANNER OF DEATH	28a. DATE OF IN		28b. TIME OF	_	JURY AT			JURY OCCUR	ED	
1 Natural 5 Pending	(Month, Day,	Year)	INJURY	W	YES 2 NO	200.02001	abe non m			
2 Accident Investigation	28a PLACE OF	INJURY — At home	form street			201 LOCATA	ON /Street or	nd Number or I	Drami Dougle	Mumbar
3 Suicide 8 Could not be 4 Homicide determined	building, et		., 201111, 041046,	accory, offi			Town, State)	rs munitum of I	WAR PIOUR	ergernam,
29a. CERTIFIER (Check only one)										
2 MEDICAL EXAMINI	R: On the basis of exa	mination and/or Inv	estigation, in r	ny opinion,	death occured at the	Ilma, data an	d placa, and	I due to the co	euse(a) an	d manner as stated.
296 SIGNATURE AND TITLE OF CERTIFIE	V				29c. LICENSE NU					nth, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	OF DEATH (ITEM:	27) (Type, Print)		O.C.M.E	•		▶ 3-2	8-91	
	KOREU		/ Likhoù Liull)	1	11 Penn	St. Ba	altimo	ore,21	201	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	447							
7055 9 1001	Julia David	S SIGNATURE	2750							
APR	U									DHMH-16 Rev 1/



	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				ITAL HYGIEN	E	
,	1. DECEDENT'S NAME (First, Middle, Last)					2.	DATE OF OEATH		3. TIME OF OEATH
	SAMUEL HARR	Y WOLFORD, S	R.				3 3		YEAR 91 M
i	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEA			Month, Day, Year)		I. BIRTHPLACE (State or Foreign Country)
	213-36-3728	1 🖾 M 2 🗌 F	81 YRS.	ONTHS DAY	'E HOURS	MIN. 1	2-15-190	9	Maryland
	9a. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOW	N OR LOCATIO	N OF DEATH		9c. COUNT	Y OF DEATH
COMPLETED BY FUNERAL DIRECTOR	810 Meadow Rd.			Seven	cn			Anne	Arundel
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	~	40. 0077	TOWN OR LO					Last manne army
E		Arundel	1		CATION				10d. INSIDE CITY LIMITS?
	MD Anne	Arundel		evern	10f. ZIP COOE				1 YES 2 NO
RA	810 Meadow Rd.				21144			U.S.	
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER	W. (10. 4 PAGE)	1		·			
5	1 Never Married 2 Married	FORCES? 1 X YES	2 NO	If yes	, specify Cuber	i, Mexican, Pu	RIGIN? (Specify Yes erto Rican, etc.)	or No- 1	4. RACE — American Indian, Black, White, etc.
B	3 🖾 Widowed 4 🗌 Divorced	W.W. II		10	YES 2 1 NO	Specify:			Specify: White
	15. DECEDENT'S EDU	ICATION	16a, DECEOENT'S US	UAL OCCUP	ATION		16b. KINO OF BUS		
8	(Specify only highest grad Elementary/Secondary (0-12)	completed)  College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during wiired.)	most of working	9			
립		one	Major				U.S. A	rmy	
ŏ	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	IER'S NAME (	First, Middle, Maiden	Sumeme)	
<u></u>	Harry I Wolford				Bed	da M.	Hose		
BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Stre	eet and Number	or Rural Route	Number, City or Tow	n, Stete, Zip C	Code)
2	Samuel H. Wolfor	d, Jr.	822 Dai	nza Ro	d. Seve	ern, M	d. 21144		
	20g, METHOD OF DISPOSITION	20	b. PLACE OF DISPOSIT	ION (Name of	f cemetery, crem	atory or	20c. LO	CATION — C	ity or Town, Stats
	1 A Burisi 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from Stats	Arlington	Natio	onal Ce	emeter	v Ft.	Myer	, Virginia
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE					ral Home		, ,
	>92 Ho	26.6							
	23. PART I. Enter the disesses, or	complications that cause	od the deeth. Do not						nie, Md. 21061
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on	each line.	1	mode of dyr	4	4	netory arre	Interval Between Onset and Death
	disease or condition	Selon	ne Car	dio	myo	pull	dy,		
	resulting in death)	DUE TO JOH AN	A CONSEQUENCE OF	_	Q7 6	•	A.		
-	_	. Would	Weilan	10	e lui	ran	did		1 1
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO OR AS	A CONSTQUENCE OF):	0	-1	5 1	D O		
3	cause. Enter UNDERLYING	· conac	stewe	4	cont	Sa	Mart		
里	CAUSE (Disease or Injury that initiated events	DUE TO 1994S	A COMMEQUENCE OF:	7/1	14	0			
	resulting in death) LAST	. Junge	les 1	ull	lay	1			
	PART II. Other significant condition	ne contribution to death	but not requising to	the under	hdaa aassa a	there is Don	1 J. 24s. WAS AN	ALFRONOV	24b. WERE AUTOPSY FINDINGS
중	PART II. Other significant conduct	tia contributing to death	but not resulting in	the under	lying cause g	jiven in Par	PERFOR		AMAILABLE PRIOR TO
MEDICAL							1 TYES 2	□ NO	OF DEATH?
									1 TES 2 NO
3	as the effections to the second								
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF O	EATH (Check of	only one)		
PHYSICIAN	1 YES 2 NO 27. MANNEP OF DEATH	1 Inpatient 2 19 ER/Ou  26a, DATE OF INJURY			_		Other (Specify)		
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJUI	RY	WORK?	1000	d. DEŞCRIBE HOW I	MJUHY OCCI	DHED
à	2 Accident Investigation	20. DI ACE OF IN ILI	M 415		YES 2				
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Sp	IY — At home, farm, str ecily)	eet, ractory,	Office	28	City or Town, State,		or Rural Route Number,
<u> </u>	NOTE OF THE PARTY								
COMPLETED	Torrior and	SICIAN: To the best of my kno							
ğΙ	MEDICAL EXAMIN	ER: On the basis of examinat	on and/or investigation,	In my opink	on, death occur	red at the time	, data and place, a	nd dus to the	couse(s) and manner as stated.
	29b. SIGNATURE AND FITLE OF CERTIFIC	en //	1		29c. LICI	ENSE NUMBE	301	29d. DATE	Suggletto Movies, Ope Hours
w l	1 // //				1 1/1	11-	11/	I h	- / / / / /
BE O	4 Van	nge	/			100	(36)		1/1/4/
TO BE	MA NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, F	rint)	1 7	100	(36		1/1/9/
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF E	EATH (ITEM 27) (Type, F	ML	75	745 C	OKWOO!	DRO	GLEN BURN
	30. NAME AND ADDRESS OF PERSON W	M. RAM	EATH (ITEM 27) (Type, F	ML	75	745 0	O.Kwoo!	DRD	GLEN BURN
	JORGE	M. RAM	IRE2	ML	75	745 C	OKWOO!	DRD	GLEN BURN



1 . ST	OR TATE EGISTRAR	SIAIE UF N	/ARYLAND / CE		CATE OF			REG. NO.			3855	60
	EDENT'S NAME (First, Middle, L	.ast)					2. DATE	OF DEATH	. ,	YEAR 3.	TIME OF DEATH	
	HELEN WI	LOU GHBY	1				3	29	9	LAN	4:3001	M.
	AL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las		F UNDER 1 YEAR	IF UNDER 24 HRS.	(Month	OF BIRTH , Day, Year)		Country)	ACE (State of Fore	
-	13-26-9541	1 □ M 2 5 F	70	YRS.			Augu	ist 2		Ten	nessee	
	CILITY NAME (If not institution, g					OR LOCATION OF D			9c. COUNT	Y OF DEAT	TH .	
Jonesia 10a. STA	seph Richi	Le Hospit	al Hou	se	В	altimor	re					
10a. ST		DUNTY		10c. CITY,	TOWN OR LOCA	TION				10	d. INSIDE CITY	
Mar	ryland E	Baltimore		Du	ndalk					1	LIMITS?	10
	REET AND NUMBER					I. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?	
10e. STI	3482 Logany	view Driv	е			2122	22		U	SA		
11. MAR	RITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AF	RMED	13. WAS DEC	ENDENT OF HISPA	ANIC ORIGIN	? (Specify Yes		I. RACE -	American India	n,
	ever Married 2 Married	IF YES, GIVE V	YES 2 XI	NO	1 Yes, sp	ecify Cuban, Mexic 2 NO Spec		Rican, etc.)		Specify:	C107	- 1
	/idowed 4 Divorced										White	_
	15. DECEDENT'S (Specify only highest		(G	live kind of wo	SUAL OCCUPATI rk done during me		166	. KIND OF BUS	BINESS/INDUS	BTRY		- 1
Elen	mentary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT use		u a sals a sa		food	serv	ina	2	
ž -	12th			caret	eria	worker				TCE	5	-
17. FAT	HER'S NAME (First, Middle, Las	,				18. MOTHER'S N						- 1
	ames Charle							lay 1				-
7 19a. INI	FORMANT'S NAME (Type/Print)					and Number or Rura		ber, City or Tow	n, State, Zin C	(ode)		- 1
01	narles F. V				the sale	view Dr		1				
	ETHOD OF DISPOSITION urial 2 Cremation 3		other p	lece)	The second second	metery, cremetory or	•		CATION — CI			
	onation 5 Other (Specify)			Jarae		Faith	EACH ITY	Ba.	Ltlmo	re,	Maryl	and
21. 310	10 0 A	CO CENSEE	00			nnelly		eral	Home	Ва	altimo	re,
N. R	Colt	Conne	lly									
23. PA	ART I. Enter the diseases.	. or complications the	1		1 /1	10 Sol1	ers	Poin	t Roa	d Ma	arvian	CLAIR
											Approxima	te
IMME	DIATE CAUSE (Final	lure. List only one car										te tween
diseas	DIATE CAUSE (Final se or condition										Approxima interval Be	te tween
diseas	DIATE CAUSE (Final		use on each line	e Prisa	t enter the me	ode of dying, su	ich as can				Approxima interval Be	te tween
diseas	DIATE CAUSE (Final se or condition ling in death)		use on each line	e Prisa	t enter the me		ich as can				Approxima interval Be	te tween
diseas	DIATE CAUSE (Final se or condition ling in death)  entially list conditions, to leading to immediate	a. DUE TO	use on each line	QUENCE	t enter the me	ode of dying, su	ich as can				Approxima interval Be	te tween
diseas	DIATE CAUSE (Final se or condition ling in death)	a. DUE TO	O (OR AS A CONSE	QUENCE OF	t enter the me	ode of dying, su	ich as can				Approxima interval Be	te tween
diseas	colare CAUSE (Final se or condition ling in death)  entially list conditions, it, leading to immediate set UNDERLYING Et (Disease or Injury nitiated events	a. DUE TO	OF AS A CONSE	QUENCE OF	t enter the me	ode of dying, su	ich as can				Approxima interval Be	te tween
diseas	DIATE CAUSE (Final se or condition ling in death)  entially list conditions, , leading to immediate s. Enter UNDERLYING	a. DUE TO	O (OR AS A CONSE	QUENCE OF	t enter the me	ode of dying, su	ich as can				Approxima interval Be	te tween
Sequel if any cause CAUS that is result	colare CAUSE (Final se or condition ling in death)  entially list conditions, it, leading to immediate set UNDERLYING Et (Disease or Injury nitiated events	a. DUE TO  d. DUE TO	O (OR AS A CONSE	QUENCE OF	t enter the me	ode of dying, su	ch as can	24s. WAS AN	AUTOPSY	24b. W	Approxima interval Ba Onset and	te tween Death
Soque if any, cause CAUS that is result	contact cause (Final se or condition ling in death)  entially list conditions, it is is included by the conditions, it is included by the conditions of the	a. DUE TO  d. DUE TO	O (OR AS A CONSE	QUENCE OF	t enter the me	ode of dying, su	ch as can	24a, WAS AN PERFO	AUTOPSY RMED?	24b. W	Approxima interval Ba Onset and Onset and ERE AUTOPSY FI MILABLE PRIOR	nte tween Death
Sequel if any, cause CAUS that is result	contact cause (Final se or condition ling in death)  entially list conditions, it is is included by the conditions, it is included by the conditions of the	a. DUE TO  d. DUE TO	O (OR AS A CONSE	QUENCE OF	t enter the me	ode of dying, su	ch as can	24s. WAS AN	AUTOPSY RMED?	24b. W	Approxima interval Ba Onset and Onset and FREE AUTOPSY FI MALABLE PRIOR MYLETION OF C F DEATH?	NDINGS TO AUSE
diseasuresult  Sequel if any, causes CAUS that is result  PART  PART	contact cause (Final se or condition ling in death)  entially list conditions, it is is included by the conditions, it is included by the conditions of the	a. DUE TO  d. DUE TO	O (OR AS A CONSE	QUENCE OF	t enter the me	ode of dying, su	ch as can	24a, WAS AN PERFO	AUTOPSY RMED?	24b. W	Approxima interval Ba Onset and Onset and ERE AUTOPSY FI MILABLE PRIOR	nteen Death  NDINGS TO AUSE
disease result  Sequel if any, causes CAUS that is result  PART	contact cause (Final se or condition ling in death)  entially list conditions, it is is included by the conditions, it is included by the conditions of the	a. DUE TO b. DUE TO c. DUE TO d. ditions contributing to	O (OR AS A CONSE	QUENCE OF	the underlyle	ode of dying, su	n Part I.	24a. WAS AN PERFO	AUTOPSY RMED?	24b. W	Approxima interval Ba Onset and Onset and FREE AUTOPSY FI MALABLE PRIOR MYLETION OF C F DEATH?	NDINGS TO AUSE
disease result  Sequel if any, causes CAUS that is result  PART	EDIATE CAUSE (Final se or condition ling in death)  entially list conditions, leading to immediate se. Enter UNDERLYING E. (Disease or Injury nitiated events ling in death) LAST  II. Other significant conductors are conducted in the conducted i	a. DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL:	O (OR AS A CONSE	QUENCE OF)  QUENCE OF)  resulting in	the metric is the underlying the underlying 28. FOTHER:	est  Gang  General Grand Control of the Control of	in Part I.	24s. WAS AN PERFOI	AUTOPSY RMED?	24b. W	Approxima interval Ba Onset and Onset and FREE AUTOPSY FI MALABLE PRIOR MYLETION OF C F DEATH?	NDINGS TO AUSE
Sequentiany Causes CAUS that is result 100 PART	entially list conditions, it leading to immediate be the conditions of the condition	a. DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL:	O (OR AS A CONSE	QUENCE OF)  QUENCE OF)  resulting in	the underlyle	ode of dying, su	ich as card in Part I.  Check only o	24s. WAS AN PERFOI	AUTOPSY RMED?	24b. W. A. C. C. C. 1	Approxima interval Ba Onset and Onset and FREE AUTOPSY FI MALABLE PRIOR MYLETION OF C F DEATH?	NDINGS TO AUSE
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FOR STATE REGISTRAR

NAME (First, Middle, Last)

1 -

		4. SOCIAL SECURITY NUMBER  218 -47 -968/)  1 X M 2 D F 92 YI	day) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MONTHS DAYS HOURS MIN. 7	(Month, Day, Year). Country)	ACE (State or Foreign
3 should	e	9a. EACILITY NAME (If not institution, give street and number)  Mason E. Lord/F.S.K.	9b, CITY, TOWN OR LOCATION OF GEAT	- U	
-	010	RESIDENCE OF DECEDENT	DAHMORE		
( A	DIRECTOR	Maryland Baltimore	city, town or Location Baltimore		Od. INSIDE CITY LIMITS?  VES 2 NO
$\vee$	3AL	10e. STREET AND NUMBER	10f. ZIP CODE	10g. CITIZEN OF WHA	AT COUNTRY?
physician. burial-transit	FUNERAL	2000 O Dell Avenue  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED	21237		- American Indian,
	BY FL	Never Married 2   Merried   FORCES? 1   VES 2 NO   IF YES, GIVE WAR OR DATES	It yes, specify Cuben, Mexican, 1 YES 2 NO Specify:		White, atc. White
r attending use as the	밀	(Specify only highest grade completed) (Give kir	NT'S USUAL OCCUPATION  d of work done during most of working	16b. KIND OF BUSINESS/INDUSTRY	
ospital or shed for a	COMPLET	Elementary/Secondary (0-12) College (1-4 or 8+)	neering Clerk	Electric Comp	pany
by the hospit be detached at once.		17. FATHER'S NAME (First, Middle, Last)		(First, Middle, Maiden Surname)	
5 should by notified a	BE (	Anthony Wenskitis  198. INFORMANT'S NAME (Type/Print)  19b. MA	ILING ADDRESS (Street and Number or Rural Rol	ine Roba ne Number, City or Town, State, Zip Code)	
y be reta lage 5 st be noti	욘		2 Colony Ct., Bo		
ector, page must be		1 Rurial 2 Cremation 3 Removal from State Other Disce)	sposition (Name of cometer), cremetory or Frematory, Inc.	20c. LOCATION — City or Town	100
funeral director, xaminer must		21. SIGNATURE OF UNERAL SERVICE LIGENSES	22, NAME AND ADDRESS OF FACIL	$\psi/1$   Baltimore, ociety of Maryla	Marytano
death. Pag e funeral di Il. examiner		George E. MacNabb	299 Frederic	ociety of Maryla ck Rd., Balto.,	mD 21228
d in by the or removal.		23. PART I. Enter the diseases, or complications that caused tha death. shock, or heart failure. List only one cause on each line.			Approximata Interval Between
fille on,		IMMEDIATE CAUSE (Final disease or condition	COMPOR		Onset and Death
ted within 25 completely fill ial, cremation, event, the		resulting in death)  a. TO SOUR TO (OR AS A CONSEQUENT)	CANCET		> years
executed within and completely b burial, crema matic event,	NO	Sequentially list conditions, b. DIE TO OR AS A CONSEQUEN	OF OF		0
	SATI	If sny, leading to immediate cause. Enter UNDERLYING	GE OF):		
	ERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	CE OF):		
the death certi y the attending of Mental Hygie injury, or ott	0	d.	Al1- Al		
that the led by the lith and Many injection	MEDICAL	PART II. Other significant conditions contributing to death but not resul	ting in the underlying cause given in Po	PERFORMED?	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
neen signed of Health a	MED	anemia			OF DEATH?
S ept es		Old MF -> 16AY Block			
古 9 8 5	SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   1   Input lent 2   ER/Outpatient 3   [	26. PLACE OF DEATH (Check OTHER: OA 4 Nursing Home 8 🗆 Residence 6		
this certil with the	PHYSICIAN:			28d. DESCRIBE HOW INJURY OCCURED	
ENDING PR: After ter death	ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide getermined		281. LOCATION (Street and Number or Rural Ro. City or Town, State)	ute Number,
DR ATT DIRECTO DUITS aff		20a CERTIFIED			
DSPITAL INERAL C thin 72 h	COMPLET	(Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death of the best of the best of my knowledge, death of the best of the best of my knowledge, death of the best of my knowle			and manner as stated.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certification filed within 72 hours after death with the Siz IMPORTANT: If Item 28 is marked, or Ite.	BE (	296. SIGNATURE AND TITLE OF CERTIFIER FINUCANE MD	29c. LICENSE NUMB	29d. DATE SIGNED (1)	Month, Day, Year)
,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,	임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27	(Type, Print)		
		31. DATE FILED (Month 98%, 1987) J. Jan Davidson-handel			
	Ш	APR 2 1991 Julia Davidson-Alandelle		_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

Wensk

Joseph A.

2. DATE OF OEATH UNITED DAY

Oan

Page 1 .

Æ	1	J
of by the hospital g	uld be detached for	od at once.
ige 6 may be retaine	firector, page 5 shou	r must be notifie
nours after death. Pa	d in by the funeral or removal.	medical examine
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the moderns of the modern	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be entached for use a flaw within 72 hours after death with the State Dect. of Health and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
death certificate be	attending physician ental Hydlene prior 1	iry, or other trau
w requires that the	been signed by the	shows any inju
PHYSICIAN: The la	this certificate has with the State Der	rked, or item 23
AL OR ATTENDING	L DIRECTOR: After 2 hours after death	f Item 28 is ma
TO THE HOSPITA	TO THE FUNERA	IMPORTANT: 1

30. NAME AND ADDRESS OF PERSON

MANY DWO

31. DATE FILED (Month, Dey, Year)

2 1991

1. DECEDENT'S NAME (First, Middle, Last)	/trandall)			Jr.	6		2. DATE OF DEATH MONTH DA		YEAR	TIME OF DEATN
Melider	(Wendell)	Wil					03 28	19		1:55 A
4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (in yrs. lest	t birthday)	MONTHS DAY	-	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year)		Country)	ACE (State or Foreign
214-94-7545	"	19	Tho.	AL OUTY TOW			2/5/72	1 - 00111	Md	
	FACILITY NAME (If not institution, give street and number)				96. CITY, TOWN OR LOCATION OF DEATH  Baltimore City					
603 Cottage Avenue				Balti	ity					
0a. STATE 10b. COUNTY				, TOWN OR LO					10	d. INSIDE CITY
Md.				Bal				YES 2 NO		
oo. STREET AND NUMBER 4805 Poe Street					10f. ZIP CODE				EN OF WHAT COUNTRY?	
				212:				USA		
11. MARITAL STATUS  1 Prover Married 2 Married	. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 ☐ YES 2 ∰			NO If yes, specify Cuban, Mexica					14. RACE — American Indian, Black, White, etc.	
3 Widowed 4 Divorced	IF YES, GIVE WAF	I OR DATES	1 YES 2 NO Specific			ły:			Specify: Black	
15. DECEDENT'S EDI				USUAL OCCUP			16b. KIND OF BUS	SINESS/IND		
Specify only highest grad     Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	rork done during e retired.)	must or worlding					
17. FATNER'S NAME (First, Middle, Last) Wendell Wil:	aon Cr						ME (First, Middle, Meiden :ely Adar			
Beverely Ad- Wendell Wil	ams son Sr.	198	480	5 Poe	St. Ba	1tin	nore, Md.	2121	.5	
29a. METNOD OF DISPOSITION	SOII SI.	20h PLACE	AND DATE	OF DISPOSITI	ON (Name		DATE 20c. LO	CATION -	City or Town	State
1 Buriel 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State					4/3/	/91 B			
	1. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
Estep Brothers Funeral Home P.A										
23. PART I. Enter the diseases, or	1 for	010	-AL D							
ahock, or haart fallure	List only one cause	e ou each lina	atn. Do n	ot antar tha	moda or dyl	ng, suc	n sa cardiac or resp	iratory an	est,	Approximata Intarval Betwe
iMMEDIATE CAUSE (Final disease or condition	CIAKI	hor W	0.10	m to	11 sch	1				Onset and Dec
resulting in death)	a. GUNSIA	OR AS A CONSEC	DUENCE OF	7) 10	-000					
Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSEC	DUENCE OF	F):						+
	C									
cause. Enter UNDERLYING		OR AS A CONSEC	DUENCE OF	F):						
cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	DUE TO (C									ļ
cause. Enter UNDERLYING CAUSE (Disesse or injury	d		_							1
cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	d	aath but not r	resulting i	n the underly	/ing cause g	given in	Part I. 24a. WAS AN			
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	aath but not r	esuiting i	in the underl	/ing cause g	iven in	PERFO	RMED?	Å	MAILABLE PRIOR TO OMPLETION OF CAUS
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	laath but not r	esuiting i	in the underl	ring cause g	jiven in	Part I. 24a. WAS AN PERFOI	RMED?	0	MAILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	laath but not r	esuiting i	n the underl	ring cause g	jiven in	PERFO	RMED?	0	MAILABLE PRIOR TO OMPLETION OF CAUSI
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL	d	laath but not r	esuiting i		ring cause g		PERFOI	RMED?	0	WAILABLE PRIOR TO OMPLETION OF CAUSI F DEATH?
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CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5 Pending Investigation 3 Suicide 8 Could not be	HOSPITAL: 1   Inpetient 2   1 28a. DATE OF IR (Month, Day, 0.3 28 28a. PLACE OF	ER/Outpetient 3 NJURY (, Year) 1991 INJURY — At hol	DOA 28b. TIM INJ	20 OTHER: 4   Nursing I E OF   28c. URY   1	. PLACE OF DI	EATH (Ch	eck only one)  2X Other (Specify)  28d. DESCRIBE NOW Subject S  281. LOCATION (Street	Roadwinjury ochot	Vay	MAILABLE PRIOR TO COMPLETION OF CAUSE F DEATH?
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 ※ YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1   Inpetient 2   1 28a. DATE OF IR (Month, Day, 0.3 28 28a. PLACE OF	ER/Outpetlent 3 NJURY  , 'bear'  1991 INJURY — At ho	DOA 28b. TIM INJ	20 OTHER: 4   Nursing I E OF   28c. URY   1	. PLACE OF DI	EATH (Ch	eck only one)  AX Other (Specify)  28d. DESCRIBE NOW  Subject S	Roads	Vay CURED	MAILABLE PRIOR TO OMPLETION OF CAUSI F DEATH?  VES 2 NO  NO Number,
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Naturel   5   Pending Investigation   1   Naturel   1	HOSPITAL: 1   Inpatient 2   1 28e. DATE OF It (Month, Day 03 28 28e. PLACE OF building, et	ER/Outpetlent 3 NJURY , Year) 1991 INJURY — At ho to: (Specify) TP Q E T	28b. TIM INJ 0 150	OTHER: 4   Nursing I E OF 28c. URY ) AM 1	. PLACE OF DI	EATH (Ch	eck only one)  28d. Other (Specify)  28d. DESCRIBE NOW Subject S  281. LOCATION (Street City or Town, State)  Park Heig	Roadwinjury ochot	Vay CURED  To r Rural Rock COtt	MAILABLE PRIOR TO OMPLETION OF CAUSI F DEATH?  VES 2 NO  NO Number,
Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 (X) YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 3   Suicide 8   Could not be detarmined  29a. CERTIFIER (Check only) 1   CERTIFYING PHY:	HOSPITAL: 1   Inpatient 2   2 28a. DATE OF Building, of On St	ER/Outpatient 3 NJURY  , Year) 1991 INJURY — At hote. (Specify) ETECE t my knowledge, de	28b. TIM INJ 0 150	OTHER: 4   Nursing   E OF	. PLACE OF DI	NO NO and due	eck only one)  ax other (Specify)  28d. DESCRIBE NOW    Subject S  281. LOCATION (Street City or Town, State)  Park Heig  to the cause(e) and me	Roadwinjury ochhot	Vay CURED  Tor Rural Root COtt	MALLABLE PRIOR TO OMPLETION OF CAUS F DEATH?  DES 2 NO  NO Number,  Lage Ave 1
Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 (M YES 2   NO  27. MANNER OF DEATH 1   Netural 5   Pending Investigation 2   Accident 3   Suicide 8   Could not be 4   Homicide   Certifying Physical Physic	HOSPITAL: 1   Inpatient 2   1 28a. DATE OF IP (Month, Day 03 28 28a. PLACE OF building, et On St SICIAN: To the best of m	ER/Outpatient 3 NJURY  , Year) 1991 INJURY — At hote. (Specify) ETECE t my knowledge, de	28b. TIM INJ 0 150	OTHER: 4   Nursing   E OF	. PLACE OF DI	EATH (Chieldence NO	eck only one)  2x Other (Specify)  28d DESCRIBE NOW Subject  281. LOCATION (Street City or Town, State)  Park Heig  to the cause(a) and me time, date and place, as	Roadwinjury och hot hots &	Vay CURED  or or Rural Root ted. he cause(a) i	MALLABLE PRIOR TO OMPLETION OF CAUS F DEATH?  DES 2 NO  NO Number,  Lage Ave 1
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Netural 5 Pending Investigation 1 Investigation 1 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL: 1   Inpatient 2   1 28a. DATE OF IP (Month, Day 03 28 28a. PLACE OF building, et On St SICIAN: To the best of m	ER/Outpatient 3 NJURY  , Year) 1991 INJURY — At hote. (Specify) ETECE t my knowledge, de	28b. TIM INJ 0 150	OTHER: 4   Nursing   E OF	PLACE OF DI Iome 5 Re INJURY AT WORK? YES 2 M fflica  fate and place, n, death occur 29c. LICE	EATH (Chieldence NO	eck only one)  &X Other (Specify)  28d. DESCRIBE NOW    Subject S  281. LOCATION (Street City or Town, State)  Park Heig  to the cause(e) and me time, date and piece, as	Roadwinjumy ochot  and Number  hot  sed Number  and due to to	Vay CURED  or or Rural Root ted. he cause(a) i	MAILABLE PRIOR TO OMPLETION OF CAUSI F DEATH?  THE NUMBER 2 NO  THE Number,  Tage Ave 1

PLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

LUNGUMY 111

32. REGISTRAR'S SIGNATURE

DNMH-18 Rev 1/89

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3. TIME OF DEATH 8.25 PM

**MENTAL HYGIENE** REG. NO

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

8 Could not be determined

296. SIGNATURE AND TITLE OF CERTIFIER

3 Suicide

4 Homicide

31. DATE FILED (Month, Day,

COMPLETED

BE 2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

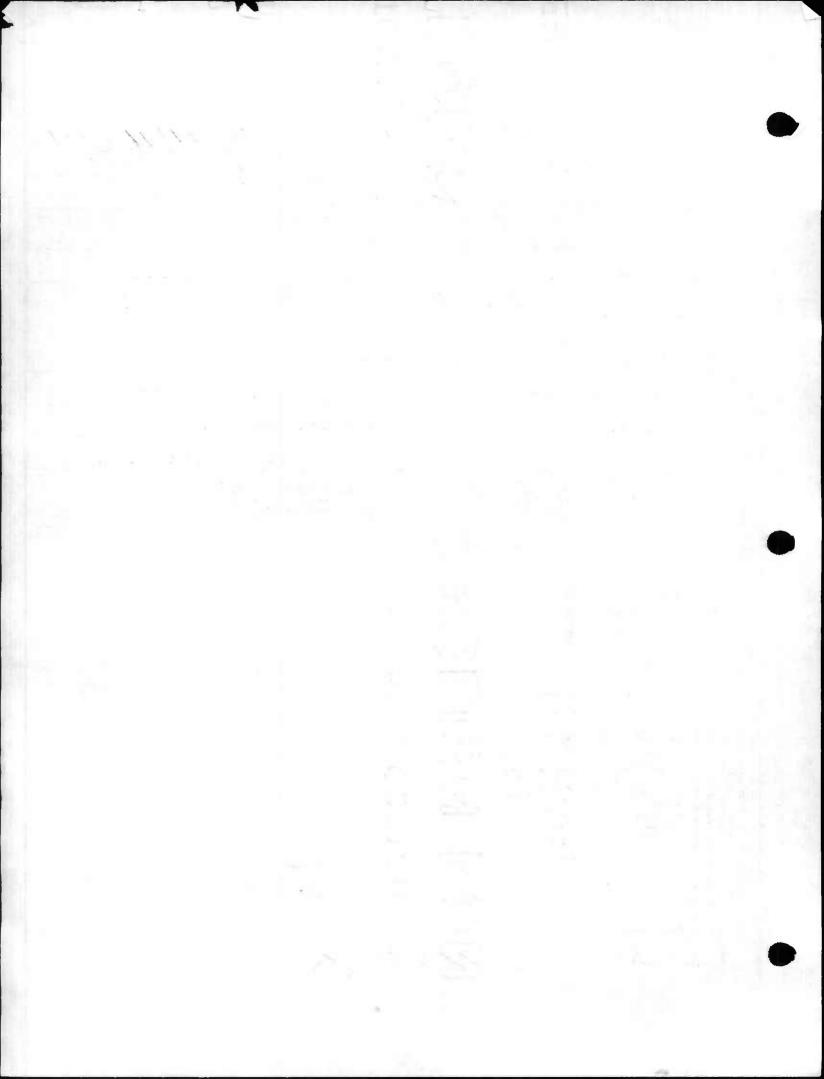
	FOR 1 - STATE REGISTRAR		STATE OF I		CE	RTIF	ICAT		EALTH DEAT	
	1. DECEMENT'S NAME (First, M	iddle, Last,	RAYMOND	C.	BUSS OC	FYS	E	4		
	4. SOCIAL SECURITY NUMBER 2/7-07-263		5. SEX			t birthday) YRS.		R 1 YEAR DAYS	IF UNDER	24 HRS. MIN.
TOR	98. FACILITY NAME (If not institute to the control of the control	EP.		يمري	17	40		Y, TOWN O	OR LOCATION	ON OF E
FUNERAL DIRECTOR		оь. county Baltii				_	Y, TOWN	OR LOCAT	ION	
RAL	10e. STREET AND NUMBER						01120	101	1204	E
BY FUNE	505 Goucher  11. MARITAL STATUS  1 Never Merried 2 M  3 Widowed 4 Divorce	erried	12. WAS DECEDEN	YES	2 X N		13.	WAS DEC	ENDENT Cooling Cube	
COMPLETED	15. DECED (Specify only in Elementary/Secondary (0-12 12 yrs			+)	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.)  Publisher			ON est of working	ng	
	17. FATHER'S NAME (First, Middle, Lest) 18. MOTH									HEA'S N
TO BE	196. INFORMANT'S NAME (Type/Print) Robert W. Bussey 196. Mailing address (S							nd Number	r or Rura	
	20a, METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)								(Name	4-3
	21, SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	4	,		F	Ruck	Tows York	on
	23. PART I. Enter the dis- ehock, or hee iMMEDIATE CAUSE (Fina disease or condition resulting in death)	rt fellure.	List only one ce	eb	www	ave	not ente	_		
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST									di
PHYSICIAN: MEDICAL CI	PART II. Other algnifican	condition	e contributing to	o death I	out not i	reaulting	In the u	inderlyin	g ceuse	given i
CIAN:	25, WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	-77	3		OTHE	26. PLACE OF DEATH (		
BY PHYS	1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 P 2 Accident In	F INJURY Day, Year)	patient 3	28b. TH	4 🗆 Nu	28c. IN	JURY AT ORK? YES 2 [			

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death

32. REGISTRAR'S SIGNATURE wie Devidson

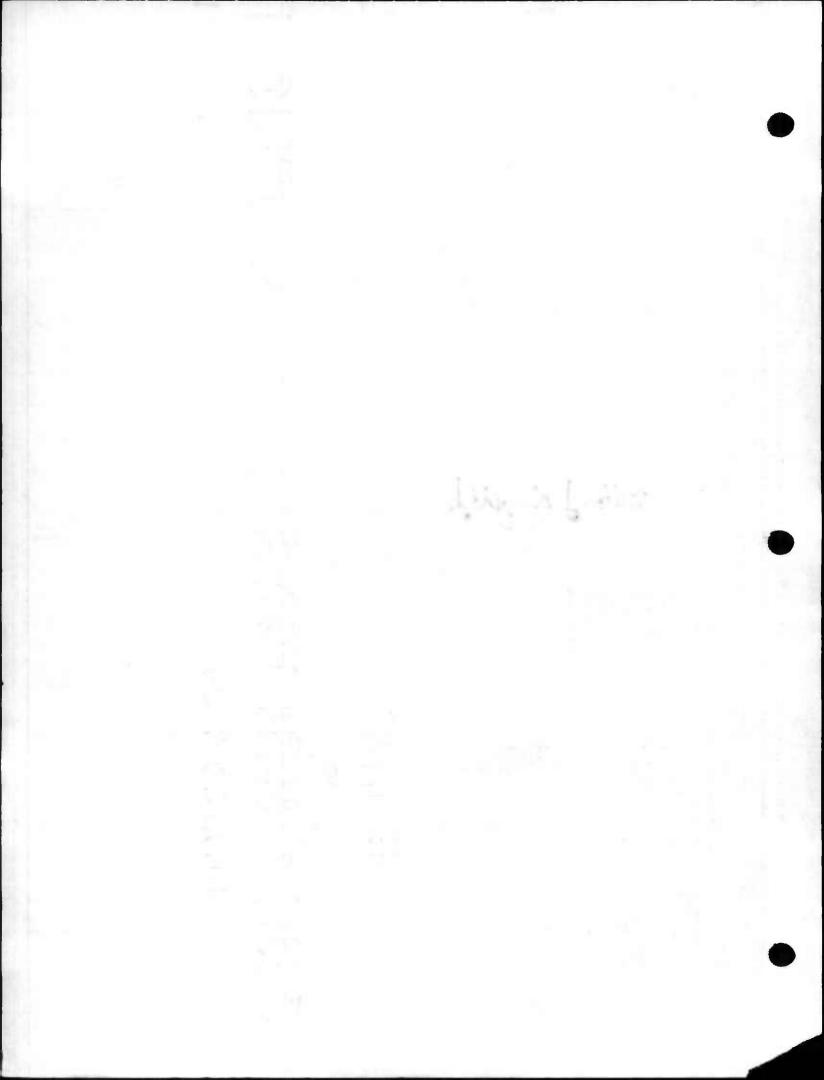
28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

s. BIRTHPLACE (State or Foreign Country) YO'rk 7. DATE OF BIRTH (Month, Day, Year, 9c. COUNTY OF DEATH MB 10d. INSIDE CITY 1 YES 2 K NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. ANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, atc. White 16b. KIND OF BUSINESS/INDUSTRY Publishing AME (First, Middle, Maiden Surname) Schicht E. Route Number, City or Town, State, Zip Code) wson, Md. 21204 20c. LOCATION - City or Town, State -91 Baltimore, Md. ACILITY Funeral Home, Inc. Towson, Md. 21204 ch as cardiac or respiratory arrest, Approximate Interval Between Onset and Desth 24a. WAS AN AUTOPSY PERFORMED? n Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA A University Home 5 Residence 8 Other (Specify) 284. DEŞCRIBE HOW INJURY OCCURED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29d, DATE SIGNED (Month, Day, Year) DHMH-18 Rev 1/89



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- VII AL RECORDS, P.O. BOX 58/50,	ers on attendance burellian. The law comings that the death conficults he executed within 12
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See PACHITY NAME (If not institute, proper street and number)  See PACHITY NAME (If not institute, proper street and number)  See PACHITY NAME (If not institute, proper street and number)  See PACHITY NAME (If not institute, proper street and number)  See PACHITY NAME (If not institute, proper street and number)  See PACHITY NAME (If not institute, proper street and number)  See PACHITY NAME (If not institute, proper street and number)  See PACHITY NAME (If not institute, proper street and number)  See PACHITY NAME (If not institute, proper street and number)  See PACHITY NAME (If not institute, proper street and number)  See PACHITY NAME (If not institute, proper street and number)  See PACHITY NAME (If not institute, proper street and number)  See PACHITY NAME (If not institute, proper street and number)  See PACHITY NAME (If not institute, proper street and number)  See State 11. MANITYLE STATUS  100. ZIZOGE  11. MANITYLE STATUS  12. SECONDAY ON Polymor profess consistency  12. SECONDAY ON Polymor profess consistency  13. WAS DECEMBENT OF Under Name (If not institute, proper street, etc.)  14. December of the profess of the p	E (State or Foreig							
DEPUTED BY SET THE PROBLEM STATE OF THE STAT	INSIDE CITY LIMITS? YES 2 \( \) NO							
Union Memorial Hospital  Baltimore City    Maryland   10c. CITY, TOWN OR LOCATION   10d.   10	LIMITS? YES 2 NO							
101. ZIP CODE  102. STREET AND NUMBER  5208 Biddison Lane  11. MARITAL STATUS  12. MARITAL STATUS  13. MAR	LIMITS? YES 2 NO							
101. ZIP CODE   109. CITIZEN OF WHAT   101. ZIP CODE   109. CITIZEN OF WHAT   101. TOTAL   101. TOTAL   101. TOTAL   101. MARTHAL STATUS   1   NAME Married   2   Married   1   YES   2   MNO   1   YES   2   YNO								
Security   Specify:								
198. INFORMANT'S NAME (**perfrint)  198. INFORMANT'S NAME (**perfrint)  199. MALLING ADDRESS (**Street and Number or Rural Rocum Number, City or Town, State, Zip Code)  199. MALLING ADDRESS (**Street and Number or Rural Rocum Number, City or Town, State, Zip Code)  190. MALLING ADDRESS (**Street and Number or Rural Rocum Number, City or Town, State, Zip Code)  190. MALLING ADDRESS (**Street and Number or Rural Rocum Number, City or Town, State, Zip Code)  190. MALLING ADDRESS (**Street and Number or Rural Rocum Number, City or Town, State, Zip Code)  190. MALLING ADDRESS (**Street and Number or Rural Rocum Number, City or Town, State, Zip Code)  190. MALLING ADDRESS (**Street and Number or Rural Rocum Number, City or Town, State, Zip Code)  190. MALLING ADDRESS (**Street and Number or Rural Rocum Number, City or Town, State, Zip Code)  190. MALLING ADDRESS (**Street and Number or Rural Rocum Number, City or Town, State, Zip Code)  190. MALLING ADDRESS (**Street and Number or Rural Rocum Number, City or Town, State, Zip Code)  190. MALLING ADDRESS (**Street and Number or Rural Rocum Number, City or Town, State, Zip Code)  190. MALLING ADDRESS (**Street and Number or Rural Rocum Number, City or Town, State, Zip Code)  190. Mary State, Zip Code)  190. Mary State, Zip Code)  190. Location — City or Town, State Order, Mary State, Zip Code)  190. Location — City or Town, State Order, Mary State, Zip Code)  190. Location — City or Town, State Order, Mary State, Zip Code)  190. Location — City or Town, State, Zip Code)  190. Location — City or Town, State Order, Mary State, Zip Code)  190. Location — City or Town, State City o	white							
DETERMINEDIATE CAUSE (Finel disease or conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DEFINITION OF ORAS A CONSEQUENCE OF):  DISTRICT OR AS A CONSEQUENCE OF):  DISTRICT O								
DETERMINEDIATE CAUSE (Finel disease or conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DEFINITION OF ORAS A CONSEQUENCE OF):  DISTRICT OR AS A CONSEQUENCE OF):  DISTRICT O								
196. NRFORMANT'S NAME (TyperPrint)  Clarence W. Bunting  206. METHOD OF GISPOSITION 1 Surial 2 Cremetion 3 Removal from State 206. PLACE AND DATE OF DISPOSITION (Name of Surial Review Number, City or Town, State, Zip Code)  206. METHOD OF GISPOSITION 1 Surial 2 Cremetion 3 Removal from State 206. PLACE AND DATE OF DISPOSITION (Name of Surial Review) 207. PATKWOOD CEMETERY 4/5/91  21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton J Might Jr 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton J Might Jr 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton J Might Jr 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Fined disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):	ller							
The state of the part of the state of the	Her							
20b. PLACE AND DATE OF DISPOSITION (Name of Comments) and Removal from State of Date of Disposition (Name of Comments) and Removal from State of Date of Disposition (Name of Comments) and Removal from State of Date of Disposition (Name of Comments) and Removal from State of Date of Dat	2120							
1   Burtist 2   Cremetion 3   Removal from State   ParkWood Cemetery 4/5/91   Baltimore   ParkWood Cemetery 4/5/91   ParkWood Cemetery 4/5/91   Baltimore   ParkWood Cemetery 4/5/91   ParkWood Cemetery 4/5/91   Baltimore   ParkWood Cemetery 4/5/91   ParkWood Cemeter								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton J Knight Jr  Leonard J. Ruck, Inc. 5305 Harfo  Leonard J. Ruck, Inc. 5305 Harfo  22. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  But to (or as a consequence or):  Cause (Disease or injury that initiated events resulting in death) LAST  DUE TO (or as a consequence or):								
Leonard J. Ruck, Inc. 5305 Harfo  23. PART I. Enter the diseases, or complications hat caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  1 DUE TO (OR AS A CONSEQUENCE OF):								
23. PART I. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Thoracic Acric Ancurys in a Esopha geat Fistula Due to (or as a consequence of):  Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING c.  DUE TO (OR AS A CONSEQUENCE OF):  1. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  AMA  AMA  AND OF THE CONSEQUENCE OF):  1. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24b. WER PERFORMED?  1. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24c. WAS AN AUTOPSY PERFORMED?  1. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIB								
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO OF								
	E AUTOPSY FINE LABLE PRIOR TO PLETION OF CAU DEATH?							
	TES Z NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  1  YES 2 NO  28. PLACE OF GEATH (Check only one)  1  YES 2 NO  1  YES 3 NO  1  YES 4 NO  1  YES 4 NO  1  YES 5 NO  1  YES 5 NO  1  YES 5 NO  1  YES 5 NO  1  YES 6 NO  1  YES 7 NO  1								
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident  28. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED								
2 Accident 3 Suicide 4 Homicide  28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)								
29a. CERTIFIER (Check only one)  29a. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29a. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29a. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	Number,							
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  29d. DATE SIGNEO (Mo	-							
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, PHIN)  UNION MEMORINE HOSPITAL	manner as sta							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or introduing physician.

TO THE EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any initium, or other transmits.

	otified	
	pe n	
	er must	
a.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified	
or remov	medical	
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Crem	event,	
Duna	natic (	
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giene	r other trauma	
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hours after death with the State Dept. or Health and Mental Hygiene prior to build, cremation, or ren	ıjury.	
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Dept.	tem 23 shov	
State	tem	
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MAN AND AND AND AND AND AND AND AND AND A	rked,	
death	S ma	
after	28	
hours	Item 28 is marked,	

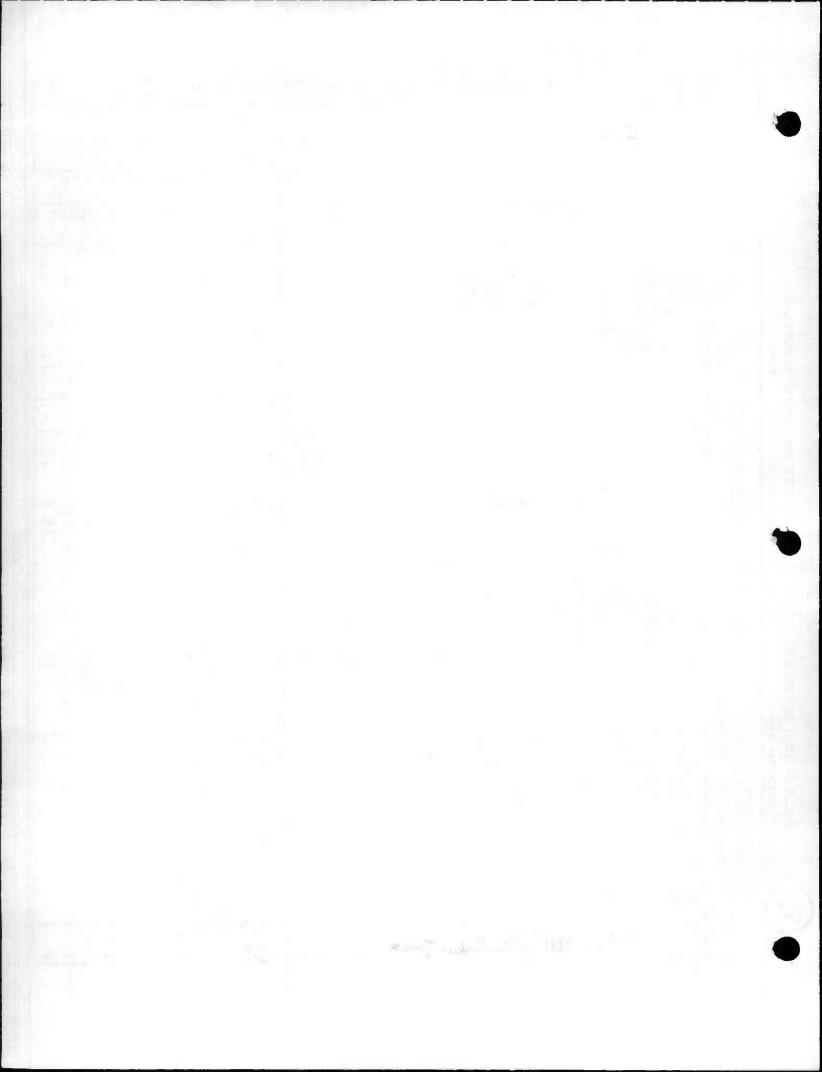
	1. DECEDENT'S NAME (First	, Middle, Last)	Rutl	h S. Bar	uer					2. DATE O MONTH ADE1		<b>"</b> 1991	YEAR	3. TIME OF DEATH 12:10 P
	4. SOCIAL SECURITY NUMBER 217 22 63		5. SEX 1  M 2 F	6. AGE (In yrs. le 91	yrs.	IF UNDER	1 YEAR DAYS	HOURS	R 24 HRS. MIN.	7. DATE OF (Month, May	F BIRTH Day, Year)	.899	8. BIRTH Country	PLACE (State or Foreign ))
HOH	98. FACILITY NAME (If not Institution, give street and number) Wilson Health Care					96. CITY, TOWN OR LOCATION OF DEATH Gaithersburg Sc. COUNTY OF DEATH Montgomer								
FUNERAL DIRECTOR	MD	10b. COUNTY	tgomery			ν, τοwn ο aithe								10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
EHAL	401 Russ		е.				10	r. zip con 2	e 20877				S A	HAT COUNTRY?
0	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		1	yes, s	YES 2 № NO Specify:  PATION  18b. KIND OF BUSINESS/INDU				,—American Indian, , White, etc. b: Lte		
COMPLEIED		CEDENT'S EDUC by highest grade 0-12)		- 1		work done one retired.)	furing m					sery School		1
DE CON		iam A.	Seiler					Cat	heri	me (First, Mi ne Ma	tilda	Keel		
2	Mrs. Ellen		llivan	1	48 .	Brian					in City or Tow			21228
	20a. METHOD OF DISPOSITION 1 IX Buriel 2 I Crematic 4 I Donation 5 I Other	on 3 Rem r (Specify)		20b. PLAC of cemetal	e and dat ry, cremator, arkwo	or other p	ositioi emet	(Name cery		DATE		alti		
1	21. SIGNATURE OF FUNERAL C. Sh	erman	Denny, J	4.71				HELL Yor		DEFEI ad	D HOM Balti			21212
CERTIFICATION	23. PART I. Enter the depote to shock, or hidsesse or condition resulting in death)  Sequentielly list condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injutist initiated events resulting in death) LAS	neart fellure.	B. Right  DUE TO  C. Jacher	o (OR AS A CONS	EQUENCE O	1 art Uction	ing							Approximate interval Between Onset and Death Ourp
MEDICAL	PART II. Other eignificent conditions contributing to death but not resulting  Districts multiple  Asymptom of oral contents.					In the un	derlyli	ng cause	given in		24a. WAS AN PERFOI 1 TYES	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER? 1 VES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Outpetlent	3 🗆 DOA	OTHER	₹:			6 C Other				
10 PH														
3	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Flourie Number, City or Town, State)						Toute Number,							
COMPLE	one)		ER: On the basic of											e) and manner as stated.
O BE	296. SIGNATURE AND TITL	D. Ont	ruson 1	mp.					19 0			29d. DAT	E SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF BYRL D.	JOH	Nson me		11 60	; ther.	sbar	9. n	nd.	208	79			
	31. DATE FILED (Menth, Day	0.0		hia Davidse		latter)								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28. Evens after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVIS

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND		HYGIENE REG. NO.	31 1	08558
,	1. OECEDENT'S NAME (First, Middle, Last)		WN,	SH	2. DATE OF MONTH	28	YEAR	TIME OF DEATH
	242-28-5010	5. SEX 6. AGE (In yrs. 1	YRS. MONTHS	DAYS HOURS MIN.	7. OATE OF (Month, I	3-23	Country)	N.C
TOR	9a. FACILITY NAME (If not institution, give stri	iwood St	8 B	a town or Location of the	PEATH	9c. COU	NTY OF DEA	TH
DIRECTOR	10a. STATE 10b. COUNTY	Ą	Baly	OR LOCATION			10	Od. INSIDE CITY LIMITS?  DE YES 2 NO
FUNERAL	100. STREET AND NUMBER 100. Long			101. ZIP CODE 2/2/A	6	10g. CIT	S.	AT COUNTRY?
BY FUR	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Olvorced	12. WAS DECEDENT EVER IN U.S., I FORCES? 1 XYES 2 I IF YES, GIVE WAR OR DATES		WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic 1 YES 2 NO Spec	an, Puarto Ric		14. RACE — Black, V Specify:	American Indian, White, etc.  Black
COMPLETED	15. OECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ompleted)	DECEDENT'S USUAL Of (Give kind of work done like Do NOT use retired.)		16b. K	UND OF BUSINESS/IN	DUSTRY	1 4 4 4
SON	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Mic	ddle, Malden Sumame)		
BE	199. INFORMANT'S NAME (Type/Print)	07	196. MAILING ADDRES	S (Street and Number or Rura	Route Number	City or Town, State, Zi	p Code)	
2	Mattie Brow	un	703 N	1. Longu	wood	St Ba		1d 2146
	20a_METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Remo  4 Donation 5 Other (Specify)	val from State	place) (N	ame of cometery, crematop-pr	AC	20c, LOCATION -	City or Town	, State
	21. SIGNATURE OF FUNDAL SERVICE LICE	(See	2	NAME AND ADDRESS OF F	H. Wal	Ust De	ve_	·
	23. PART I. Enter the diseases, or co shock, or heart fellure. L	omplications that caused the		r the mode of dying, su	ch as cardia	ac or respiretory ar	Test,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Colm	Canca					Onset and Death
	resulting in death)	DUE TO (DR AS A CONS						
N 0	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONS	SEQUENCE OF):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):					
	PART II. Other algnificant conditions	contributing to death but no	t resulting in the u	nderiving cause given i	n Part i.	24e. WAS AN AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						PERFORMED?	a a	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N.								
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpatient	3 DOA 4 Nu	26, PLACE OF DEATH (C IR: Irsing Home 5 - Residence				
	27. MANNER OF CEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESC	CRIBE HOW INJURY OF	COURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined   28e. PLACE OF INJURY — At home, farm, street, factory, office   4 Homicide   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	CONSTRUCTION OF THE STATE OF TH	CIAN: To the best of my knowledge,						and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Cours		28c. LICENSE N	UMBER	29d. DA	TE SIGNED (	Month, Day, Year)
5		completed cause of Death (	NEW 27 Gypo, Printi	ne St. B	alt	Md		
	APR 0 3 19	32. REGISTRAR'S SIGNATUR	- Randell					



3. TIME OF DEATH

2. DATE OF DEATH DAY

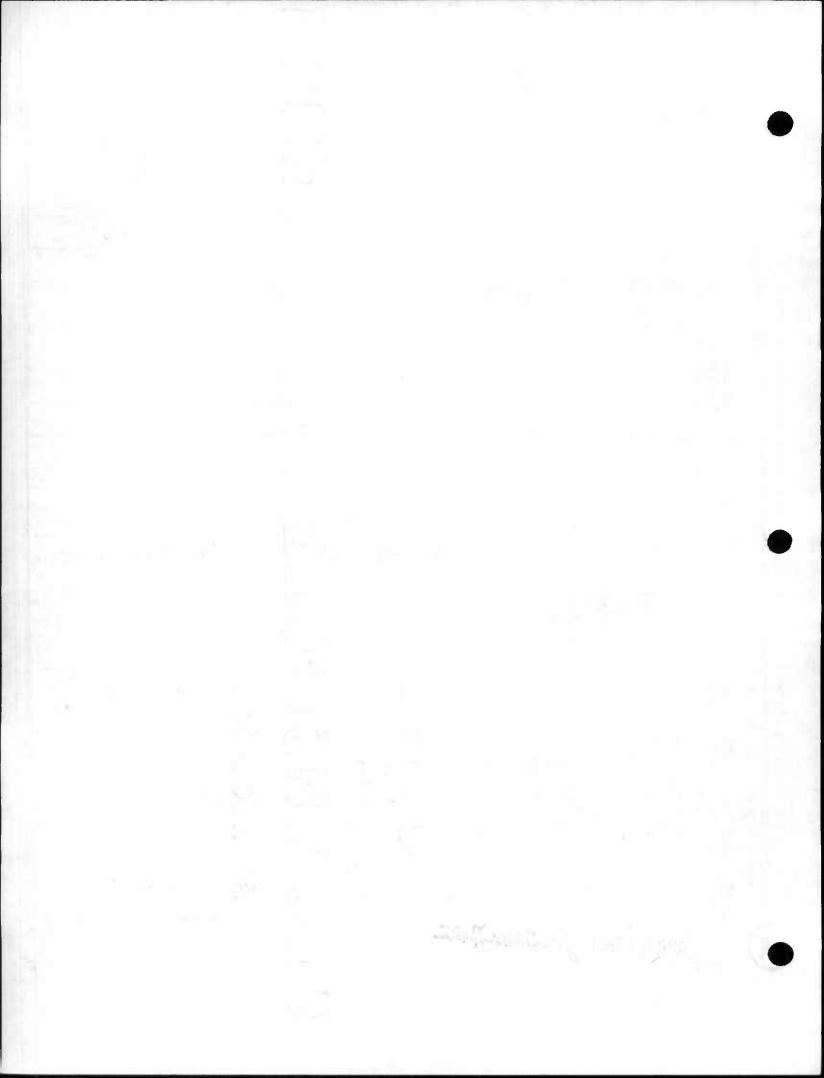
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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BALTIMO	death.
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00,	within
6876	executed
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O. B(	certificate
D .	death
ä	the
R	that
RECO	requires
_	ME
Z	The
OF VI	PHYSICIAN:
<b>DIVISION OF VITAL RECORDS, P.O. BOX 68760,</b>	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6
5	OR O
	HOSPITAL

	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birt	thday) IF UND	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTN	0.	BIRTNPLACE (State or Foreign
	710-18-5235	1 M 2 YF	73			HOURS MIN.	(Month, De	ay, Ybar)		Country)
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATN  9c. COUNTY OF DEATN							<u>leorgia</u>		
œ										
2	Greater Baltimore Medical Center Towson Balti							Baltimore		
E I					CITY, TOWN OR LOCATION					10d. INSIDE CITY
DIRE	MD Ba	ltimore			Balti					1 YES 2 NO
	10e. STREET AND NUMBER	Trimure		-		ZIP CODE		Т	10a, CITIZE	N OF WHAT COUNTRY?
~									US	
FUNERAL	2825 Baker Stree	12. WAS DECEDENT EVE	DIN II S ADMEN	14	2 WAS DECE	21216 INDENT OF NISPAN	AIIC OBIGINS (6	Basalfu Yee		I. RACE — American Indian,
로	1 Never Married 2 Married	FORCES? 1 Y	ES 2- NO	Ι.	If yes, spe-	city Cuban, Mexica	n, Puerto Rice		31 10-	Black, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OF	DATES		1 L YES	NO Specify	у:		- 1	Specify: Black
B	15. DECEDENT'S ED			ENT'S USUAL			16b. Kil	ND OF BUSI	NESS/INDUS	
E	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give ki	ind of work dor NOT use retired	ne during mos d.)	t of working				
4			Seam	stres	SS					
COMPL	17. FATNER'S NAME (First, Middle, Last)		1 D C G III	50200		18. MOTNER'S NA	ME (First, Midd	dle, Maiden S	iumame)	
_	Willia Harria					Beatri	CA S	cott		
BE	Willis Harris  19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDRE		d Number or Rural				(ode)
2										, Ga.30311
	Rev. Edward H		20b, PLACE AND			r Driv		_		ty or Town, State
	1 Burial 2 Cremation 3 Res	moval from State	of cemetary, cre-	matory or other	er place)		DATE			
	4 Donation 5 Other (Specify)		Arbutu	s Men	noria	1 Park	3/29	9/91	Arbu	itus Md
	21. SIGNATURE OF FUNERAL SERVICE L	//						1	701	McCulloh S
	- agercy	Herris			Chatm	an-Har	ris F	F/H F	Ralti	more, Md 2
NO	23. PART I. Enter the diseases, or shock, or haert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions,	a. Mulasi Due to (on a	ach line.	Swall NCE OF):		D LLLUS			- 30	Interval Betwee
rification	shock, or haert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR A	n aech line.	Swall NCE OF):					- 30	Interval Betwee
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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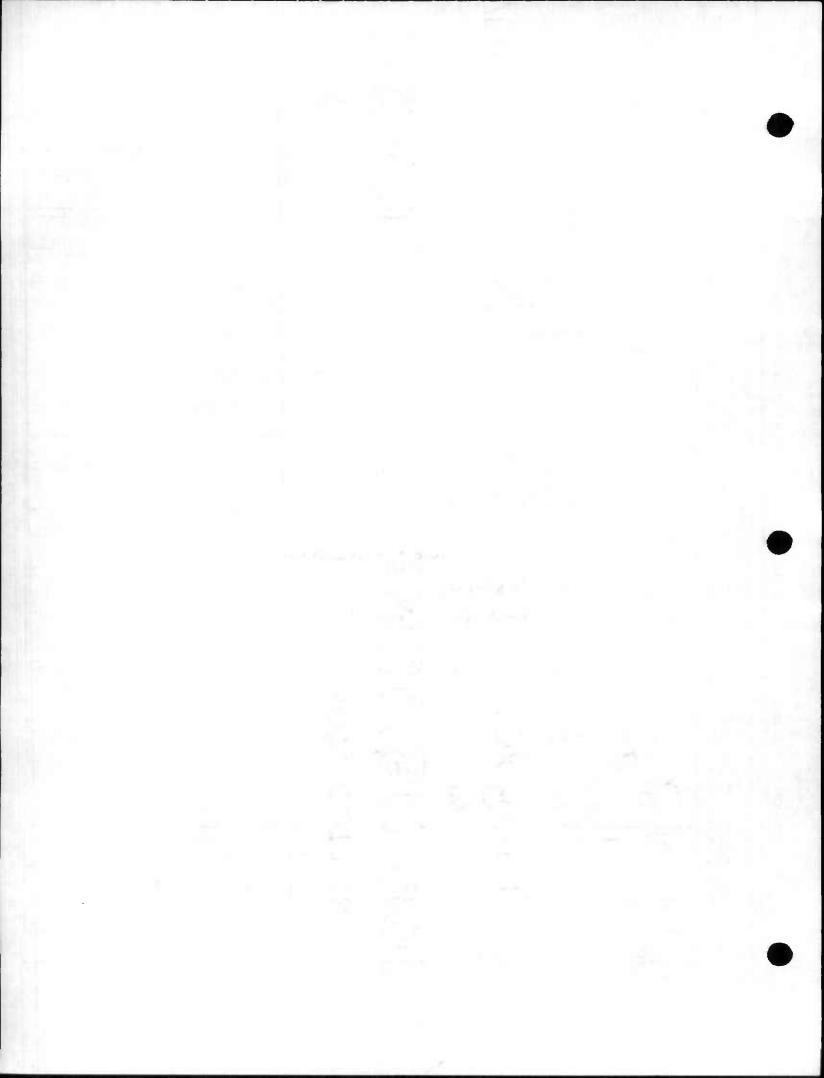
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.
1	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH OAY YEAR  3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. list birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	213-72-1510 1 M 2 FF 82 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 08 Country)
_	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
5	UNIVERSITY OF MARY 1420 BALTIMORE
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	MD  Baltimore  100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?
FUNERAL	1214 W. FAYCHE STREET 21223 USA
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cyben, Mexican, Puerto Rican, etc.) 1 Yes, specify: Specify: Specify:
ED B	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY
COMPLETE	(Specify only highest grade completed)  Elementarry/Secondary (0-12)  College (1-4 or 5 +)  (Give kind of work done during most of working life. Do NOT use retired.)
BE CON	17. FATHER'S NAME (First, Middle, Leat)  UNK:  18. MOTHER'S NAME (First, Middle, Maiden Surname)
TO E	190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S
	20a METHOD OF DISPOSITION   20b. PLACE AND DATE OF DISPOSITION (Name of cemetary crematory of other place)   20c. LOCATION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  176   No Co. 11.
	* Beily Harris CHATMAN-HARris F.H Rodianamon
	23. PART I. Enfer the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between
	IMMEDIATE CAUSE (Final
	resulting in deeth)  a. Due To (or as a consequence of):
NO	disease or condition resulting in deeth)  a. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):
CATI	if any, leading to immediate cause. Enter UNDERLYING
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST
CER	d
CAL	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	OF DEATH?
N	1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL  SQUIER:
PHYSICIAN:	1 UPS 2 NO 1 Inpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH 286. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DE\$CRIBE HOW INJURY OCCURED
ВУ Р	Month, Day, Year)   INJURY   WORK?
	2   Account   2
COMPLETED	29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
10 E	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)
	University Howard Controlled College of the College
	31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNAPORE  ADD 0.2 1001  Author Davidson Manage
1	APR 0 3 1991 guka Davidos 1



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	en signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	itate Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	them 23 chains any interest are attent transmitted the medical examiner must be notified at once
200	ned t	afth a	207
5	n Sign	Hea	OWN
2	peen	it, of	ch
2	SEU	Dep	23
	ate	tate	farm

1. DECEDENT'S NAME (First, Middle, Lest) $R\ O\ B\ E\ R\ T$ 4. SOCIAL SECURITY NUMBER $2\ 3\ 7-3\ 6-1\ 5\ 0\ 9$ 90. FACILITY NAME (If not institution, give a GOOD SAMARIT		BELL (In yrs. last birthday) IFU			2. DATE OF E	01-91	YEAR 3.	TIME OF DEATH	
237 - 36 - 1509  9a. FACILITY NAME (If not institution, give s		(In vrs. lest birthday) IF U							
		2 YRS. MONT		HOURS MIN.		2-28	Country)	N . C .	
RESIDENCE OF DECEDENT	The second secon			IMORE,	MD	Sc. COUNT	Y OF DEAT	н	
10a. STATE 10b. COUNT	Y			RE, CITY	Υ		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	RTE AVENUE		21218			US			
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES			ecify Cuban, Mexican, 2 NO Specify:		or No—  14. RACE — American Indian, Black, White, etc.  Specify:  BLACK			
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	UCATION le completed) Collège (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir MENLO	done during mo		MERCHANIC				
17. FATHER'S NAME (First, Middle, Last)  JOSHUA BELL	SR.			18. MOTHER'S NAM		ie, Maiden Surname) GARDNE	E R		
190. INFORMANT'S NAME (Type/Print) WILMA BELL						Number, City or Town, State, Zip Code) BALTIMORE, MD. 21218			
20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rain 4 Donation 5 Other (Specify)	W	ob. PLACE AND DATE OF	TERNAI	L GARDE	N <sub>1</sub>	BELHAVEN			
alun Z	CENSEE William	<b>w</b>		ND ADDRESS OF FAC		1101 E.	NOF	RTH AVE	
21 FART Lenter tha diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							AM CC DF	ERE AUTOPSY FINDIN INLABLE PRIOR TO MPLETION OF CAUSI F DEATH?  YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		HER:	LACE OF DEATH (Che		nan(k/)	-		
27. MANNER OF DEATH  1 Neturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WC	JURY AT DRK? YES 2 NO		BE HOW INJURY OCCU	JRED		
2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a, PLACE OF INJUR	RY — At home, farm, street ecity)	arm, street, factory, office 28f. LOCAT			CATION (Street and Number or Rural Route Number, y or Town, State)			
Check only	SICIAN: To the best of my know							nd menner as states	
29b. SIGNATURE AND TITLE OF CERTIFIE	8	8	0	29c, LICENSE NUM	IBER	29d. DATE	SIGNED (M	lonth, Day, Year)	

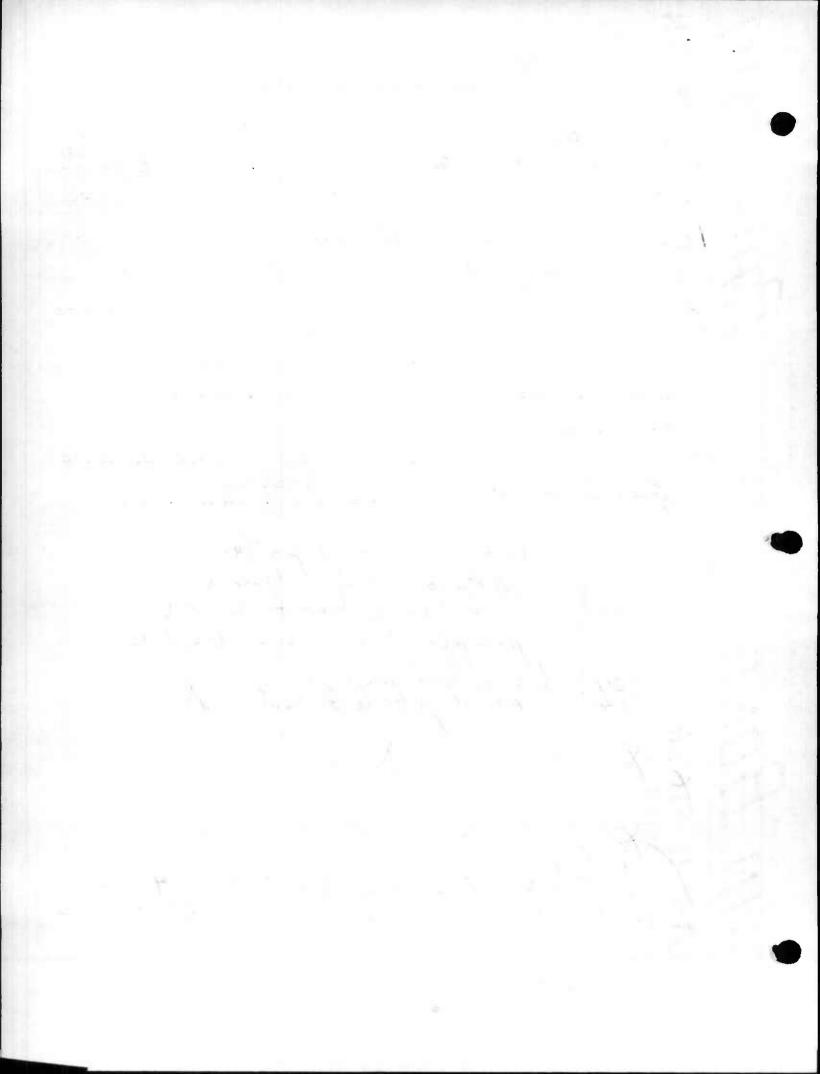


	- STATE REGISTRAR		CERTIFICA	TE OF DE	EATH	REG. NO.		
	1. DECEOENT'S NAME (First, Middle, hast	777	-41			2. DATE OF DEATH DAY	YEAR 91	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	D. BA	KILES			3 29		6 7
	217-104-3841	5. SEX 6. AGE	(In yrs. last birthday) IF I		UNDER 24 HRS. URB MIN.	7. DATE OF BIRTH (Month, Day, You)	6. BIRTI	PLACE (State of Fortige
1	9a. FACILITY NAME (If not institution, give	1	000	CITY, TOWN OR LO	CATION OF DE	3   8   08	COUNTY OF C	Altimore
2010	Edenwald RESIDENCE OF DECEDENT	order and retribery		Tows			7 11	imore
	10s. STATE 10s. COUN	) , ;		WN OR LOCATION				10d. INSIDE CITY
H		SAltimore	_ /	OWSOI	2			1 YES 2 NO
	800 Soul	Lerly Re	4.	10f. ZIP	212C	10	g. CITIZEN OF U.	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	2-NO		Cuban, Maxica	IC ORIGIN? (Specify Yes or I n, Puerto Ricen, etc.)	No- 14. RAC Blec Spec	E — American Indian, k, White, etc.
- 11	3 Widowed 4 Divorced			-				White
	15. DECEDENT'S ED (Specify only highest gra		16a. DECEDENT'S USU (Give kind of work) life. Do NOT use ret	done during most of i	working	16b. KIND OF BUSINE	SS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)				Tramomo	leina	
	17. FATHER'S NAME (First, Middle, Lest)		Housew		MOTHER'S NA	Homema ME (First, Middle, Maiden Surre		
	Frederick Wm.	Dama.st.				a C. Rebstoo		
100	19a. INFORMANT'S NAME (Type/Print)	The state of the s	19b. MAILING ADD	RESS (Street and No		Route Number, City or Town, St		
2	Mrs. Audrey G	ill						
	20a. METHOD OF DISPOSITION 1 & Burlal 2 Cremation 3 Re	20	b. PLACE OF DISPOSITIO	N (Name of cemetery	y, crematory or	20c. LOCATI	ION — City or To	own, State
	4 Donation 5 Other (Specify)	mover from State		Ridge Ce	metery	Balt	imore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE	-		22. NAME AND AD				
	Vesselw Le	well Home	2	Lassahn		al Home d. Balto., N	- 2 0 2	076
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	. 10	A CONSEQUENCE OF):	ic h	earl	L disea	26	
3		a pen	prop (	_ //	70-0-	- 00-4	2000	
- 1	PART II. Other significant condificant	The state of the s	THE PARTY OF THE P	e underlying car	use given in	Part I. 24s. WAS AN AUT PERFORMED		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	- Cespo	a Voge	7-1	mysey.	price	1 VES 2	No	COMPLETION OF CAUSE OF DEATH?
N N	Chr	n str	y hit	will of	Tros	4 1		1 TYES 2 THO
			/	- 0	77.1	37		
NE SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	HER:	OF DEATH (Ch	scit only one)		
	1 YES 2 NO	1 ☐ Inpatient 2 ☐ ER/Ou 28s. DATE OF INJURY	tpetient 3 DOA 4 0			6 C Other (Specify) 28d, DESCRIBE HOW INJU	mer maintainem	
- 1	1√ Natural 5 ☐ Pending	(Month, Day, Year)	INJURY	WORK?	2   NO	200, DESCRIBE HOW INJU	HT OCCURED	
	2 Accident Investigation	28s. PLACE OF INJUR	Y At home, farm, stree		x L.I no	281, LOCATION (Street and	Number or Burel	Brum Bumbee
	4 Homicide	e building, etc. (fip	ecify)			City or Town, State)	Vanishi Sevices	(स्त्रम्य, (स्वास्त्रसङ्कः)
	29a, CERTIFIER			(S/A   9				
COMPL	anal distribution	SICIAN: To the best of my kno NER: On the basis of examinat						(a) and manner as stated
3	29b. SIGNATURE AND WILE OF CENTUR			11000				
	296, SIGNATURE AND WILE OF CENTER	100	bl. c.	1	LICENSE NUI	TLG 25	Id. DATE SHOWER	Moreti, Day, Year)
2	30. NAME AND ADDRESS OF PERSON I	HINO COMPLETED CAUSE OF D	ysi cu		227	TPI	7/	1/9/
	4	10 D. All	IPUME 1 (1906, PAI	8600	Sin	ther In R	17	79cm-500
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	000	10	7	-43	
	ADD 3 1991	Alia Szijdran	Randolls					

BALTIMORE, MARYLAND 21203-3146

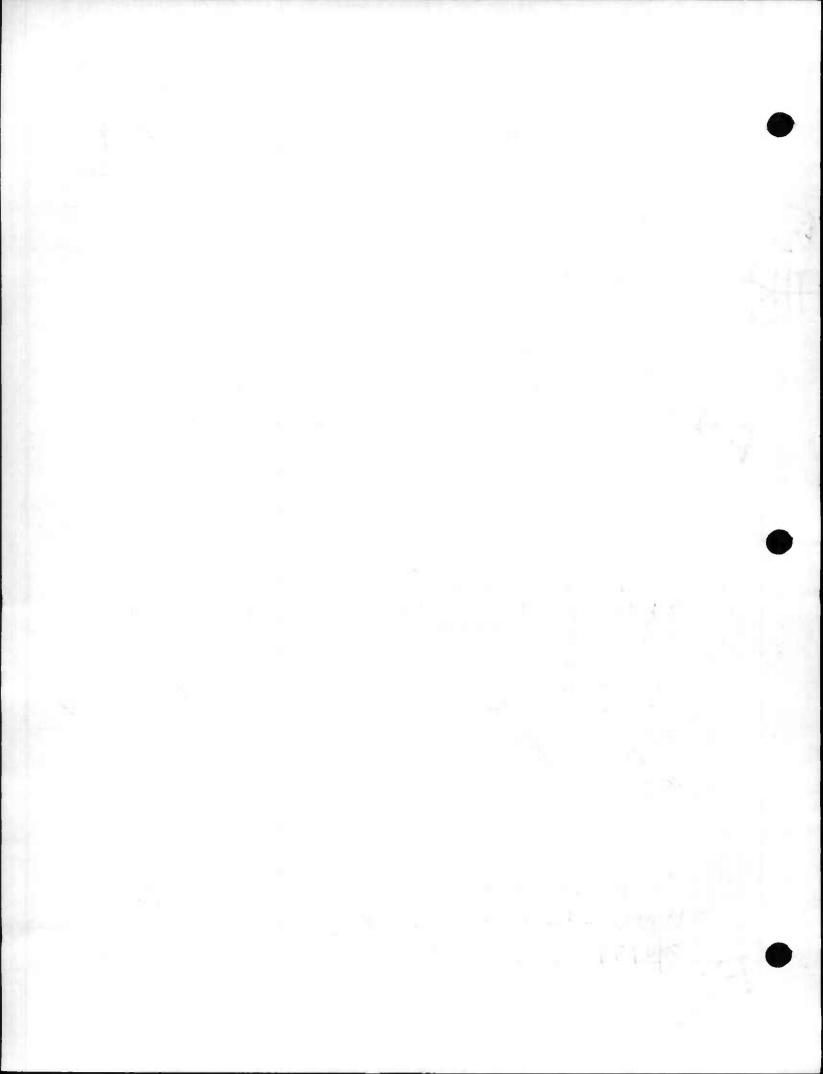
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR



TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Nours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	WPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
O THE HOSPITAL DR ATTENDING	THE FUNERAL DIRECTOR: After	filed within 72 hours after dea'	MPORTANT: If item 28 is m	

	STATE OF MARYLAND / DI	EDARTMENI	T OF HI	FAITH AND M	AENTAI	HYCIEN	91	1-0	8563	
	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)  QUEEN  DOGUES	TIFICATI	E OF	DEATH	2. DATE O	REG. NO.	9	3. T	IME OF DEATH OF AM	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last bir	YRS. IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.		F BIRTH Day, Year) 361 0 3	. (	Country)	CE (State or Foreign	
TOR	ea. FACILITY NAME (If not institution, give street and number)  U · m · 5		96. CITY, TOWN OR LOCATION OF DEATH  BG HMONE  9c. COUNTY OF DEATH							
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  11	Oc. CITY, TOWN		more					. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	1217 W. Fajethe St. Cino	-		21P CODE			10g. CITIZEN OF WHAT COUNTRY?			
BY FUI	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	D 13.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific year, specify Cuban, Mexican, Puarlo Rican, atc 1 ☐ YES 2 ②MO Specify:							
COMPLETED	(Specify only highest grade completed) (Give i	DENT'S USUAL O kind of work done o NOT use retired.) House	during mos	st of working	18b.	KIND OF BU	Bomes			
	17. FATHER'S NAME (First, Middle, Last)  Joseph Williams			18. MOTHER'S NA	, ,		Sumame)			
TO BE				nd Number or Rural F	Route Number	er, City or Tow	n, State, Zip Co		46208	
	Bronda Harric 20e. METHOD OF DISPOSITION 20b. PLACE OF	DISPOSITION (N		Olymia	Dr.	77	cation - city			
		es Fam					Camd	en,	N.C. ity, N.C	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22		ID ADDRESS OF FA					- '	
	23. PART I. Enter the disease, or complications that caused the deet shock, or heart feilure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consecution pure to the consecution		or the mo		h as cerd	lec or resp			Approximete Interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant conditions contributing to deeth but not real MRSA Premontion Resp failure	ulting in the u	underlying	g ceuse given in	Part i.	24a. WAS AN PERFO	RMED?	CO OF	RE AUTOPSY FINDINGS VILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ОТНЕ		ACE OF OEATH (Ch	eck only on	•)				
HYSI	1 YES 2 NO Inpetient 2 ER/Outpetient 3 27. MANNER OF DEATH 28e. DATE OF INJURY	DOA 4 No	28c. INJ	Ne 5 Rasidence	v .		INJURY OCCUI	RED		
BY PI	Netural 5   Pending (Month, Day, Year)   2   Accident   Investigation	INJURY M	WO	YES 2 NO						
ED	3 Suicide 8 Could not be detarmined  288. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  288. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death one)  2 MEDICAL EXAMINER: On the basic of examination and/or inv								nd monner as stated.	
B	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNEO (MON								ofth, Day, Year)	
70	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	31. DATE FILED (Yorth, Day, Yoar) 32. REGISTRAR'S SIGNATURE	lasse.				•				



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	11221011011				TOP I		027		п	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	ıth	Mary		Col	an			Marc	DA		YEAR	3. TIME OF OEATH 6:45pm M
	4. SOCIAL SECURITY NUMBER 212-36-6947	5. SEX 1 M 2XXF	5. AGE (In yrs. 89	lest birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF B	1901		S. BIRTH	PLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give si Maryland Genera	neet and number)	al		96. CITY, TOWN OR LOCATION OF DEATH Baltimore City 9c. COUNTY OF DEATH					EATH			
5 1	RESIDENCE OF DECEDENT												
FUNERAL DIRECTOR	Maryland 10b. COUNTY	′			tim		TION						10d. INSIDE CITY LIMITS?  ()CXYES 2 NO
71	10e. STREET AND NUMBER					10	f. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
NER/	4E. 32 nd. St. No	21218 ARMED 13. WAS DECEMBENT OF HISPANIC					U.S.A.						
5	11. MARITAL STATUS	12. WAS DECEOEN	T EVER IN U.S. YES 2X	ARMED					ORIGIN? (S) Puarto Ricar		or No-	14, RACE	- American Indian, c, Whita, etc.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE		"Ano				Specify:	Puerto Ricar	i, etc.}			White
品Ⅱ	15. DECEDENT'S EDUC		18a.	DECEDENT'S	USUAL C	CCUPATI	ON		16b. KIN	D OF BUS	INESS/IN	DUSTRY	
E 1	(Specify only highest grade			(Give kind at life. Do NOT u	work done se retired.)	during m	ost of works	ng					
COMPLETED	Elamentary/Secondary (0-12) 12yrs.	Collega (1-4 or 5	+)	Leg	al S	ecre	tary						
3	17. FATHER'S NAME (First, Middle, Lest)							HER'S NAM	E (First, Middle	e Meiden	Sumamal		
BE C		Unknown						Unkn		,	,		
	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	AODRES	S (Street	and Numbe	r or Rural Ro	ute Number, C	alty or Town	n, State, Zi	o Code)	
임	Areal W. Moore		- 1										
									erdee				
	20a. METHOD OF DISPOSITION 1 X Burial 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from Stata	other	CE OF DISPO								re, Mo	
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	DENCED . 1	-   Gree	nmoun	Loc	MANE	L y	OO OF FACI	L CTV	Dar	LIIIO	re,m	T •
	· Balet m	atz	62.	Mit	chel	1-Wie	defel d. 21		me I	nc.			
$\neg$	23. PART i. Enter the diseases, or o	complications to	et caused the	death. Do	not ente	r the mi	ode of dy	ing such	ss cardiac	or respi	retory si	Tesi	Approximate
	ahock, or heart failure.  IMMEDIATE CAUSE (Final	List only one ca	nee od andu	ine.			,				,		interval Between Onset and Death
- 1	disease or condition resulting in death)	_	S	epsis									
- 1	resulting in death)	DUE TO	(OR AS A CON		OF):								1
z													
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CON	SEQUENCE (	OF):								
FI	CAUSE (Disesse or Injury that initiated events	e. DUE TO	(OR AS A CON	SEQUENCE (	OF):								1
F	resulting in death) LAST	d											
2				. 7 60									
A	PART ii. Other significant condition	a contributing to	desth but no	ot reaulting	in the u	nderlyir	ng cause	given in P	art I. 24	PERFOR		248	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
0									111	YES 2			COMPLETION OF CAUSE
									_   ' '		20		OF DEATH?
									- 1				1 YES 2 NO
ž													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					PLACE OF	DEATH (Chec	k only one)				
S	1 YES 2 NO	120 Inpatient 2	☐ ER/Outpatlant	3 DOA	4 - Nu		me 5 🗆 R	lesidence 8	Other (Sp	pecify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE O		28b. TII	WE OF	28c. IN	JURY AT		28d. DESCRI		NJURY O	CCURED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month,	Day, Year)	IN	JURY M		YES 2	□ NO					
	a D a constitution	28a. PLACE	DF INJURY - A	t home, farm,	street, fac	ctory, offi	ce		28f. LOCATIO	N (Street I	and Numbe	or Rural	Route Number,
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	building	, atc. (Specify)						City or To	own, State)			SPECOSONIE
Ш	29a. CERTIFIER	1970	100000000000000000000000000000000000000							- D Tr			
MP	(Check only 1 X CERTIFYING PHYS												a) and manner as stated.
8			_		1011, 111 my	ориноп,		2100 at 1170 ti	ino, data and	r piaca, an	10 BUZ 10	ine caned	ay and marker as attaced.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	W///					29c. LIC	ENSE NUME			29d. DA	TE SIGNE	(Month, Day, Year)
B		4	12					n/a	a.		▶ 3	3/27/	91
5	30. NAME AND ADDRESS OF PERSON WIDE	O COMPLETEO CAL		TEM 27) (7yp		o M:	arv1s	and Ge	eneral	Hos	pita	11	
	31. DATE FILED (Month, Day, Year)		ADIC CIONATION	nE .			- 7 - 0		-1.0 2 001		7-00		
	NPR 3 1991	Selia A	AR'S SIGNATUR	andree	1								
ľ	APK U 1331	100000	1-00-01 - 1	-									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. July after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriary be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OHMH-18 Rev 1/89

Pages 1, 2, 3 should

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burial-transit

actor, page 5 should be detached for use as the

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must be

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BALIIN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dit	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	te be	sicia	tra
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	SPIT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the including the prior to burial, cremation, or removal.	1
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91 08565 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH DAY 9/ This tma 30 7. DATE OF BIRTN (Mggth, Day, Year 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTNPLACE (State or Foreign 62-658 DAYS 1 - M 2 | F YRS. 96. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP CODE 80 21230 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merrie 1 TYES 2 NO Specify BY 4 Divorced 3 Widowed Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 20 18. MOTHER'S NAME (First, Middle, Melden Surname) 17. FATHER'S NAME (First, Middle, Last) BE 19b. MAILING ADDRESS 2 2 aloria 21215 Ba 20a, METHOD OF DISPOSITION 1. Burlal 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name OATE 20c LOCATION - City or Town, State 4-491 of cem 94 70 4 Donation 5 Other (Specify) 21 SIGNATURE OF FINERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Death Seps 15
DUE TO (OR AS A CONSEQUENCE OF): disease or condition 18 hos resulting in death) backertal Infection esumed CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 1 YES 2 NO 1 YES 2 4 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 VES 2 NO atient 2 ☐ ER/Outpatient 3 ☐ DOA me 5 - Residence 6 - Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exam astion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

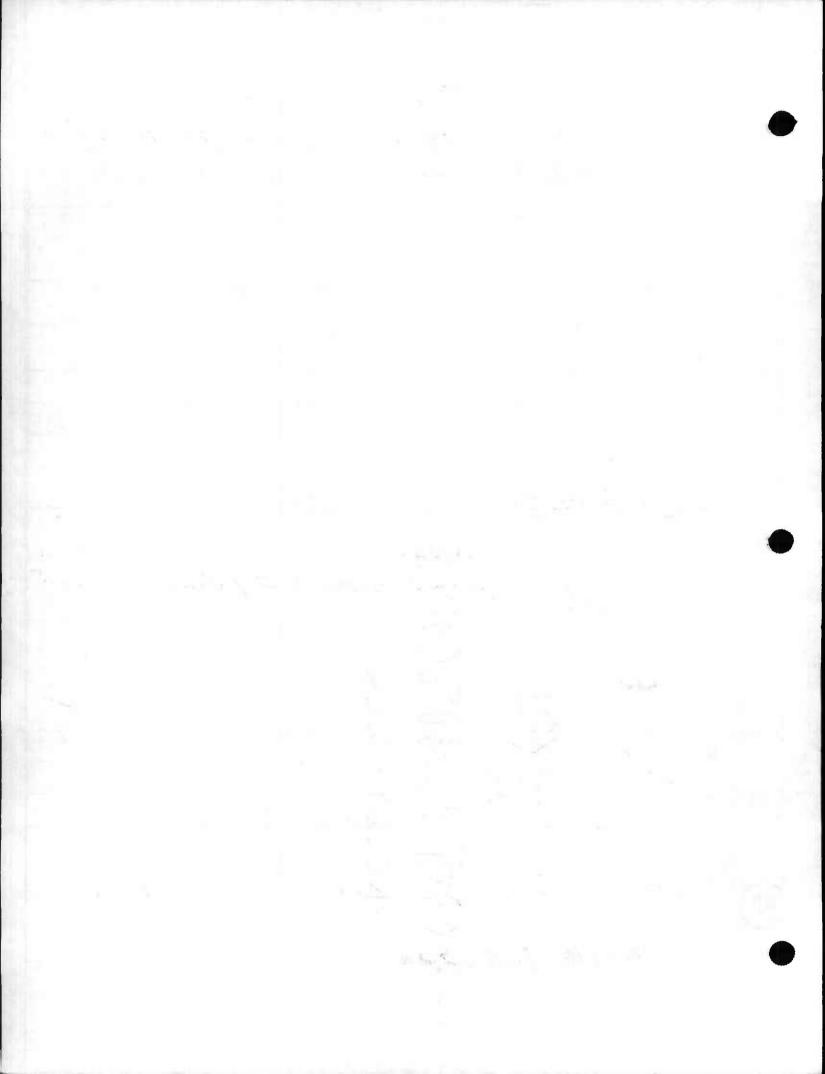
Resident

PL

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE APR 03 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OPATN (ITEM 27) (Type, Print)

DHMH-15 Rev 1/89



ficate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Deet, of Health and Mental Horlene prior to burial, cremation, or removal.	her traumatic event, the medical examiner must be notified at once.
1 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for mind any hours after death with the State hear of Health and Mental Hydeine prior to burial, defination, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

0 3

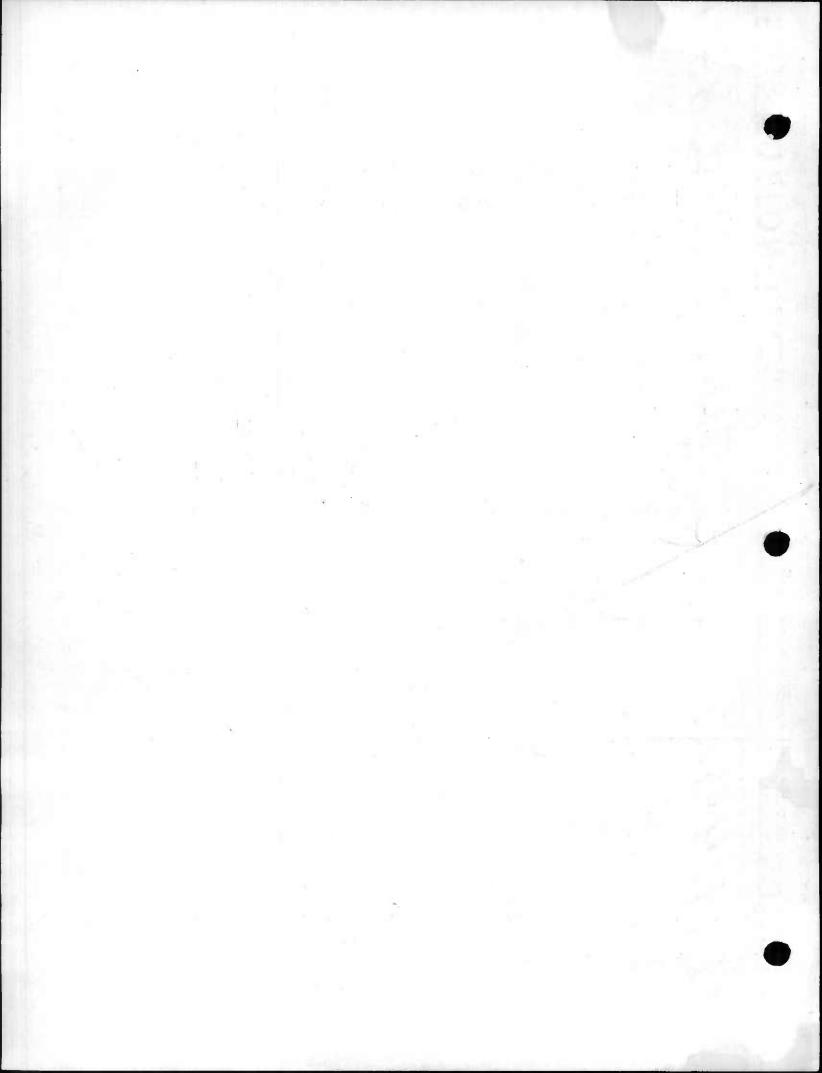
1 - STATE REGISTRAR	STATE OF MARYLAND		TE OF DEATH	MENTAL HYGIEI REG. NO		08566	
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY Y	3. TIME OF DEATH	
PRISCILLA	C	OLLINS		APRIL 2,	1991	5:03A	
The state of the s	6. SEX 6. AGE (In yrs. 1	YRS. IF UNITED IN THE INTERIOR INTERIOR IN THE INTERIOR INTERIOR IN THE INTERIOR IN THE INTERIOR IN	ER 1 YEAR IF UNDER 24 HRS. B DAYB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	04	BIRTHPLACE (State or Foreign Country)	
9a. FACILITY NAME (If not institution, give stre THE JOHNS HOPE RESIDENCE OF DECEDENT		9b. CI	TY, TOWN OR LOCATION OF BALTIMORE C		9c. COUNTY BAL	OF DEATH TIMORE CITY	
10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION  LJime Re			10d. INSIDE CITY LIMITS?  1 X YES 2 \( \square\) NO	
10a. STREET AND NUMBER  7/8 N Bog	odford 5	+	2/20:	5	10g. CITIZE	ZEN OF WHAT COUNTRY?	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED 1	3. WAS DECENDENT OF HISF If yes, specify Cuban, Max 1 YES 2 NO Spe	ican, Puerlo Ricen, etc.)	ea or No.— 14	Black, White, etc.  Specify: BL. ACK	
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)  Secondary (0-12)  17. FATHER'S NAME (First) AMOURA, Last)	ompleted)	Ilfe. Do NOT use retired	e during most of working	16b. KIND OF B			
10 12	e fe	105 MAILING ADDR	MO A I	no E.	/	ada)	
Wm. J- Call	NS Dr.	718 7.	Bradfor	A IT BO	Atr.m.	1.21205	
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)		ce and date of Di	LVARY	4/6/2 1	OCATION — CI	County, Me	
21. SIGNATURE OF FUNERAL SERVICE LICE	Locka J.		2. NAME AND ADDRESS OF Locks Fime	sal Home	1304	n. Central a	
23. PART I. Enter the diseases, or co shock, or heart fallure. Li IMMEDIATE CAUSE (Finel	mplications that caused the ist only one cause on each li		tar tha moda of dying, s	uch as cardiac or res	piratory arres	Approximata Interval Between Onset and Dea	
disease or condition resulting in death)	DUE TO (OR AS A CON	SEQUENCE OF):	ARREST		-	15 MW02	
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEOUENCE OF):	/		SHOTT	on 14 Har	
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS		3 /ARTORIOS	CLOCOXS		> 2 YEN	
PART II. Other significent conditions  ADVANCED AS	contributing to death but no	ot resulting in the	underlying ceuse given		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТЬ	26. PLACE OF DEATH	(Check only one)			
1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	Inpetient 2 ER/Outpatient 26s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28d. DEŞCRIBE HOV	V INJURY OCCU	RED		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street,	281, LOCATION (Stree City or Town, Ste	LOCATION (Street and Number or Rural Route Number, City or Town, Stete)			
cont only	IAN: To the best of my knowledge,						
29b. SIGNATURE AND TITLE OF CERTIFIER	6//	,	29c, LICENSE I	NIMARED	29d DATE	SIGNED (Month, Day, Year)	

32. REGISTRAR'S SIGNATURE

Julia Davidson - Handall DHMH-16 Rev 1/89

DIVISION OF VITAL MECCADO, F.C. BOX 13149, F. BALLIMORE, MARILAND XIXUS-3146	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital of attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted facuse as the burial-transit permit. Pages 1, 2, 3 should	1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burilal, cremation, or removal.	
IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	REGISTRAN	CERTIFICA	ALE OF	DEATH	HEG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	Carter			DATE OF DEATH	YE	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (/	COU 1 -		010		0 9	101,40			
	the De	in yrs. lest birthday) IF t	THE DAYS		DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	220-40-4/0/				0 - 13 - 54					
~	Sa. FACILITY NAME (If not igstitution, give street and number)	96.	CITY TOWN	R LOCATION OF DEATH		9c. COUNTY	OF DEATH			
Ö	HHC - Some	$\cup$	100	COL	-					
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	10c CITY TO	WN OR LOCA	TON			10d. INSIDE CITY			
E				LIMITS?						
	MD .	Bal	timor	ZIP CODE	1	10- CITIZEN	1 X YES 2 NO			
FUNERAL			10	2/2	16	10g. CITIZEN OF WHAT COUNTRY?				
H	3023 Gwynn Falls Pkwy  11. MARITAL STATUS  12. WAS DECEDENT EVER IN					US				
F	1 Never Married 2 Married FORCES? 1 YES	2 K NO	If yes, sp	ENDENT OF HISPANIC ( ecify Cuban, Maxican, P		or No- 14.	RACE — American Indian, Black, Whita, etc.			
ВҰ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DA	NTE\$	1 TYES	2 NO Specify:			Specify: Black			
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USU	AL OCCUPATION	ON .	16b, KIND OF BUS	INFSS/INDUST				
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work of life. Do NOT use ret	done during mo							
PL	12th 4yrs.	Administ	rator		Connin	Stat	e College			
M	17. FATHER'S NAME (First, Middle, Last)	Administ	Tator	16. MOTHER'S NAME			e correge			
Ö	Donald Carter Sr.			Lillie		Juniennoy				
BE	19a. INFORMANT'S NAME (Type/Print)	105 MAIL ING ADD	DECC /Com at	and Number or Rural Route		Photo Tie Co.	del			
2	Donald Carter Sr.									
				orges Av						
	M XBurial 2 Cremation 3 Removal from State	PLACE OF DISPOSITIO other place)					or Town, State			
	4 Donation 5 Other (Specify)	King Mem			Bal	timor	e, Md.			
	21. SIGNALURE OF FUNERAL SERVICE LIGHTSEE		Deri	D ADDRESS OF FACILITY	ones F.	н. в	alto., Md.			
	Warrel Co fare	_	4611	Park He	ights A	ve.	21215			
	23. PART I. Enter the diseases, or complications that caused shock, or heart feiture. List only one cause on at IMMEDIATE CAUSE (Final disease or condition resulting in death)	sch line.	_		·		Interval Between Onset and Death			
CERTIFICATION	disease or condition resulting in death)  Sequentisting in death)  Due to (or as a consequence or):  Due to (or as a consequence or):									
	PART II. Other significant conditions contributing to deeth b	ut not resulting in th	ne underlyin	g cause given in Par	1 I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS			
EDICAL	O Gram positive cocci	septice	mia		PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE			
E	@ malnutritiun				1 1 163 %		OF DEATH?			
2	The Indiana				-		I LI TES 2 LINO			
AN	25. WAS CASE REFERRED TO MEDICAL		26 P	LACE OF DEATH (Check	anh ane)					
S	EXAMINER?  1 YES 2 NO HOSPITAL:  1 Inputert 2 ER/Outs		HER:							
PHYSICIAN: M	1 ☐ YES 2 € NO ☐ 1 ☐ Inpetient 2 ☐ ER/Outp  27. MANNER OF DEATH	28b. TIME OF		IURY AT 26	J Other (Specify)  Id. DESCRIBE HOW II	HIBY OCCUR	OFD.			
	1 Netural 5 Pending (Morith, Day, Year)	INJURY	W	PRK? YES 2 NO	a. Describe from I	WONT COCON				
BY	2 Accident Investigation 28e. PLACE OF INJURY	- At home, ferm, stree			R, LOCATION (Street a	and Mumbas or	Dural Bouta Mumbar			
ED	3 Suicide 6 Could not be 4 Homicide determined	city)	t, includy, office		City or Town, State)	ind Number or :	norer noute Number,			
COMPLETED										
P	Check only CERTIFYING PHYSICIAN: To the best of my know	ledge, death occurred at	the Ilma, date	and place, and due to	the cause(a) and man	ner as stated.	100			
0	one) 2 MEDICAL EXAMINER: On the basis of examination	n and/or investigation, in	my opinion,	death occured at the tim	e, data and place, an	d due to the c	ause(a) and manner as stated.			
EC	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBE	R	29d. DATE S	IGNED (Month, Day, Year)			
0	- Phulidell talk			D3888	52	▶ .3	130/91			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	()				, , , ,			
	KHALID K. AL-TALIR	Mhrtl.	Christ	PS/ Hannie	and Ho	Portion	Some Rituary			
	31. DATE FILED (Month, Day, Year) 22 REGISTRAR'S SIGN	ATURE 0	2	50 1.00	wow He	CAN . CO.	Taring Collinor			
		991 Julia	Davidso	- Aandalla						



After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should after this Clear beat, of Health and Mental Hygiene prior to burial, cremation, or removal.

In 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

century

32. REGISTRAR'S SIGNATURE

Pulia Savidson

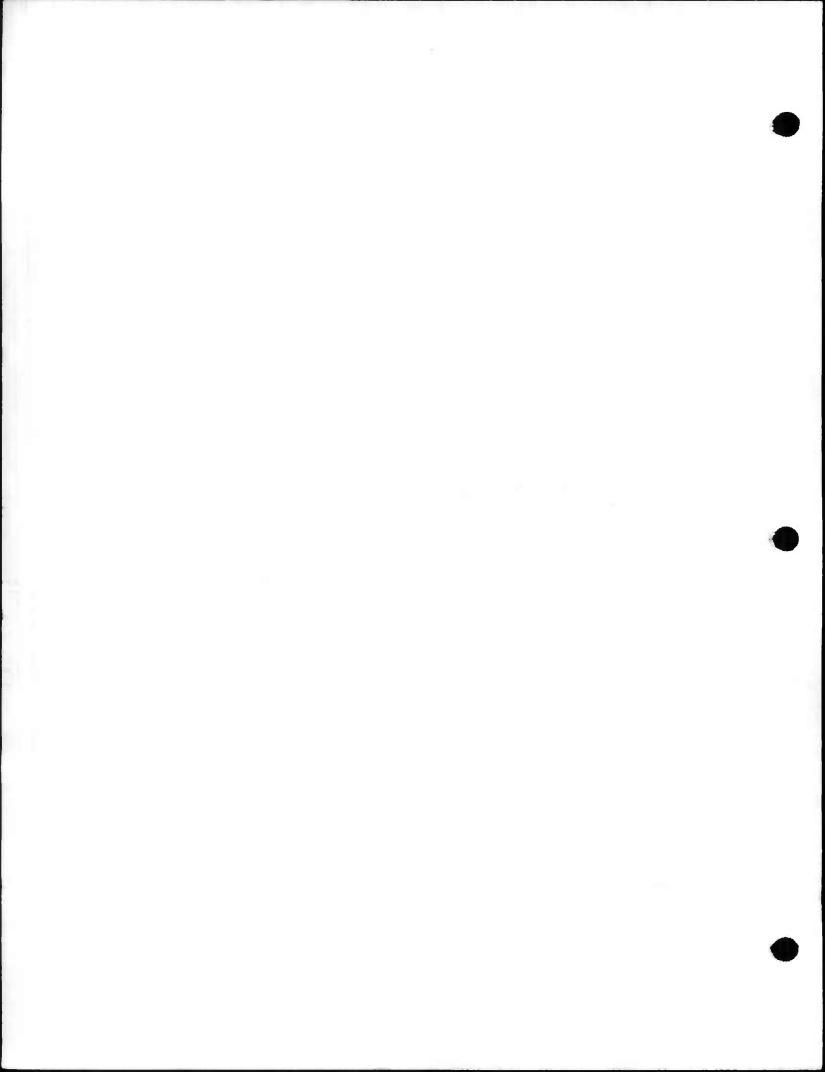
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TO BE COMPLETED BY FUNERAL DIRECTOR

	37	4	100	ě
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE LIESPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s.	TO THE REPORT OF ECTRS: After this certificate has been signed by the attending physician and completely fill	be med with the line and death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT At June 28 is marked, or item 23 shows any injury, or other traumatic event, the
	-	-	-0	-

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF					MENTAL HYGIENI REG. NO.	9	08568
1. DECEDENT'S NAME (First, Middle, Lest)  LARENCE	G. DI	x o N					2. DATE OF DEATH DA		3. TIME OF GEATN
4. SOCIAL SECURITY NUMBER 5.		E (In yrs. last birthday)  444 YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year)  -23-4	6.	BIRTNPLACE (State or Foreign Country)
9e. FACILITY NAME (If not institution, give street	Seneral	Horatel	9b. CITY, 1	TOWN O	R LOCATIO	ON OF DE		9c. COUNTY	OF DEATN
RESIDENCE OF DECEDENT	Terreque	,		00	(00)	15	) 40		1
10a. STATE 10b. COUNTY		10c. CI	10/u						10d. INSIDE CITY LIMITS?  1 YES 2 NO
10e. STREET AND NUMBER  10f. ZIP CODE  10g. CITIZEN OF WHAT COUNTRY?									
7323 Kindler Rd 21046 4,54									
11. MARITAL STATUS 1  Never Married 2 Merried 3  Widowed 4 Divorced	I IF YES, GIVE WAR OR DATES I 1   VES 2 10: NO Schoolby:								
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)									
17. FATHER'S NAME (First, Middle, Last)	Dixon J	'r			16, МОТ	HER'S NA	ME (First) Middle, Meiden	Surname)	
190 INFORMANT'S NAME (Type/Print)	1)1 770								
20a METHOD OF DISPOSITION	20s, METHOD OF DISPOSITION   20b. PLACE OF DISPOSITION (Name of cometery, company or other place)   20c. LOCATION — City or Town, State								
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE CI.	- 1	22.N	AME AN	D ADDRE	SS OF FA	H. West	-	1
gruu	Cur	On J	1 6		4	300	wabas	n K	are_
23. PART i. Enter the diseases, pr comshock, pr heart feiture. Lis iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)		eech line.			de of dy	ing, suc	h es cardiec or reepi	ratory srrest	Approximate interval Between Onset and Death
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	Caleni, DUE TO (OR A		OF):		es m	eho	fatic to)	11/2011	wer :
PART ii. Other significent conditions of	contributing to deati	but not recuiting	in the unc	lerlylne	ceuse	given in	Pert i, 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
Christy Animi							PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							_		
	IOSPITAL:	ulpatient 3 🗆 DOA	OTHER 4 Nursi	:			eck only one)  6  Other (Specify)		
27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Yea	Y 26b. TI		28c. INJ WO	URY AT		28d. DESCRIBE HOW	NJURY OCCUP	RED
2 Accident Investigation 3 Suicide 6 Could not be determined	26s. PLACE OF INJU building, stc. (S	IRY — At home, ferm	street, facto				261. LOCATION (Street and City or Town, State)	and Number or	Rural Route Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:									ause(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER			T (1984)			ENSE NU			IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF			'mc	674	ME	21044		

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The state of the s
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	1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AN	D MENTAL HYGIEN REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last Leo Augustine 4. Social Securica Number					0 91 1535			
	4. SOCIAL SECU-10- NUMBER  212-01-5530  9a. FACILITY NAME (If not institution, give	1 <del>√2</del> 1172 □ F	YRS. MON	UNDER 1 YEAR IF UNDER 24 HITHS DAYS HOURS IMP	Month, Day, Year) 12/16/19	8. BIRTHPLACE (State or Foreign Country)  Pennsylvania  9c. COUNTY OF DEATH			
TOR	University Hos			Baltimore, M		10.000			
DIRECTOR	Maryland Ba	ltimore		nsdowne		10d, INSIDE CITY LIMITS? 1 YES 2 N			
FUNERAL	100. STREET AND NUMBER 4336 Annapoli			1227	10g, CITIZEN OF WHAT COUNTRY?  USA				
BY FUI	11. MARITAL STATUS 1 Never Married 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2. NO	13. WAS DECENDENT OF HI It yes, specify Cuben, Mi 1 YES 2 TONO S	SPANIC ORIGIN? (Specify Yes exican, Puerto Rican, etc.) pecify:	s or No— 14. RACE — American Indian Black, White, etc. Specify: White			
COMPLETED	15. OECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind at work life. Do NOT use ret	done during most of working	16b. KIND OF BUS	SINESS/INDUSTRY			
COMP	12 years 17. FATHER'S NAME (First, Middle, Last)	4 years	Mus	Sician 18. MOTHER	Pian S NAME (First, Middle, Maiden				
TO BE	Unknown  196. INFORMANT'S NAME (Type/Print)			Unknown  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
	Lillian V. Doo	20b	. PLACE AND DATE OF cometary, crematory or of Loudon Par	DISPOSITION (Name	DATE 20c. LO	Md. 21227 CATION — City or Town, State			
100000	Loudon Park  4/3/91Baltimore, Md.  21. SIGNATURE OF FUNEDAL SERVICE LICENSEE  LOUdon Park  4/3/91Baltimore, Md.  4107 Wilkens Ave.  Hubbard Funeral Home Baltimore, Md. 212								
CERTIFICATION	shock, or heert feliure. List pnly pne cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  PLOGINESSIVE RENAL AZOTEMIA  DUE TO (OR AS A CONSEQUENCE OF):  ACUTE AND CHRONIC RENAL FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or Injury that initiated anumble and the consequence of the cause.)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
	that initisted events resulting in deeth) LAST	X HEMATO	DMA .	D. FALL		BY HISTORY			
PHYSICIAN: MEDICAL	PART II. Other significant condit	21 COLLAR L	EUKOM	ALACIA	n in Part i. 24a, WAS AN PERFOI	RMED? AVAILABLE PROOF OF COMPLETION OF CO			
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH THER: Nursing Home 5 - Reside	W.	COURS BY			
8	2 Accident Investigation 03-26-91 M 1 YES 2 NO FALL								
COMPLETED	3 Suicide 6 Could not determined	4336 AN	NAPOLIS	ROAD HOME	BALTIMO	RE 1 21227			
COMP	(Check only one) 2 MEOICAL EXAM			n my opinion, death occured a	nt the time, data and place, so	nd dus to the csuse(s) and menner as sti			
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFICATION OF PERSON	al tampe	AD ATH (ITEM 27) (Tono Del	29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Yee					
	JOHN MICH	AEL PARKY	22. 5.	GREENE S	T. BALT.	21201 SHOCK			
	APR 0 3 1991	Julia Davidson-1							

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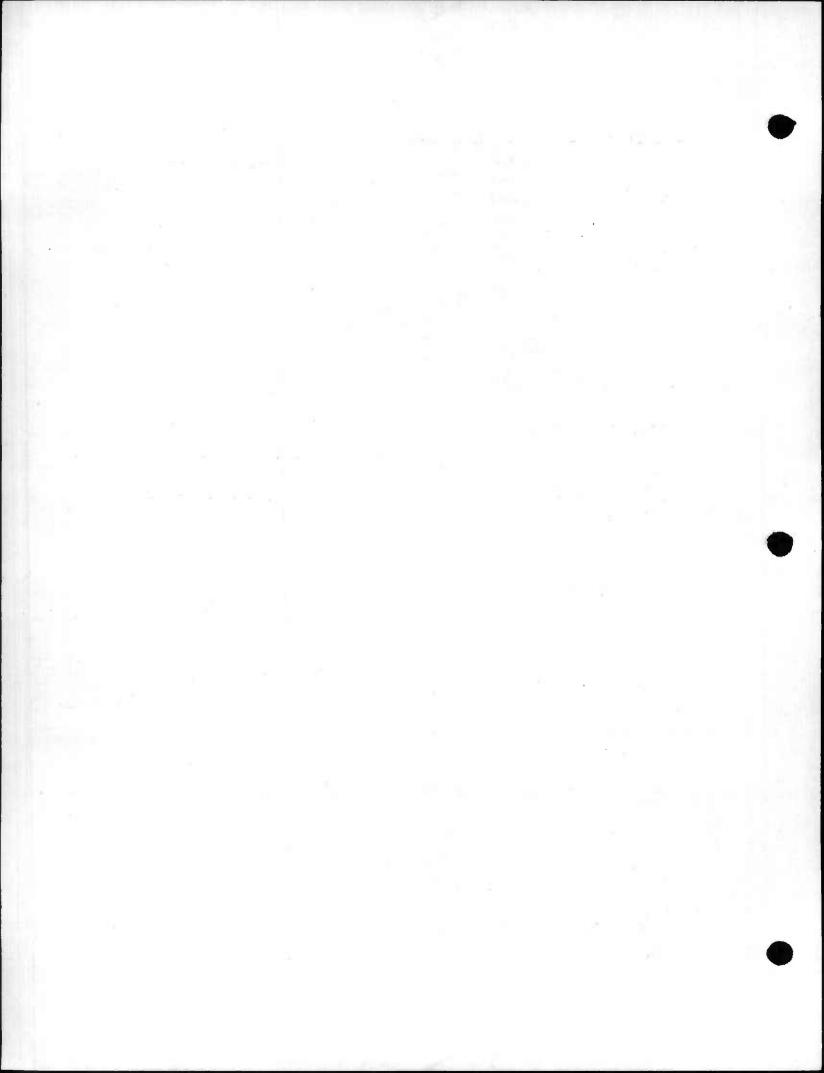
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TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital distribution physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use, as the burfal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burfal, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HI			YGIENE G. NO.		185/0
1. DECEDENT'S NAME (First, Middle Last)	otterbo	ock			2. DATE OF DE MONTH	EATH DAY /	YEAR 3.	TIME OF DEATH HAM M
4. social security number 266 22 8804	5. SEX 8. AGE		IF UNDER 1 YEAR IONTHS DAYS	HOURS MIN.	Oct.1	PTH (Mar) 2 , 1925		rida
9e. FACILITY NAME (If not Institution, give s Meridian Nursi		5	Silve	Sprin	ATH 1 G	MO I	n t gom	ëry
Maryland Mon	tgomery	10c. CITY, S 1	town or locati Lver Sj	oring				d. INSIDE CITY LIMITS?  YES 2 NO
100. STREET AND NUMBER 3227 Bel Pre R	d.			ZIP CODE 20906			TIZEN OF WHA	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 4NO	If yes, spe	ENDENT OF HISPAN city Cuban, Mexica 2 MO Specifi	in, Puerlo Rican,		Black, W	American Indian, Thite, etc. hite
15. DECEDENT'S EDU (Specify only highest grade 1 Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wo life. Do NOT use Self-es	rk done during mos retired.)	1 of working	10,000,000	of Business/in		
17. FATHER'S NAME (First, Middle, Last) Alfred Newman	20					Maiden Surname) geline	Ehmk	е
190. INFORMANT'S NAME (Type/Print) Eric Dotterboo	k		Wimble	don We		neca,		4224
20e. METHOD OF DISPOSITION 1	oval from Stata Me	place of disposit	tan Cr	ematory		20c LOCATION - Alexa		
21. SIGNATURE FUNERAL SERVICE L	ENSEE .			ADDRESS OF FA		neral	Homes I	
immebiate cause (Finel disease of condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a	ech line.	NARY	de of dying, suc			rrest,	Approximats interval Between Onset and Death
that initiated events resulting in death) LAST	d							
PART II. Other algnificent condition			the underlying			WAS AN AUTOPSY PERFORMED? YES 2 JAN	CC	ERE AUTOPSY FINDINGS BAILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 MO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C)				
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJI	8 Residence URY AT RK? ES 2 NO		IE HOW INJURY O	CCURED	
3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, str celly)	reet, factory, office		281. LOCATION City or Tox	N (Street end Numb vn, State)	er or Rural Rout	te Number,
conton only	ICIAN: To the best of my know							nd manner as stated.
зак виднатили Ако тить он сентич	udis	Im		290 LICENSE NU				onth, Day, Year)
TO HAD MEREN	O COMPLETED CRUSE OF DI	EATH (ITEM 27) (Type, I	Print) 4701 ROC	RAND	DOLPH Mi)	PD	# 21	16
31. DATE FILED (Month, Day, Year)	37. REGISTRAR'S SIGN	NATONS INCOME						



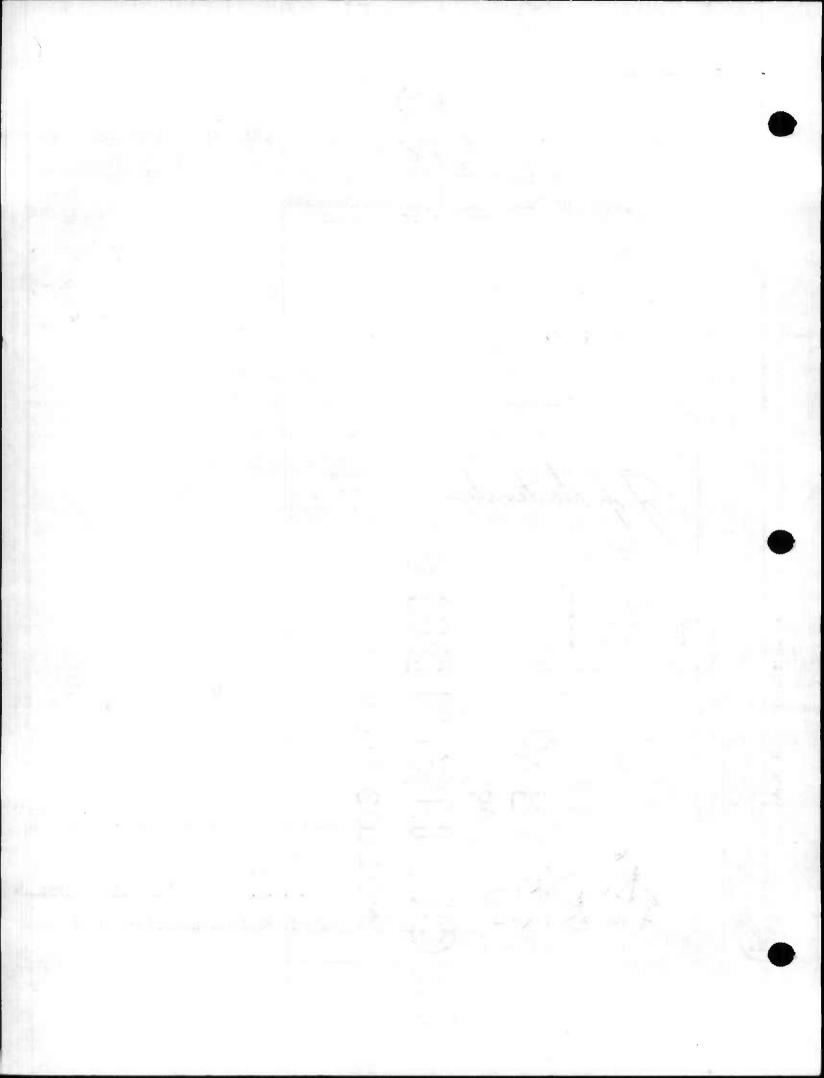
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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E .	icate	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	iten
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L DECEDENT NAME (PIVE, MODE, Large)  David B B.  Disney  L SECK 100-100-100-100-100-100-100-100-100-100		91-1607-510	ATATE AT 144000	/					91	08571		
A SOUND SCOUNTY NUMBER  4. SOUND SCOUNTY NUMBER  1.71 - 58 - 66.28  1.72 - 58 - 66.28  1.73 - 58 - 66.28  1.74 - 58 - 66.28  1.75 - 66.28  1.75 - 66.28  1		1 _ STATE	SIAIE UF MARYLI									
David B. Disney   10 control		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH		
The content of the	4											
This is a position, but the property of the position of position			3.7				(Month, Day, Year)		Count	7y)		
South   Control   Contro		171-30-0020		2 YRS.				_				
Second   S							DEATH					
Septimental   Septiment   Se		10a. STATE 10b. COUNTY								10d. INSIDE CITY LIMITS? 1 YES 2 NO		
1   YES 2 NO Specify:   Specify			Drive									
THE PROMISE NAME (P)PERIOR  198. MAILING ADDRESS (Street and Number or Rural Result Number). City or Town, Street, 250 code)  10 COVINGTON Dr., ShrewSbury, PA 17361  20. MENDED OF DISCOSTION 1. City or Town, Street 1. Character 1. Characte	101	1 🔀 Never Married 2 🗌 Married	FORCES? 1 YES	2 NO	If yes,	specity, Cuben, Maxic	ENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE Cuben, Maxicen, Puerto Rican, etc.)					
THE PROPERTY NAME (P) GPP PROPERTY TO BE A CONSEQUENCE OF):  189. MAILHIG ADDRESS (Sizes and Number or Rarul Riches Mumber Control Riches Riches Cay or Sours, Stims, Zp Code)  10 COVINGTON Dr., Shrewsbury, PA 17361  280. MAILHIG ADDRESS (Sizes and Number or Rarul Riches Mumber Cay or Sours, Stims, Zp Code)  10 COVINGTON Dr., Shrewsbury, PA 17361  280. MAILHIG ADDRESS (Sizes and Number or Rarul Riches Mumber)  10 Businal 22 (Committion of Maintenance)  280. MAILHIG ADDRESS (Sizes and Number or Rarul Riches Mumber)  10 Businal 22 (Committion of Maintenance)  280. MAILHIG ADDRESS (Sizes and Number or Rarul Riches Mumber)  10 Businal 22 (Committion of Maintenance)  290. MAILHIG ADDRESS (Sizes and Number or Rarul Riches Mumber)  10 Businal 22 (Committion of Maintenance)  280. MAILHIG ADDRESS (Sizes and Number or Rarul Riches Mumber)  10 Businal 22 (Committion of Maintenance)  280. MAILHIG ADDRESS (Sizes and Number or Rarul Riches Mumber)  10 Businal 22 (Committion of Maintenance)  280. LOCATION — City or Town, Stein New Freedom, PA  10 Businal 22 (Committion of Maintenance)  290. MAILHIG ADDRESS (Sizes and Number or Rarul Riches Mumber)  10 Businal 22 (Committion of Maintenance)  20 Augustion And Maintenance of Maintenance or Maintenance as Maintenance and Mumber or Rarul Riches Ric		(Specify only highest grade cor Elementary/Secondary (0-12)	npleted)	(Give kind of ville. Do NOT us	work done during se retired.)	ATION most of working						
THE REPORT NAME (P) por Prival  192. MATTINE THAT SHAME (P) por Prival  193. MAILING ADDRESS (Sitted and Number or Paral Rouse Number Coff or Sours, Stims, Zp Code)  10 COVINGTON Dr., Shrewsbury, PA 17361  20. METHOD OF DISPOSITION 1 (Stims)  10 Donation S   Other (Specific Committed) St. Removal from State  10 Donation S   Other (Specific Committed) St. Removal from State  11 Donation S   Other (Specific Committed) St. Removal from State  12 Donation S   Other (Specific Committed) St. Removal from State  13 Donation S   Other (Specific Committed) St. Removal from State  14 Donation S   Other (Specific Committed) St. Removal from State  15 Donation S   Other (Specific Committed) St. Removal from State  16 Donation S   Other (Specific Committed) St. Removal from State  27 Donation S   Other (Specific Committed) St. Removal from State  28 Donation S   Other (Specific Committed) St. Removal from State  29 Donation S   Other (Specific Committed) St. Removal from State  20 Donation S   Other (Specific Committed) St. Removal from State  29 Donation S   Other (Specific Committed) St. Removal from State  20 Donation S   Other (Specific Committed) St. Removal from State  20 Donation S   Other (Specific Committed) St. Removal from State  20 Donation S   Other (Specific Committed) St. Removal from State  20 Donation S   Other (Specific Committed) St. Removal from St. Remo				Studen	1T				-Y			
Leslie C. DISNey  10 Covington Dr., Shrewsbury, PA 17361  20 PLACE AND DATE OF CORPOSITION (Name)  4 Doneston 8 Other green)  21. SIGNATURE OF PLACE OF DEATH (Check only one)  22. NAME AND ADDRESS OF MCILITY  23. PART / Enter fine diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on asch line.  DIE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  246. NAME/OR SUBJECT OF DEATH (Check only one)  246. NAME/OR SUBJECT OF DEATH (Check only one)  247. NAME/OR OR DEATH  1   Name of Death of Deat		Frederick W. D	isney						2			
1 Canal Surface   Canal Surf		The second secon	еу	11.00								
Sequentially list conditions   Due to (or as a consequence of):   Sequentially list conditions   Due to (or as a consequence of):   Sequentially list conditions   Due to (or as a consequence of):   Sequentially list conditions   Due to (or as a consequence of):   Sequentially list conditions   Due to (or as a consequence of):   Sequentially list conditions   Due to (or as a consequence of):   Due		21. SIGNATURE OF EMPERAL BERVICE LICEN	stenstei	n	J. J 24	AND ADDRESS OF FA Harten Second S	stein Mo	ortua Free	ry,	Inc. , PA 1734		
Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS		ahofs, or heart fellure. Lis IMMEDIATE CAUSE (Final disease or condition	t only one cause on a	ach lina.	not enter the	moda of dying, aud	ch as cardiac or re	spiratory si	rest,	Approximata Interval Between Onset and Deat		
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   XYES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1   Inpetiant 2   XERVOUTpatient 3   DOA   A   Nursing Home 5   Residence 8   Other (Specify)  27. MANNER OF DEATH 28a. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY AT   WORK? 28c. INJURY AT   WORK? 3   XSuicide 6   Could not be detarmined   Check only one)  28a. PLACE OF DEATH (Check only one)  28b. DATE OF INJURY   Cast INJURY AT   Could not be detarmined   Check only one)  28a. PLACE OF DEATH (Check only one)  28b. DATE OF INJURY   Cast INJURY AT   Could not be detarmined   Check only one)  28a. PLACE OF INJURY   Cast INJURY AT   Cast INJURY AT   Could not be detarmined   Check only one)  28a. PLACE OF INJURY   Cast INJURY AT   Cast INJURY AT   Could not be detarmined   Check only one)  28a. PLACE OF INJURY   Cast INJURY AT   Cast INJURY AT   Could not be detarmined   Check only one)  28a. PLACE OF INJURY   Cast INJURY AT   C			DUE TO (OR AS A	CONSEQUENCE O	F):							
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED? 1		if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events										
2   Accident 3   Subcide 4   Homicide  2   Accident 3   Subcide 4   Homicide  2   Accident 3   Subcide 5   Could not be detarmined  2   Accident 3   Subcide 4   Homicide  2   Accident 3   Subcide 5   Could not be detarmined  2   Accident 5   Subject drowned  2   Subject drowned  2		PART II. Other significant conditions	contributing to deeth b	out not resulting	in the under	ying ceuse given in	PERF	ORMED?	24	COMPLETION OF CAUSE OF DEATH?		
2 Accident 2 Accident 3 Accident 3 Accident 3 Accident 3 Accident 3 Accident 5 Investigation 6 Could not be determined 6 Could not be determined 6 Accident 1 Water (harbor)  20a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.  20b. SIGNATURE AND TITLE OF CERTIFIER  20c. LICENSE NUMBER  20d. DATE SIGNED (Month, Day, Year)												
2   Accident 3   Subcide 4   Homicide  2   Accident 3   Subcide 4   Homicide  2   Accident 3   Subcide 5   Could not be detarmined  2   Accident 3   Subcide 4   Homicide  2   Accident 3   Subcide 5   Could not be detarmined  2   Accident 5   Subject drowned  2   Subject drowned  2	EXAMINER?    OTHER:   OTHER:											
2   Accident   Investigation   2   Accident   2   Accident   3   Suicide   4   Homicide   6   Could not be detarmined   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Bural Route Number, City or fown, State)   Lancaster   St. & Cen   Avenue   Baltimore   Marylan   29a. CERTIFIER   Check only one)   2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner ea stated.  29b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)								1				
296. SIGNATURIFAND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your)		3 Suicide 6 Could not be	28a. PLACE OF INJURY building, atc. (Spe-	— At home, farm,			26f. LOCATION (Stree City or Town, Str	et and Number	or Rural	r St.&Centi		
296. SIGNATURIFAND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your)		(Check only					re to the cause(a) and	menner ea st	nted.			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Figs. Print)	1	29b. SIGNATURE AND TITLE OF CERTIFIER	2m	Fred	o.			29d. DA				

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111 Penn Street, Baltimore, Maryland 21201



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

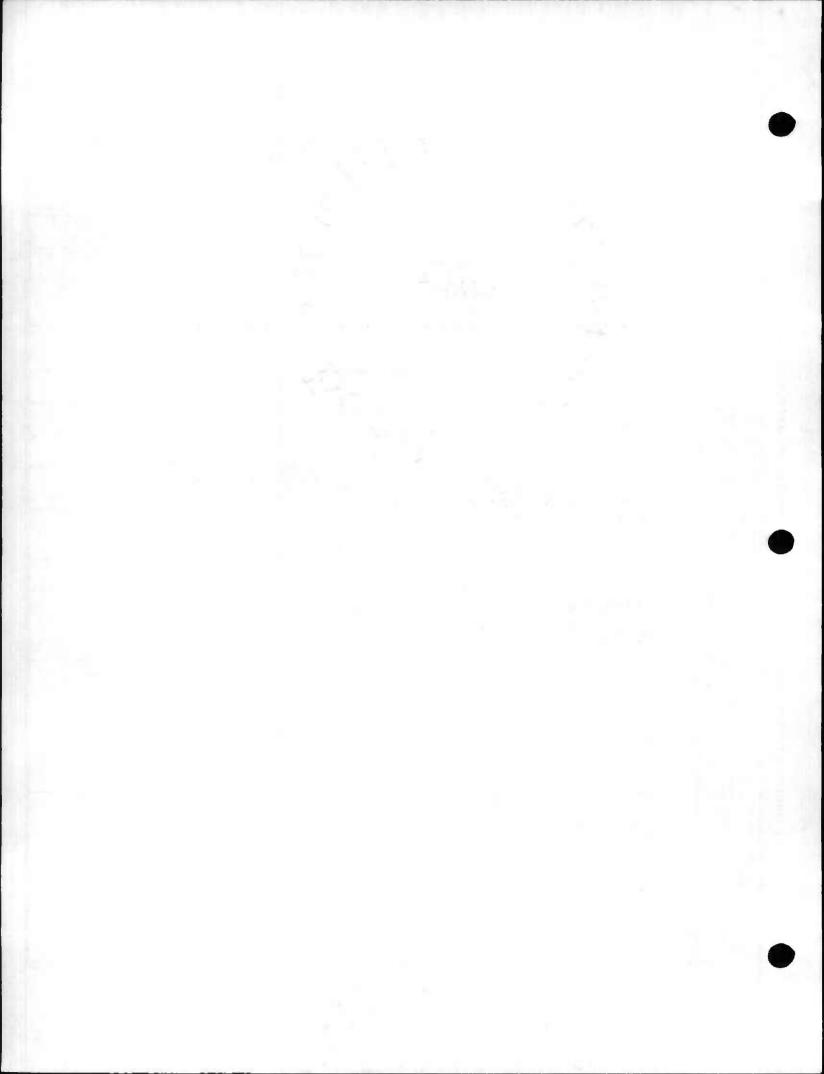
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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIFIC	ATE OF DEAT	H	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	JAMES A	LVIN E	DLER	2. DATE C MONTH 3	DF DEATN DAY 28	YEAR 91	3. TIME OF DEATH	
	1,77,71.		n yrs. last birthday) #	UNDER 1 YEAR IF UNDER :	24 HRS. 7. DATE C		8. BIRTI	NPLACE (State or Foreign ry) RYLAND	
OR	98. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATN  818 S. EAST AVENUE  BALTIMORE								
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND			OWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 818 S. EAST AVEN	UE		101. ZIP CODE 21224			JSA	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2 NO	13. WAS DECENOENT OF If yes, specify Cuber 1 Tes 2 NO	, Mexican, Puarto R		14. RAC Blac Spec WH	E — American Indian, kk, Whita, atc. IITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade composition)  Elementary/Secondery (0-12)  7 YEARS	ON pleted) oliega (1-4 or 5+)	18e. DECEDENT'S US (Give kind of work life. Do NOT use re	UAL OCCUPATION done during most of working stired.)	7	AUSAGE N		RET	
	17. FATHER'S NAME (First, Middle, Lest) LOUIS EDLER		2331171	18. MOTH	ER'S NAME (First, M	fiddle, Malden Surname,		116	
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AC	ORESS (Street and Number			Zip Code)		
임	MRS. ANNA EDLER			. EAST AVE		LTO. MD.	. 21	224	
	20e. METHOD OF DISPOSITION 1 🔀 Buriel 2 🗆 Cremation 3 🗆 Removal 4 🗆 Donation 5 🗆 Other (Specify)	from State	PLACE OF DISPOSITION OF PROCESSION OF THE PROCES	ON (Name of cemetery, crem	etory or C. C.CE	M BALTO			
1	T. SIGNATURE OF FUNERAL SERVICE LICENS	Horse	medie	22. NAME AND ADORES KACZOROV 2525 FLE	S OF FACILITY USKI FU	NERAL HO	DME	21224	
z	23. PART I. Enter the diseases, or commock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	only one cause on e	ech lina.	antar the mode of dyl zerfelde nic les				Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (ORIVES A	CONSEQUENCE OF):	estire i	hea	urje	eel	Lug	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO 24b. WERE AU ANALABL COMPLET DO GEATH  1 YES 2 NO 25b. WAS CASE REFERRED TO MEDICAL EXAMPLER?  25c. WAS CASE REFERRED TO MEDICAL EXAMPLER?  26c. PLACE OF GEATH (Check only one)								b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF GEATH?  1 YES 2 NO	
BY PHYS	1 YES 2 NO 1 1 (27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (		28d. OES	r (Specify) SCRIBE HOW INJURY	OCCUREO		
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spec		261. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)					
City or Town, State)  29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	eeu	ch r	29c. LICI DE	NSE NUMBER	29d. 0	DATE SIGNE	BO (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO C	uno	ATN (ITEM 27) (Type, P	True 1	3 cee	102	is	24	
- 10	31. DATE FILED (Month, Day, Year)	192. REGISTRAR'S SIGN	Pandelle						

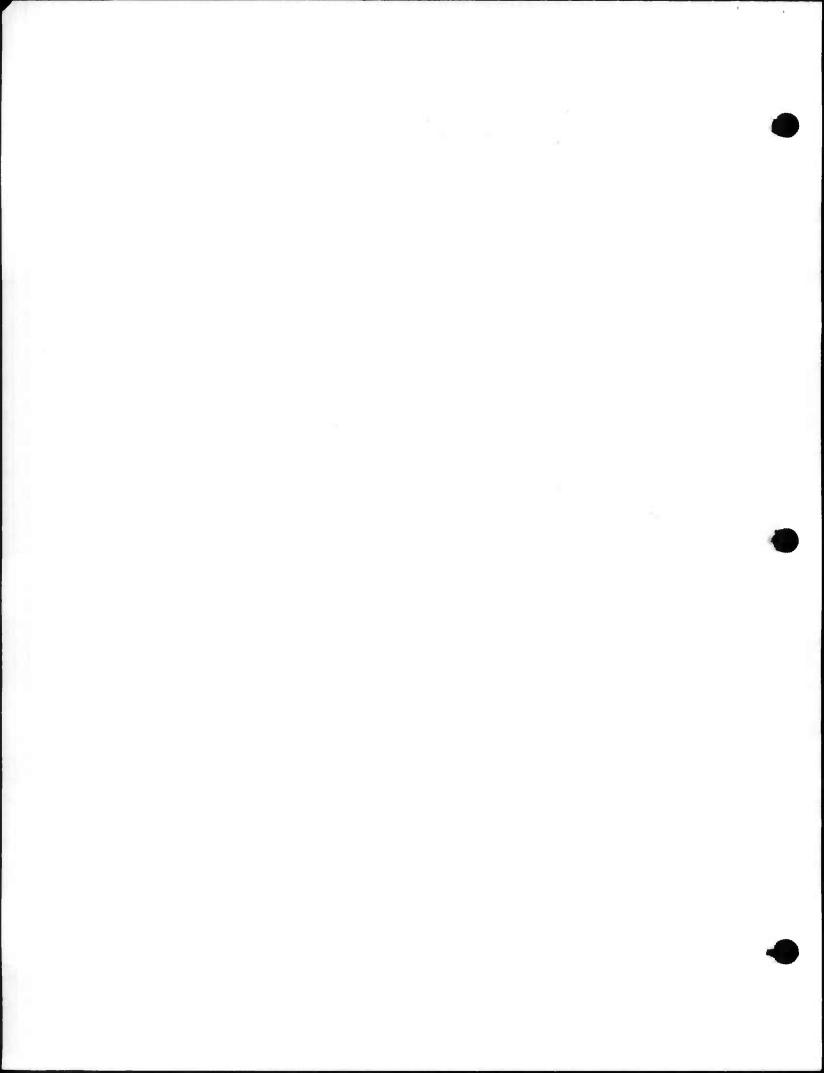


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FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

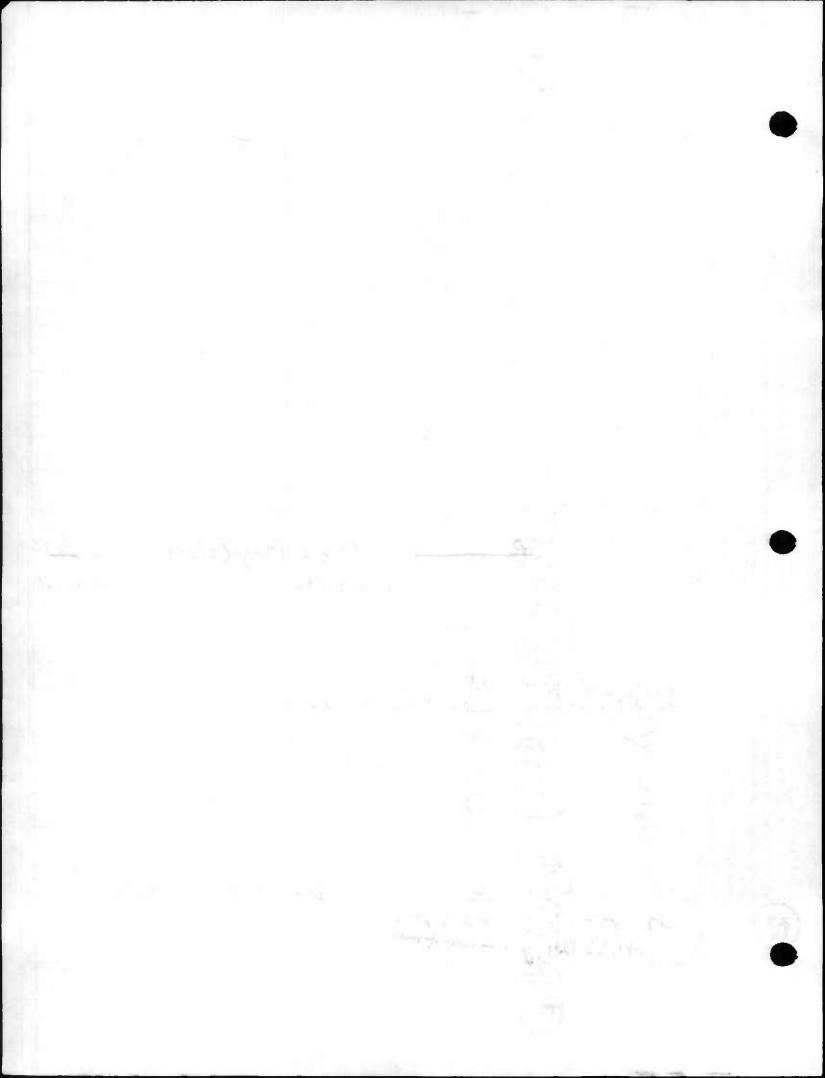
_	REGISTRAR			EKHIF	CATE	JE DEAL	H	REG. NO.			
į	1. OECEDENT'S NAME (First, Middle, Last)  TONN  DY	e f	eath	ner3	York	2		2. OATE OF DEATH		YEAR	, TIME OF DEATH
!	217-12-9757	(XM 2   F	AGE (In yrs. In:	st birthday) YRS.		YS HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 05-10-22		Country)	ACE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give street LOCK RAVEN VA.  RESIDENCE OF DECEDENT		AL			IMORE,			9c. COUN	TY OF DEA	тн
ပ္	10a. STATE 10b. COUNTY			10c CITY	Y, TOWN OR I	OCATION				1 4	Od. INSIDE CITY
L DIRE	MD  10s. STREET AND NUMBER		LTIM(		CIT	Υ	10. 01717	1	LIMITS?  VES 2 NO  AT COUNTRY?		
FUNERAL DIRECTOR	1429 CARSWEL				,	212			1	USA	
BY	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Olvorced	FORCES? 1 1 IF YES, GIVE WAR	YES 2	NO	If ye		Mexican	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No-	Specify	- American indien, White, etc.
	15. DECEDENT'S EDUCATI	ION	18a. Di	ECEDENT'S	USUAL OCCL	PATION		16b. KINO OF BUS	INESS/INDL	JSTRY	
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)  —	college (1-4 or 5+)	2	Do NOT us	STER	g most of working		MT.	ZION	DEL	.PENT.CH.
	17. FATHER'S NAME (First, Middle, Lest) WILLIAM FEATHE			18. MOTHE		AE (First, Middle, Malden	Sumame)				
TO BE	19a. INFORMANT'S NAME (Type/Print) VIVIAN FEATHER	RSTONE	15					oute Number, City or Town			1218
	20a. METHOD OF DISPOSITION 1\( \) Ruriel 2 \( \) Cremetion 3 \( \) Removal 4 \( \) Donation 5 \( \) Other (Specify)	I from State	20b. PLACE other p GAR	OF DISPOS RISO	N FO	CEST VI	tory or	CEM. OW	CATION — C	MIL	LS, MD
1XT) Burlel 2 Cremetion 3 Removel from State  4 Doneston 5 Other (Specify)  21. SIGNATURE OF JUNERAL SERVICE LICENSEE  WM. C. MARCH F. H. 1101 E. NORTH											
	23. PART I: Enter the diseases, or com										Approximete
	shock, or heart fellure. List  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)				inal	Homos	~/b	1032			Interval Between Onset and Death
z	DUE TO (OR AS A CONSEQUENCE OF):							2-3 weeks			
CATIO	Sequentisily liet conditione, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	and North	R AS A CONSE	102-114, 117							
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (OI	R AS A CONSE	EQUENCE OF	F):						
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24e. WAS AN AUTOPSY PROPORTED AMAILABLE PRIOR TO										
MEDICAL	Gronie Ogstructive ru/Monary Uslase 1 yes 2 NO COMPLETION OF CAUSE										
N.	Hepatic Fai	lure									
SICIA		OSPITAL:	D/Outnotient	2 [] DOA	OTHER:	26. PLACE OF DE					
/ PHYSICIAN:	27 H TOLETT DEATH  18 Heurel 5 Pending	28a. DATE OF IN (Month, Day,	JURY	28b. TIM					UREO		
TED BY	3 Suicide S Could not be 256. PLACE OF INJURY — At nome, farm, street, factor building, etc. (Specify)										
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: (Check only one) 2 MEDICAL EXAMINER: (Check only one)										and manner ee stated.
BE	206, SHOMAFUBE AND TITLE OF CERTIFIER	× M	0			29c. LICE	NSE NUM	IBER	29d. DATE	SIGNEO (A	Montel, Day, Year)
2	30/NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE	OF DEATH (IT	em znago	S. C	reen	e 5	+ Balt	More	·MO	2/201
	31. DATE FILED (Month, Day, 1997) APR 3 1991	32. HEGISTRAN	S SIGNATURE	Pandall							



BMC2 38 CT	TO BE COMBLETED BY BUYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760, B

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMEN CERTIFICAT			MENTAL HYGIEI REG. NO		08574		
		FREBURGER				4	ž 9"	3. TIME OF DEATH A		
		1 □ M 2 □XF 72	YRS. MONTHS		HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/11/	18	BIRTHPLACE (State or Foreign Country) OHIO		
OR	9a. FACILITY NAME (If not institution, give str FRANCIS SCOTT				IMORE,		9c. COUNTY	OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD		10c. CITY, TOWN		on MORE, C	ITY		10d. INSIDE CITY LIMITS? 14 Ayes 2 \( \triangle \triangl		
FUNERAL	100. STREET AND NUMBER 5200 EASTERN A	VE.		101.	ZIP CODE 21	224		J.S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Diverced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	3√_¥NO	If yes, spec		HC ORIGIN? (Specify Yon, Puerto Rican, etc.)	ne or No.— 14.	RACE — American Indian, Black, Whita, etc. Specify: WHITE		
COMPLETED	(Specify only highest grade of Blementary/Secondary (0-12) 8th GRADE	ATION 18/ completed) College (1-4 or 5+)	le. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired HOMEM)	ne during most d.)	t of working	16b. KIND OF B	USINESS/INDUS			
BE CON	17. FATHER'S NAME (First, Middle, Last) ANTHONY MARCHL	INUS				ME (First, Middle, Maide BERNOWS				
TO B	19a. INFORMANT'S NAME (Type/Print) EDWARD L. FREB	URGER			RK DRI	Poute Number, City or To VE 2106		de)		
	20e. METHOD OF DISPOSITION  1 G-Burtel 2 Germation 3 Ramo  4 Donation 5 Other (Specify)	val from Stata of cem	LACE AND DATE OF DIS netary, crematory or othe EDAR HIL	er place)			OCATION — CITY BALTO			
	21. SIGNATURE OF FUNERAL SERVICE LICE		2 (	2. NAME AND	ES L.	STEVENS	FUNERA BALTO	AL HOME, INC D., MD, 2123		
CERTIFICATION	23. PART I. Enfer the dieeesea, or of aboock, or heart fellure. L. IMMEDIATE CAUSE (Finel dieeese or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):			n ea cordiac or rea		Approximate Interval Between Onset and Death		
A.	PART II. Other algnificant conditions history of other faile	e contributing to death but it is truck in a	not resulting in the 2 GULM	underlying Idic Cerr	cause given in		N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН		ACE OF DEATH (Ch	eck only one)				
PHYSICIAN: MEDIC	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 Inpatient 2 ER/Outpatie 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOR	JRY AT	Idence 8 Other (Specify)  28d. DE\$CRIBE HOW INJURY OCCURED  NO				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — building, stc. (Specify)	At home, farm, street, f.	actory, offica		281. LOCATION (Stree City or Town, Steri	t and Number or	Rural Route Number,		
COMPLETED	one)	CIAN: To the best of my knowleds						ause(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	enman	M.D.	D2 3584			29d. DATE SIGNED (Month, Day, Year)  4/2/9/			
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	1 (ITEM 27) (Type, Print)							
	31. DATE FILED (Month, Day, Year) APR 0 3 199	32. REGISTRAT'S SIGNATI	Bronda							

91 08574



Pages 1, 2, 3 should

permit.

DIRECTOR

FUNERAL

BY

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BE

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after death. Page 6 may be retained by the hospital or attending physician. notified at once. the medical examiner must be completely filled in by the rial, cremation, or removal. prior to burial, cremation, or requires that the death certificate be executed within other traumatic event, attending physician and been signed by the attending phy it, of Health and Mental Hygiene injury, or shows any certificate has been hithe State Dept. DR ATTENDING PHYSICIAN: The law 23 item 0 this c marked, After 1 28 is FULERAL DIRECTOR: Hem Ξ HOSPITAL SHITANT

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2

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08575 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN 2. DATE OF DEATH VEAD ilh iame 7 : 49 ramb 4. SOCIAL SECURITY NUMBER S. SEX 7. DATE OF BIRTH 6. AGE (in vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS MIN. 10 1 M 2 / YRS Se FACILITY NAME (If not institution, glym stree 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10d, INSIDE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 1 - YES 2 - NO 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 55 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Ri 2 NO 1 Never Married 2 Married 3 Widowed 4 Divorced 15a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade com ost of working (Give kind of work done life. Do NOT use retired.) Flamentary/Secondary (0-12) College (1-4 or 5+) 114 17. FATHER'S NAME (First, Middle, Last) 15. MOTHER'S NAME (First, Middle, Maiden Surname) 1eorge 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Stre vn. Stete. Zin Code 1 10 Kler -1211 20 20a. METHOD OF DISPOSITION
1 | Burlei 2 | Cremation 3 |
4 | Donation 5 | Other (Specify) 20b. PLACE OF DISPOSITION (N 200 LOCATION - City 3 🗆 F er 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY 10 abash W 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such sa cardiec or respiratory strest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disesse or condition resulting in death) HEEDING-DUE TO (OR AS A CONSEQUENCE OF): URED Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF): URGICAL CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST 5005/0ce PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25, WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) EXAMINER? HOSPITAL:
1 D Inpatient 2 ER/Outpatient 3 DOA OTHER: ng Nome 5 Rasidenca 5 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 5 Could not be determined 4 Homicide 29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as 29c. LICENSE NUMBER AND TITLE OF CERTIF 29d. DATE SIGNED (Month, Day, Year)

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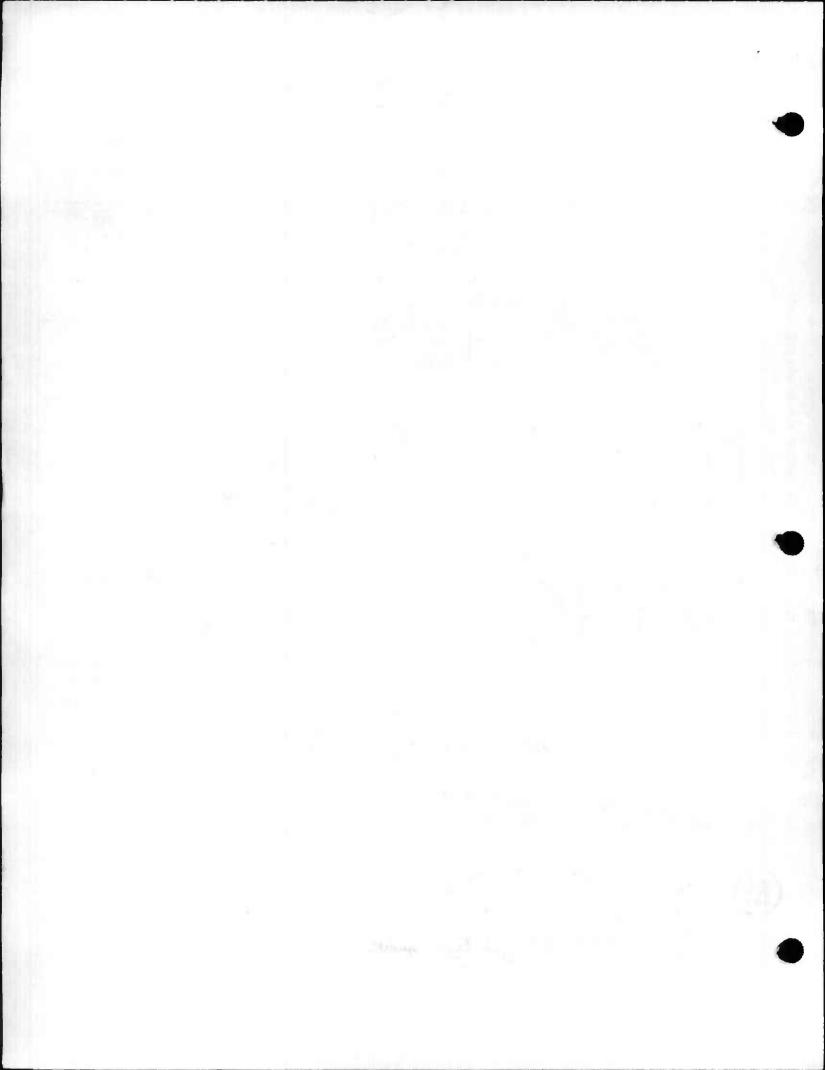
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WHO COMPLETED CAUSE OF CEATN (ITEM 27) (Type, Print)

10/4 32. REGISTRAR'S SIGNATURE

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## urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DIRECTOR
RV FINERAL
COMPLETED
TO RE
ICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 median state death. Page 6 may be retained by the rospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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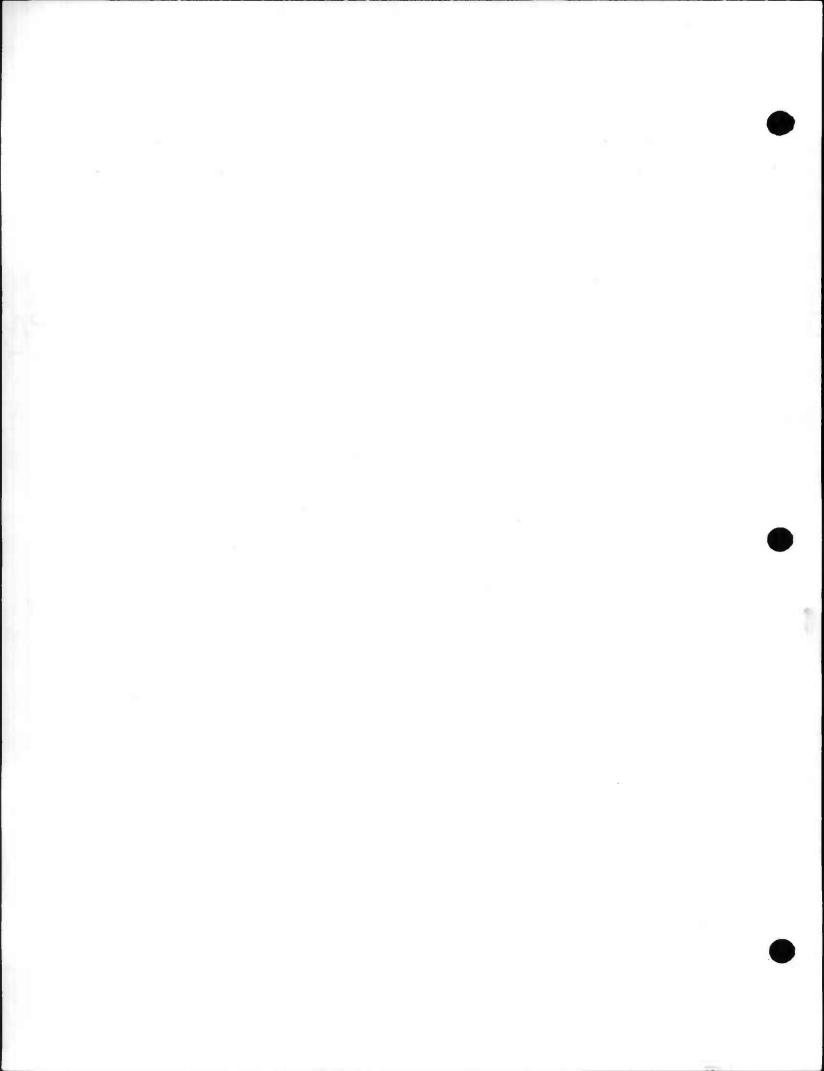
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	FOR 1 - STATE REGISTRAR	STATE OF N		DEPAR					MENTAL	HYGIEN REG. NO.	E	•	
	1. DECEDENT'S NAME (First, Middle, Last)			LIVIII	ICATI		DLAI	<del>''</del>	2. DATE (	OF DEATH		5 60	3. TIME OF DEATH
	JOHN J. GANZ								APRI		199	YEAR	8:50 A <sup>M</sup>
		5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE C	F BIRTH	199	a. BIRTI	IPLACE (State or Foreign
	072 14 7539	1 😡 M 2 🗆 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)		NEW	YORK
	9a. FACILITY NAME (If not institution, give stre	et and number)	70		9b. CITY	Y, TOWN C	R LOCATIO	ON OF DE		-,	9c. COU	NTY OF C	
8	VA MEDICAL CENTER				FOR	т но	WARD				BALT	TMOR	E
5	RESIDENCE OF DECEDENT										prizz.		
DIRECTOR	10a, STATE 10b, COUNTY			10c. CI1	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	MARYLAND ANNE	ARUNDEL			GLEN						1		1 TYES 2 NO
FUNERAL						101	. ZIP CODE				10g. CITI	ZEN OF	WHAT COUNTRY?
NE NE	7884 TALL PINES C	OURT 12. WAS DECEDEN	T EVEN BUILD A	OMED	1 40	140 DEC	210		IO ORIONI	(Specify Yea		JSA	F
	1 Never Married 2 Married	FORCES? 1	X YES 2			If yes, sp	ecity Cuba	n, Mexicar	n, Puerto R		or No-		E — American Indian, k, White, atc.
ВУ	3 Widowed 4 Divorced	WW II				1 IV TES	2 NO	Specify	:			Spec	HITE
8	15. DECEDENT'S EDUCA (Specify only highest grade or	TION	16a. D	ECEDENT'S	USUAL C	CCUPATIO	ON of worlde	_	16b.	KIND OF BUS	SINESS/IND	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	·) ,	Give kind of e. Do NOT u	se retired.)	dunny mo	at or workin	V					
MP				Wind	ow C	lean	er			Main	tenar	ice	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							THER'S NAME (First, Middle, Melden Surname)					
BE	JACOB GANZ									MERFO			
2	19a. INFORMANT'S NAME (Type/Print)									er, City or Tow			
	Gloria Ganz							-	Glen Burnie, MD 21061				
	20a. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 X Remove	val from State	20b. LOTA	g Isla relaw	nd Na	tion	al Ce	emet	ary				ew York
	4 Donation 6 Other (Specify)	NSFF .	PTT	rer a Wi			ID ADDRES		CHITY				
	Dawn Z=	_ ·					Wilke		Н	ubbar	d Fur	nera	l Home, Inc.
	D or or con				R.	alti	nore.	MD	2122	9			
	23. PART I. Enter the diseeses, or co shock, or heert failure. Li	implications that lst only one cau	t caused tha d ise on aach lin	laath. Do na.	not anta	r tha mo	de of dy	ng, aucl	h as card	lac or reap	Iratory ar	reat,	Approximata Interval Between
- 1	IMMEDIATE CAUSE (Final disease or condition												Onset and Death
	resulting in deeth)			IC CARDIOMYOPATHY									6 MONTHS
	DUE TO (OR AS A CONSEQUENCE OF):  S/P CORONARY ARTERY BYPASS												
ON I	Sequentially list conditions, b.	DUE TO	(OR AS A CONS	INAKY EOUENCE C	ARTI	ERY	SYPAS	is					1
Ä	If any, leading to immediate ceuse. Entar UNDERLYING												
F	CAUSE (Disease or Injury that initiated eventa	DUE TO	(OR AS A CONS	EOUENCE C	P):							-	
CERTIFICATION	resulting in death) LAST												
	PART II. Other algnificant conditions	contributing to	death but not	resulting	In the u	nderlyin	a cause o	alven in	Part I.	24a. WAS AN	AUTOPSY	24	b, WERE AUTOPSY FINDINGS
MEDICAL							7,452,11		352.91	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									- 1	1 TYES 2	Z [] NO		OF DEATH?
Σ									- 1				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	EATH (Ch	eck only on	9)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpetlant	3 DOA	OTHE		na 6 🗆 Re	aldenca	6 C Other	(Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF	INJURY	26b. TII		28c. IN.	JURY AT			CRIBE HOW	INJURY OC	CURED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(MOREI, E	ray, rear)		M		YES 2	] NO					
ED B	3 Suicide 8 Could not be	28a. PLACE (	OF INJURY — At I	home, farm,	street, fe	ctory, offic	0		26f. LOC	ATION (Street or Town, State	and Numbe	or or Rural	Route Number,
11	4 Homicide datarmined												
COMPLET	29a. CERTIFIER 1 CERTIFYINO PHYSIC	IAN: To the best of	my knowledge,	death occur	red at the	time, date	and place	, and due	to the cau	se(a) end me	nner ee ste	rted.	
O	one) 2 MEDICAL EXAMINER	: On the basis of a	xamination and/o	r investigati	lon, In my	opinion,	death occu	red at the	time, data	and place, a	nd due to 1	he cause	(a) and menner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	11/		/1N			29c. LIC	ENSE NUI	MBER	0	29d. DA	TE SIONE	(Month, Day, Year)
0 119 MM M D20588 D							4/	191					

FT HOWARD, MARYLAND 21052



31. DATE FILED (Month, Day, Year)
APR 0 3 1991

32. REGISTRAN'S SIGNATURE
Like Davidson-Rondall



TO BE COMPLETED BY FUNERAL DIRECTOR

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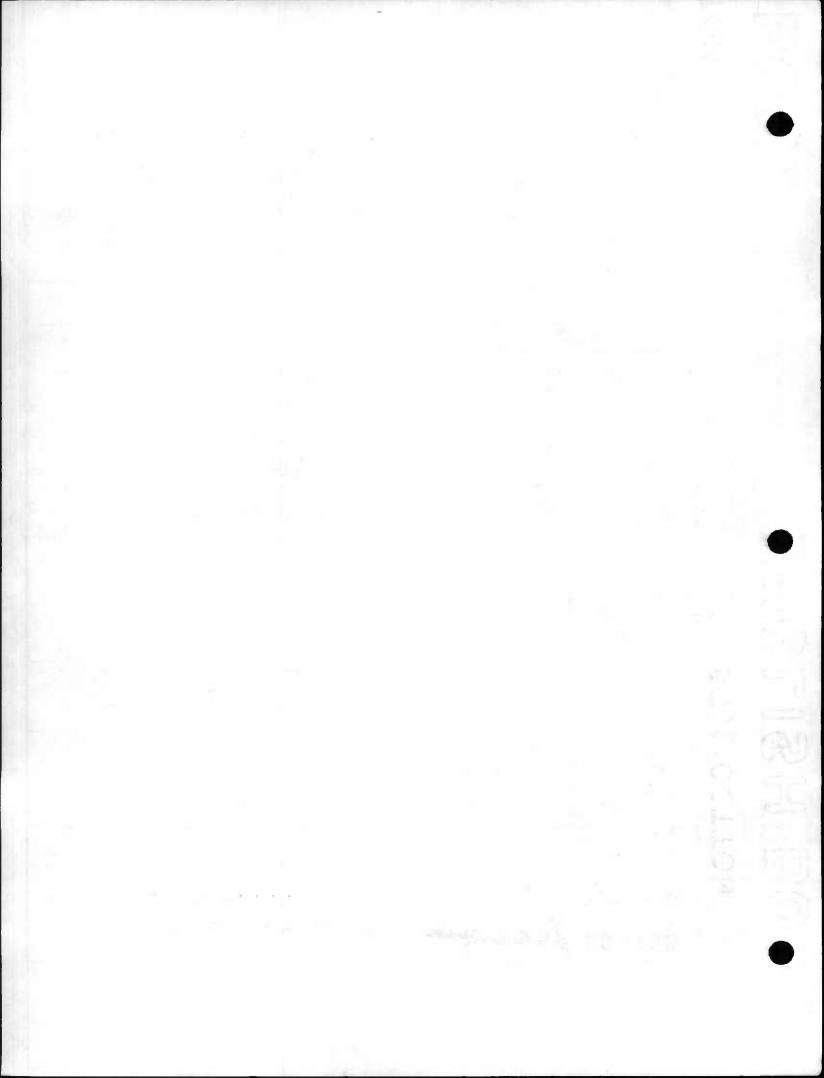
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE MOSFILAL OH ALTENDING PHYSICIANY. THE LAW requires that the death certained by the most that the certained by the attending physician. TO THE FIGHERAL DIFFECTOR, After this certificated by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the build-transit permit. Pages 1, 2, 3 should be certained with the State Dear of Health and Maneral Husbane mind to harmation for remmad.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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91-1759-510 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	91

REGISTRAR		CERTIF	CALE	UF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)  Zack		Henry,	Jr.		2. DATE MONT 03	OF DEATH DAY	199 1	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HR		OF BIRTH		HPLACE (State or Foreign
218-60-5038	1 🔀 M 2 🗆 F	37 YRS.		AYS HOURS MIN	11	h, Day, Year) ./17/53		lto, MD
9a. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TO	OWN OR LOCATION OF	DEATH		c. COUNTY OF I	DEATH
3012 Reistertown				imore Cit	У			
10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR I	LOCATION				10d. INSIDE CITY LIMITS?
MARYLAND			BALT	IMORE C	ITY			1 X YES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE		1	0g. CITIZEN OF	WHAT COUNTRY?
3012 REISTERST	OWN ROA	AD .		212	215		US	SA
11. MARITAL STATUS		EVER IN U.S. ARMED		B DECENDENT OF HIS			No- 14. RAC	E — American Indian, ck, White, atc.
1 🔀 Never Married 2  Married 3  Widowed 4 Divorced	IF YES, GIVE W			YES 2 X NO Sp		ritomi, etc.)	Spec	
15. DECEDENT'S EDU		16a. DECEDENT'S			168	. KIND OF BUSIN	ESS/INDUSTRY	
(Specify only highest grade	College (1-4 or 8+	life Do NOT us	work done duri se retired.)	ng most of working				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First.	Middle, Maiden Su	mame)	
ZACK HENRY, S	SR.				VA DU		,	
19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	treet and Number or Ru			State, Zio Code)	
LEONA DURANT				LE AVE		TIMORE		21217
20a. METHOD OF DISPOSITION		20b. PLACE AND OAT			OA1		TION — City or T	
1 K Burisi 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		WESTERN					NSVILI	·
23. PART 1. Enter the diseases, or abock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST  PART II. Other significent conditions.	a. DUE TO b. DUE TO c. DUE TO d.	OR AS A CONSEQUENCE O	46 not enter the WTOX	OO T.TRE! e mode of dying,	STY H such as car	EIGHTS	AVENI tory strest,  TOPSY 24	Approximate Interval Between Onset and Death Onset Ons
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH	(Check only o	ine)		
EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER: 4   Nursin	g Home 5 KRasider	nce 6 🗆 Oth	er (Specify)		
27. MANNER OF DEATH	28a. DATE OF		E OF 2	Sc. INJURY AT		SCRIBE HOW INJ	URY OCCURED	
1 Natural 5 Pending	(Month, D	ay, roar) IN-	JURY M	WORK? 1 YES 2 NO				
2 Accident Investigation					261. LO- C/t)	CATION (Street and or Town, State)	I Number or Rural	Route Number,
anal and		my knowledge, death occurs						(s) and manner as stated.
296 SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE				O (Month, Day, Year)
Wrute mil	rile							
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	SE OF DEATH OTEM OT CO	Print)	1 0.0	M.E.		04 0	1 1991
	. Willow			Street,	Balti	more Ma	ryland	2 120 1

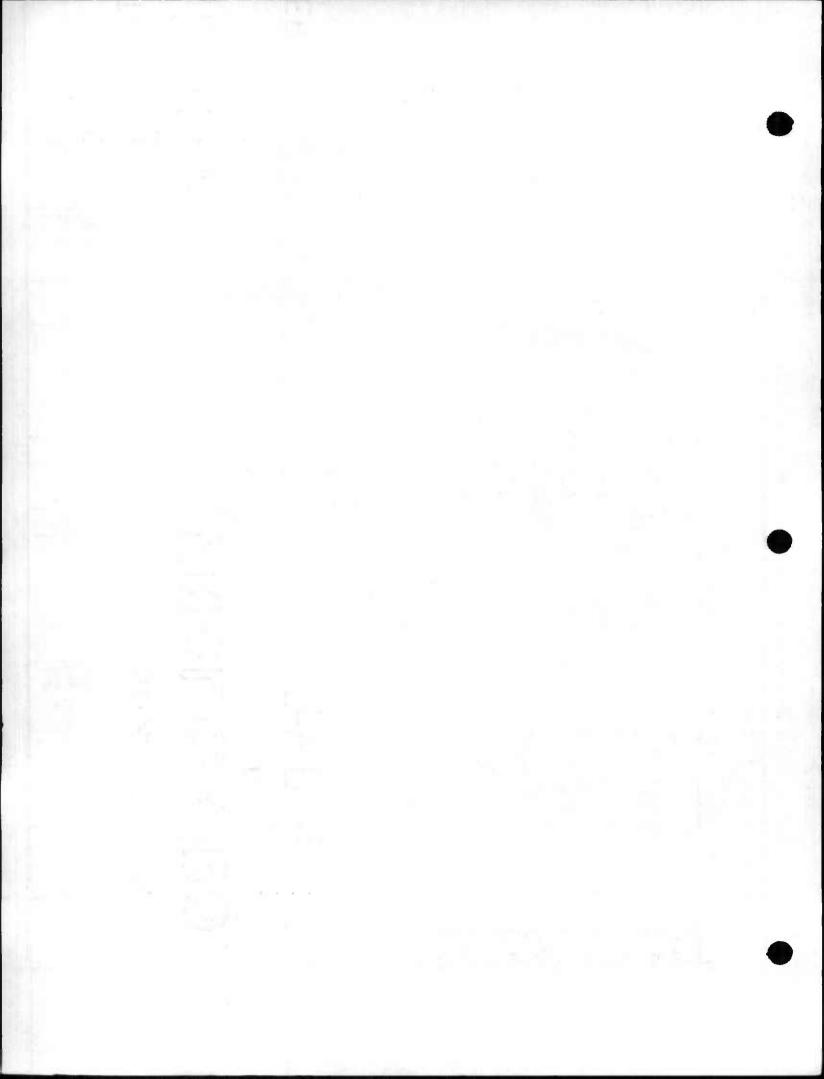
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
A	AL C	2	11
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0	10	Se fi	M
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	91-1744-510 FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR ERTIF					MENTAI	HYGIE REG. N	<b>NE</b> 9		08578
,	1. DECEDENT'S NAME (First, Middle, Last) Anna	В.	Hall						03	3	DAY 1	991	3. TIME OF DEATH  8:52 A
	4. SOCIAL SECURITY NUMBER 214-16-3793M	5. SEX 1 M 2 X F	6. AGE (In yrs. le	est birthday) YRS.	IF UNDER	DAYS	#F UNDER	MIN.	7. DATE	OF BIRTH Day, Year) 0 - 03 -	-08	8. BIRTHP Country;	VA.
E I	90. FACILITY NAME (If not institution, give Johns Hopkins I							ON OF DE			9c. COU	INTY OF DE	ATH
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT			10c. CI1	Y, TOWN			OILY	·				10d. INSIDE CITY
	M D  10e. STREET AND NUMBER			В	ALTI	$\overline{}$	E,	CI	ΤY		10- CIT		LIMITS?  NY YES 2 NO  HAT COUNTRY?
FUNERAL	711 N. COLL	INGTON /	AVENUE					2120	05		log. Cit	USA	
ā	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	FORCES?	T EVER IN U.S.A.I. YES 2/1	RMED NO		If yes, sp	ecify Cubi		n, Puerto I	1? (Specify ) Rican, etc.)	fes or No—	14. RACE Black, Specify	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5	+)	ECEDENT'S Give kind of to. Do NOT u	work done se retired.)	during mo	ON est of world	ng	16b	. KIND OF B	USINESS/INI	DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Alexander	CHapple						Ind	die	Middle, Meide			
2	190. INFORMANT'S NAME (Type/Print) Eunice Hall		11	96. MAILING 7 0 7	N.C.	s (Street e	ng t	or Rural I	Ave.	/Bal	own, State, Zi timo	re,	Md.21205
	20a METHOD OF DISPOSITION  1 🖄 Burlal 2 🗆 Cremation 3 🗆 Rer 4 🗆 Donation 5 🕦 Other (Specify)			t ern				Ceme	1		tons	-	e, MD
	21. SIGNATURE OF FUNERAL SERVICE L	Willy	nio					R C H		110	1 E.	NOR	TH AVE.
	23. PART I. Enter the diseases, pr ahock, pr heart failure IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Arteri	use on each lin	tic (	ardi		10000				iplratory ar	rrest,	Approximata Interval Betwee Onset and Deat
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	tes Me O (OR AS A CONSI	EQUENCE C	IF):		-						
	PART II. Other algnificant condition Seizure Disc	_	o death but not	reaulting	In the u	nderiyin	g cause	given in	Part I.	PERF	ORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH?
M. M			-						_	Inqu	iiry		1 TES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	XER/Outputlent	3 🗆 DOA	OTHE 4 Nu	R:		Sales -	a 🗆 Othe	100			
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending Investigation		F INJURY Day, Year)	28b. TII	ME OF JURY M	W	JURY AT DRK? YES 2	□ NO	28d. DE	\$CRIBE HOV	W INJURY O	CCUREO	
_	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE	OF INJURY — At I	home, term,	street, fac	ctory, offic	00		281. LOC City	CATION (Street or Town, Sta	et and Numbe ite)	er or Rural R	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of											end manner ee stated.
ĭ li	296. SIGNATURE AND TITLE OF CERTIFI	ER			-		29c. LK	CENSE NU	MBER		29d. DA	TE SIGNED	Month Day Mark
BE	111.00							M.E			- N	03 30	

OHMH-18 Flev 1/89



8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR

35 YRS.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DAYS

991

9c. COUNTY OF DEATH

N/A

2. DATE OF DEATH MONTH DAY

03-31-1955

7. DATE OF BIRTH (Month, Day, Year)

30

3

IF UNDER 24 HRS.

MIN.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

178-48-7518

1. DECEDENT'S NAME (First, Middle, Last)
BARBARA Elizabeth Halsey

9a. FACILITY NAME (if not institution, give street and number)

5. SEX

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CTOR	2826 N. CALVERT STR	SET APT.#3	BAL	TIMORE CITY		N/A
DIRECT	10a. STATE 10b. COUNTY MARYLAND N/A		10c, CITY, TOWN OR LOC BALTIMOR			10d. INSIDE CITY
1	100. STREET AND NUMBER 2826 N.CALVERT STRI	CET APT.#3		01. ZIP CODE 21218	10g. C	1 PYES 2 NO
		2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MO If yes,	ECENDENT OF HISPANIC OR specify Cuban, Maxican, Pua ES 2 NO Specify:		
2	15. DECEDENT'S EDUCA (Specify only highest grade of		DECEDENT'S USUAL OCCUPA (Give kind of work done during	TION nost of working	18b. KIND OF BUSINESS/II	NDUSTRY
COMPLEI	Elementary/Secondary (0-12)	College (1-4 or 8+)	ite. Do NOT use retired.)		r Veterans	'Hospital
_	17. FATHER'S NAME (First, Middle, Last)  John H. Geer			1	rst, Middle, Maiden Surname	
IO BE	10a. INFORMANT'S NAME (Type/Print)  John H. Geer		19b. MAILING ADDRESS (Street		Number, City or Town, State, .	
	20s. METHOD OF DISPOSITION 1	al from Stata 20b. PLA	CE AND DATE OF DISPOSITION OF COMPANY OF COM	ON (Name		— City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE					901 S. • Conkling St.
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON  DUE TO (OR AS A CON  DUE TO (OR AS A CON	SEQUENCE OF): SEQUENCE OF):			
: MEDICAL	PART II. Other significent conditions	contributing to death but no	ot resulting in the underly	Ing cause given in Part	I. 24s. WAS AN AUTOPS PERFORMED?	24b, WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2X NO
PHYSICIAN:		HOSPITAL:	OTHER:	PLACE OF DEATH (Check on	nly one)	
BY	1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined	Inpatient 2	28b. TIME OF INJURY UNK M 1 [ thome, farm, street, factory, or	YES 2 NO ST	DESCRIBE HOW INJURY OF THE DESCRIBE HOW INJURY OF THE LOCATION (Street and Num City or Town, State)	BED MULTIPLE T
COMPLETED	onei	AN: To the best of my knowledge On the basis of examination and		ate and place, and due to the		
TO BE CO		ht MD		29c. LICENSE NUMBER O. C. M.		03-31-1991
	30. NAME AND ADDRESS OF PERSON WHO DONALD G. WRIGHT	MD DOME	111 PEN	N STREET BAL	TIMORE, MARY	YLAND 21201
		32. REGISTRAR'S SIGNATUR	E ASSO	···		

10:00

8. BIRTHPLACE (State or Foreign Country)

Germany

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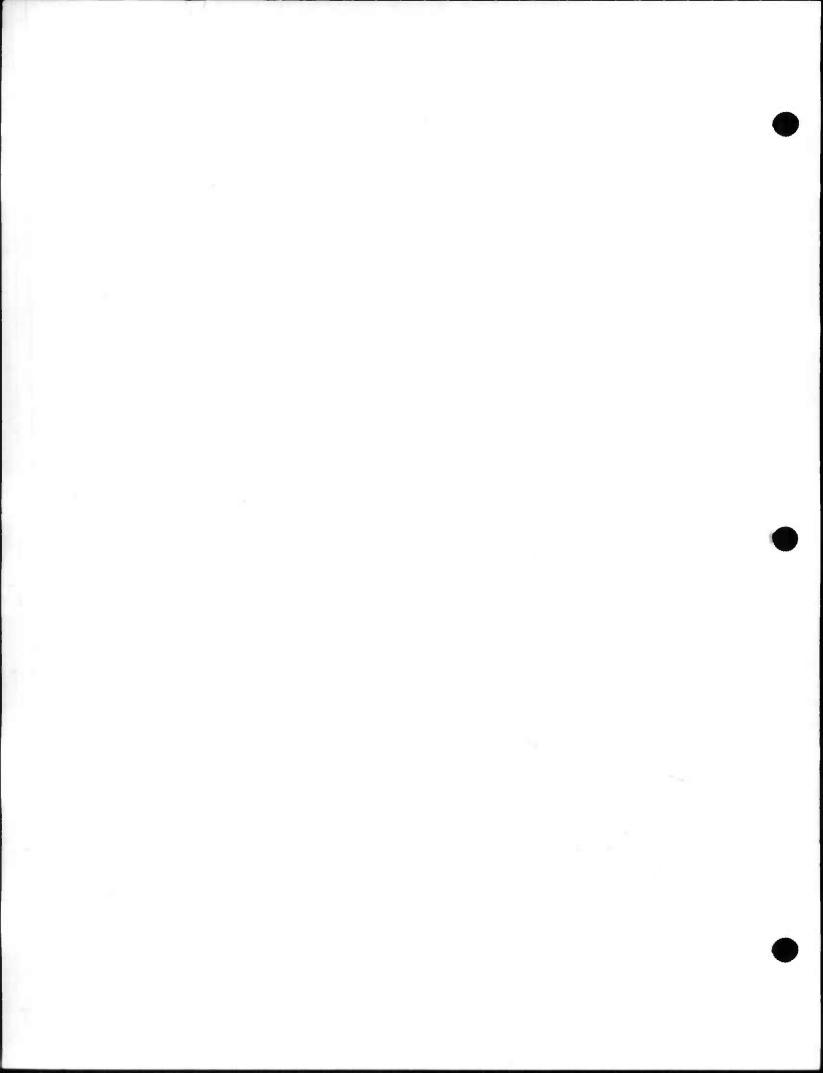
	REGISTRAR		OMAL OF I			ICATE (		EALTH DEAT		AICH	REG. NO.		91	
	1. DECEDENT'S NAME (First, Midd	de, Lasi)								2. D/	ATE OF DEATH	ıv	YEAR	3. TIME OF DEATH
	William W. Ha	arvey	, Sr.							0		1	91 91	
	4. SOCIAL SECURITY NUMBER 5. SE		5. SEX	SEX 6. AGE (In yrs. leat birthday)			IF UNDER 1 YEAR				TE OF BIRTH lonth, Day, Year)		8. BIRTI Count	HPLACE (State or Foreign try)
	218-28-8178		1 🔀 M 2 🗆 F	56 YRS.		MONTHS DAYS		HOURS MIN.			7-7-34	Mar		yland
	9s. FACILITY NAME (If not institution	ion, give str	eet and number)			9b. CITY, TO	WN OF	R LOCATIO	ON OF DE	EATH	1.1	9c. COU	NTY OF D	DEATH
OR	Howard Co. Ge	en. H	lospital			Col	uml	bia				Н	owar	d
DIRECTOR	RESIDENCE OF DECEDI	COUNTY	10c. CITY, TOWN OR LOCATION											10d, INSIDE CITY
E			لممد											LIMITS?
	Maryland 10e, STREET AND NUMBER	Howa	ird		1 EI	licott	_	ZIP COOE				100 CIT	IZEN OF S	1 YES 2 NO
FUNERAL	10113 Colonia	o 1 D =						77.1						
N N	11. MARITAL STATUS	al DI	12. WAS DECEDEN	IT EVED IN II C	ARMED	12 486	DECE		043	HC OB	IGIN? (Specify Yea		S.A.	E — American Indian,
교	1 Never Married 2 Marri	ried	FORCES?	YES 2	□ NO	If ye	s, spe	city Cuba	n, Mexice	n, Pua	rio Rican, atc.)	0.140—	Blac	ck, Whita, etc.
BY	3 Widowed 4 Divorced			MARTOR DATES rea		ט'	TES .	<sup>2</sup> X NO	Specin	y:			Spec	white
ED	15. DECEDEN		ATION	TION 16a. DECED						1	16b. KIND OF BUS	SINESS/INI	DUSTRY	MILLCE
	(Specify only high Elementary/Secondary (0-12)	wst grade (	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done durin se retired.)	g mos	a or workin	g					
릴	12	Ope	ration	s N	Mgr.			C.M. K	emp	Co.				
COMPL	17. FATHER'S NAME (First, Middle,	Last)				Ī			ME (Fir	rsi, Middle, Maiden		-		
ш	William Harve	ey						Luc	ille	K1	Los			
8	19a. INFORMANT'S NAME (Type/P	Print)			19b. MAILING	ADDRESS (St	reet an	nd Number	or Rural I	Route A	Number, City or Tow	n, State, Zij	p Code)	
임	Ruth M. Harve	≘у			1011	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)  10113 Colonial Dr. Ellicott City, MD 21043							21043	
	20a. METHOD OF OISPOSITION  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City of other place)													
		4 Donation 8 Dotter (Specify) Meadowridge Memorial Park Elkridge, MD												
	21. SIGNATURE OF FUNERAL SER	INICE LIC	pgts//	//		22. NAN	IE ANI	D ADDRES	SS OF FA	CILITY				
	Hubbard Funeral Home, Inc. 4107 Wilkens Ave. Baltimore, MD 21229													
	23. PART I. Enter the disees					410	7 V	Wilke	ens .	Ave	. Balt	imor		Approximate
7	23. PART I. Enter the disees shock, or heert IMMEDIATE CAUSE (Finel disease or condition resulting in death)	fellure. I	META	use on eech	line.	410 not enter the	7 V	Wilke de of dy	ens . Ing, auc	Ave	Balt	imor Iratory er	rest,	Approximate Interval Betw
ICATION	shock, or heert IMMEDIATE CAUSE (Finel disease or condition	fellure. L	DUE TO	STATIO OR AS A COR	C AC	410 not enter the den 0 Ce	7 V	Wilke de of dy	ens . Ing, auc	Ave	Balt	imor Iratory er	rest,	Approximate Interval Betw
ERTIFICATION	shock, or heert IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	fellure. L	DUE TO	STATIO	C AC	410 not enter the den 0 Ce	7 V	Wilke de of dy	ens . Ing, auc	Ave	Balt	imor Iratory er	rest,	
MEDICAL CERTIFICATION	shock, or heert IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	fellure. L	DUE TO	O (OR AS A COM	Ine.  C AC  NSEQUENCE C  NSEQUENCE C	410 not enter the den 0 Co	7 V	Nilke de of dyl	ens ing, auc	Ave	e. Balt	Imor liratory er liun	rest,	Approximate Interval Between
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PHYSICIAN: MEDICAL	shock, or heert IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other significant of  25. WAS CASE REFERRED TO ME EXAMINER?  1  YES 2  HO  27. MANNER OF DEATH  Netural 8  Pend	ding	DUE TO DU	O (OR AS A CO)	Inc.  C AC  INSEQUENCE CO  INSEQUENC	410 not enter the  den 0 co  Fr:  The importance of the importance	7 V moc	ACE OF D	ens ling, auc	Ave	Balt cerdiec or reepier of the cerdiec or reepier or r	Imor  Iratory er  Lun  Autopsy RMED?	24	Approximate Interval Betw Onset and Do
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D BY PHYSICIAN: MEDICAL	shock, or heert  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liat conditiona, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente reaulting in death) LAST  PART II. Other algnificant c  25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH   Natural 8 Pend   Pend   Pend   Accident 3 Coult   Matural 8 Certifyii   Check only 1 CERTIFYIII   CERTIFYIII   CERTIFYIII	conditions  EDICAL  ding stigation id not be rmined	DUE TO DU	O (OR AS A COM O (OR	Ine.  C Ac  NSEQUENCE C	410 not enter the  den 0 &  F):  F):  OF):  OTHER: 4   Nursing ME OF JURY M  street, factory,	7 V mood	ACE OF D  S = Re  ST	ens ling, auc	Part I	Balt cerdiec or reepi  L  L  24a. WAS AN PERFOI  1 YES 2  Dither (Specify) DESCRIBE HOW City or Town, State,	IMOT  Iratory er  LUM  I AUTOPSY RMED?  I NO  INJURY OC  and Number	241 CCURED or or Rural	Approximate Interval Betw Onset and De
D BY PHYSICIAN: MEDICAL	shock, or heert  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liat conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated evente resulting in deeth) LAST  PART II. Other algnificant c  25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pend Inves 3 Suicide S Could detar  29a. CERTIFIER (Check only one) 2 MEDICAL	conditions  EDICAL  ding stigation id not be rmined  NG PHYSIC EXAMINE	DUE TO DU	O (OR AS A COM O (OR	Ine.  C Ac  NSEQUENCE C	410 not enter the  den 0 &  F):  F):  OF):  OTHER: 4   Nursing ME OF JURY M  street, factory,	7 V mood	ACE OF D  S = Re  ST	ens ling, auc	Part I	Balt cerdiec or reepi  L  L  24a. WAS AN PERFOI  1 YES 2  Dither (Specify) DESCRIBE HOW City or Town, State,	IMOT  Iratory er  LUM  I AUTOPSY RMED?  I NO  INJURY OC  and Number	241 CCURED or or Rural	Approximate Interval Betwo Onset and De
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31. DATE FILED (Month, Day, Year)

APR 03 1991



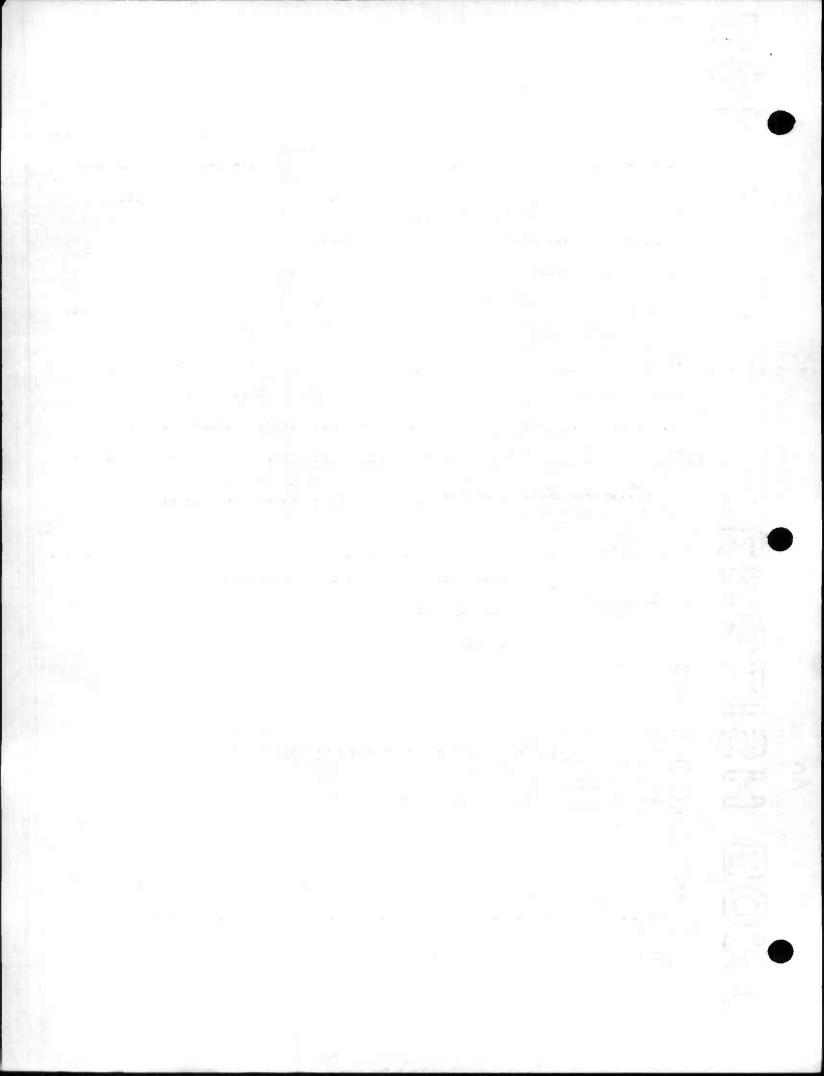
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	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	100	IT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

3 1991

32. REGISTRAR'S SIGNATURE

FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO.	E 9	08581
1. DECEOENT'S NAME (First, Middle, Last)  ROXIE  C.	H.	YES			2. DATE OF DEATH DO	91 YE	3. TIME OF DEATH 04:15Am
4. SOCIAL SECURITY NUMBER 212-40-7201	5. SEX 6. AGE	(In yrs. last birthday) _ 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry) Virginia
9e. FACILITY NAME (If not institution, give st GBMC	reet end number)			WSON	EATH	9c. COUNTY (	timore
RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  Maryland  Balt	imore	10c. CITY	town on Local				10d. INSIDE CITY LIMITS? 1 YES XXX NO
10e. STREET AND NUMBER 2708 Berwick Ave.	nue	1	10	21234		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Merried  TWIdowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	if yes, sp		NIC ORIGIN? (Specify Yea on, Puerto Rican, atc.) y:		RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 7th grade	cation completed) College (1-4 or 5 +)	16e. DECEDENT'S I (Give kind of w life. Do NOT use Houser	ork done during mo retired.)		Homemal		RY
17. FATHER'S NAME (First, Middle, Last) Thomas Arnold					ME (First, Middle, Maiden Arnold Guy		
19e. INFORMANT'S NAME (Type/Print) Mr. William A. H	ayes				Route Number, City or Tow ie Balto.,		1234
20e. METHOD OF OISPOSITION  1 © Burlel 2 Cremation 3 Remoted A Donation 5 Other (Specify)		b. PLACE AND DATE				cation — city o	or Town, State
21. SIGNATURE OF EUNERAL SERVICE LIC	Perseul)	Venz	La		ineral Home		. 21236
23. PART I. Enter the diseases, or canonic shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	Cardiac	Arrest	de of dying, suc	th sa cardiec or reap	Iratory arrest,	Approximate interval Between Onset and Death 2 hrs.
Sequentially list conditions,	Acute A	a consequence of nterior 1 A consequence of	yocardi	al Infar	cction		
If emy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		Cy Artery A CONSEQUENCE OF		•			
PART II. Other aignificant condition	s contributing to death	but not resulting i	n the underlyin	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (CH	neck only one)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 Inpatient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 26b. TIMI	E OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURE	ED
2 Accident investigation 3 Suicide 6 Could not be datermined	28e. PLACE OF INJUR building, etc. (Spo		treet, factory, offic	ca .	261. LOCATION (Street City or Town, State)		tural Route Number,
Orlock Only	CIAN: To the best of my knor R: On the beste of examinati						use(a) and menner as stated.
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	Julia	m	9	29c, LICENSE NU	2035	29d. DATE 34	greet (more)
30. NAME AND ADDRESS OF PERSON WH Barry J. Weckess				es St. 1	lowson, Mai	cyland	21204



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The state of the s
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR STATE REGISTRAR	STATE OF M	MARYLAND /			OF H			MENTAL	HYGIEN REG. NO					
	1. OECEOENT'S NAME (First, Middle, Lest)								2. DATE O		AY	YEAR	3. TIME OF DE	ATH	
	FOITH D. JI	ONES							4	)	~1	9)	1030	AN	d
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DATE OF	F BIRTH Day, Year)		8. BIRTH	PLACE (State or	Foreign	Ī
	219-10-6500	1 🗆 M 2 📈 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	3-	4-1	1910	COOM	Hd		
1.19	9e. FACILITY NAME (If not institution, give s	treet and number)	4		9b. CITY	, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF O	EATH		_
NO.	Union Mt	Morial	Hospita	al De	P	n 14	(								
5	RESIDENCE OF DECEDENT											Т			_
DIRECTOR	10a. STATE 10b. COUNT			100. CIT	Y, TOWN	OR LOCATI	ION						10d. INSIDE C		
	MU			X	aut	0					T		1 YES 2		_
FUNERAL	10e. STREET AND NUMBER	11. (1)				107.	ZIP CODE	220	a		10g. CIT	ZEN OF W	C. //	7	
빌	29 MIL HO	MY ST			-							4.	2.14		_
5	11. MARITAL STATUS  1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARI	WED O					NIC ORIGIN? In, Puerto Ri		a or No—	14. RACE Black	— American le , White, etc.	ndlen,	
BY	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			1 TYES	2 /Q NO	Specify	y:			Speci	W. Black	5	
	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL C	CCUPATIO	N		16b. 1	KIND OF BU	SINESS/INI	DUSTRY	Ofuce		-
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	Ma	ve kind of Do NOT u	work done se retired.)	during mos	it of working	g							
7	12th	oollege (1-0 of o	7							Hut	2/21	- B	ros		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Mi	ddle, Maiden	Sumame)				-
	Clarence Do	کان چ					Ma	110	in	Cos	+ley				
BE (	19e. INFORMANT'S NAME (Type/Print)	<u> </u>	191	MAILING	ADDRES	S (Street er	nd Number	or Rurel	Route Numbe	r, City or Tov	vn, State, Zi	Code)			_
5	Raymond Day	dis	12	164	14.	Bon	ne	ST	E	3alt	D. Md				
	200. METHOD OF DISPOSITION		20b. PLACE				(Name		DATE	20c. LC	CATION -	City or To	wn, State		_
-3	1 Suriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	of commany,	cremator	or other		Cem			Har	dall	Stow	n. Md		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22.	NAME AN	O ADDRE	SS OF FA	CILITY			,,,,,	,		_
1	+ Wistia	) Ylu	(M)		1K	larc	NT.	HI	West	De	2				
	23. PART I. Enter the diseases, or	complications the	t coused the de	eth. Do	not ente	the mo	de of dy	ing, auc	th as cerdi	ec or reec	iretory ar	rest.	Approx	imata	-
	shock, or heart fellure.											,	Intervel	Between	
	IMMEDIATE CAUSE (Finel disease or condition	1	160	_			1.						Olisat	IIIO DEWI	3
	reaulting in death)	DUE TO	(OR AS A CONSEC	DURNCE C	16 VI	mon	10	pm 2						-	_
-	_	CVA											j		
ō	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE C	F):								+		-
CAI	cause. Enter UNDERLYING CAUSE (Disease or Injury	e.													
ERTIFICATION	that initiated events	DUE TO	(OR AS A CONSEC	VUENCE C	F):										
ERI	resulting in deeth) LAST	d													
O	PART il. Other algnificent condition	na contributing to	death but not n	eaulting	In the u	nderlylno	COURA	given in	Part i	24s. WAS A!	V ALITOPSY	245	WERE AUTOPS	V FINDINGS	_
MEDICAL							, 00000			PERFO		1	AVAILABLE PRI	OR TO	
O									_	1 TYES	2   NO		OF DEATH?		
					_				- 1				1   YES 2	□ NO	
AN	25. WAS CASE REFERRED TO MEDICAL	_													_
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	neck only one	)					-
IYS	1 YES 2 NO	1 Inpatient 2	ER/Outpatient 3					esidence	8 C Other		W. 0.000 0.0				_
	1 Natural 5 Pending	(Month, I		28b. TII	JURY		RK?	7.00	28d. 0E\$0	CRIBE HOW	INJURY OC	CURED			
ВУ	2 Accident Investigation	290 BLACE	OF INJURY — At ho	(	man at the		/ES 2 [	NO	201 1 004	TION (Comme	and Months		Do to Markey		_
ED	3 Suicide 8 Could not be 4 Homicide datermined	building	, etc. (Specify)	ine, iairii,	street, rac	nory, orner	•		City o	Flown, State	ano Numbe )	r or Hurai i	Route Number,		
Ē	29s. CERTIFIER					-									_
COMPLETED	(Check only 1 A CERTIFYING PHYS	ICIAN: To the best o												104	
8	2 MEDICAL EXAMIN		AMERICAN ENG/OF	rivestigati	on, in my	opinion, d	eath occu	red at the	time, date	end place, e	nd due to t	ne cause(	e) and manner (	s stated.	
BE	296 SIGNATURE AND TITLE OF CERTIFIE	R	P. J	Yb	7		29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Ye	var)	
10	11.0 remar		of 1	, 0	/							7/1/	1/		

ME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SHAHIN, A

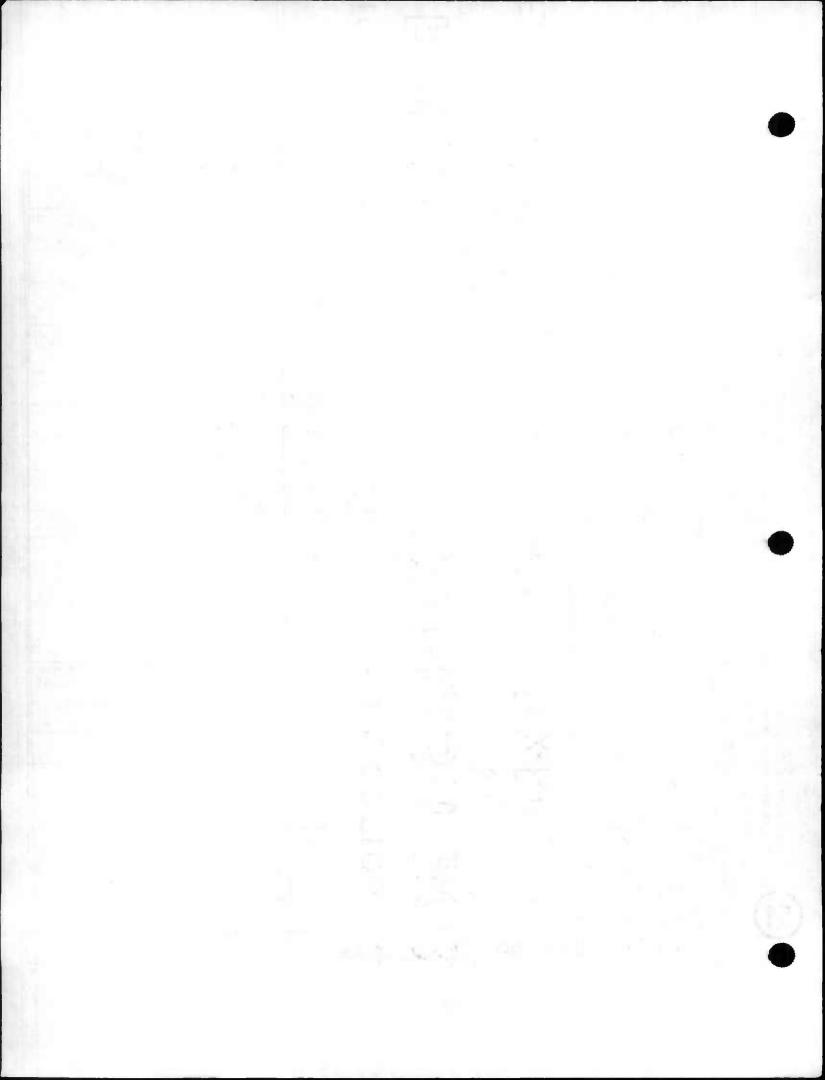
18 FILEDY (Month, Day, Year)

APR 0 8 1991

Suha Davidon Re

Julia Davidson Randall

OHMH-16 Rev 1/89



9a. FACILITY NAME (If not institution, give street and number)

5. SEX

1 M 2 F

MARYLAND INSTITUTE OF EMERGENCY MEDICINE

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

PAMELA

4. SOCIAL SECURITY NUMBER

213-52-4819

RESIDENCE OF DECEDENT

1 -

1991

9c. COUNTY OF DEATH

2. DATE OF DEATH MONTH DAY

9/27/48

es 1, 2, 3 should

DIREC	10e. STATE M D	10b. COUNT	Y		Baltin							Od. INSIDE CITY LIMITS?
	10s. STREET AND NUMB	CD.					1. ZIP CODE			40. 017171		YES 2 NO
	940 Fran		St.				1223			US		AI COUNTRY?
DI LON	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 0		12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 X	IMED 13	If yes, sp	CENDENT OF HISPA Decify Cuben, Maxic 3 2 2 NO Speci	en, Puerto		or No— 1		- American Indian, White, etc. Black
		PECEDENT'S EDI only highest grad y (0-12)		(G life.	CEDENT'S USUAL ( if we kind of work done . Do NOT use retired nemplo	during m		16b	, KIND OF BUS	INESS/INDU	STRY	
COMPL	17. FATHER'S NAME (Flost Paul Mil					,	Regin			Surname)		
	194. INFORMANT'S NAMI Nicole M	E (Type/Print)					and Number or Rural	Route Num	ber, City or Town			1220
	20g: METHOD OF DISPO	SITION	noval from State	20b. PLACE	AND DATE OF DIS	POSITION		DAT	E 20c. LO	CATION — CI	ity or Town	n, State
	4 Donation 6 0 Or 21. SIGNATURE OF FUNE  Joseph H	RAL SERVICE L	ICENSEE	Mt.	Z10n C		nd Address of Fa ph H. W. Ba	3- Brow 1tim				A. MD.
		ditions, mediete LYING njury	C	on each line	OUENCE OF):							interval Between Onset and Da
4: MEDICAL CERTIFICATION			d	eeth but not	resulting in the a	underlylr	ng cause given in	n Part I.	244. WAS AN PERFOR 1 OYES 2	MED?	a c	VERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
SICIAN:	25. WAS CASE REFERRE EXAMINER? 1 X YES 2 NO	D TO MEDICAL	HOSPITAL:	26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:							-	
PHY	27. MANNER OF DEATN	Pending	28a. DATE OF IN (Month, Day,	JURY	28b. TIME OF INJURY	28c. IN	JURY AT ORK? YES 2 NO		SCRIBE HOW I	NJURY OCCU	URED	
ED 01	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28a PLACE OF		ome, farm, street, fa	etory, offi	ce		18f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)			ute Number,
COMPLET	tonicon only		SICIAN: To the best of m									and manner as states
B	29b. AIGNATURE AND TI						29c. LICENSE NO			,		Month, Day, Year)
٩	MARIA	nus	A. WORD			n st	REET BAL	TIMO	RE,MAR	YLAND	2120	)1
	31. DATE FILED (Month, E	Q 1001	32. REOISTRAR	S SIGNATURE								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

IF UNDER 1 YEAR

DAYS

9b. CITY, TOWN OR LOCATION OF DEATH

BALTIMORE CITY

JOHNSON-JONES

6. AGE (In yrs. last birthday)

42

91 08583

3. TIME OF DEATH

2 1 22

Approximate interval Between **Onset and Daeth** 

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

a M

11:34

8. BIRTHPLACE (State or Foreign Country)

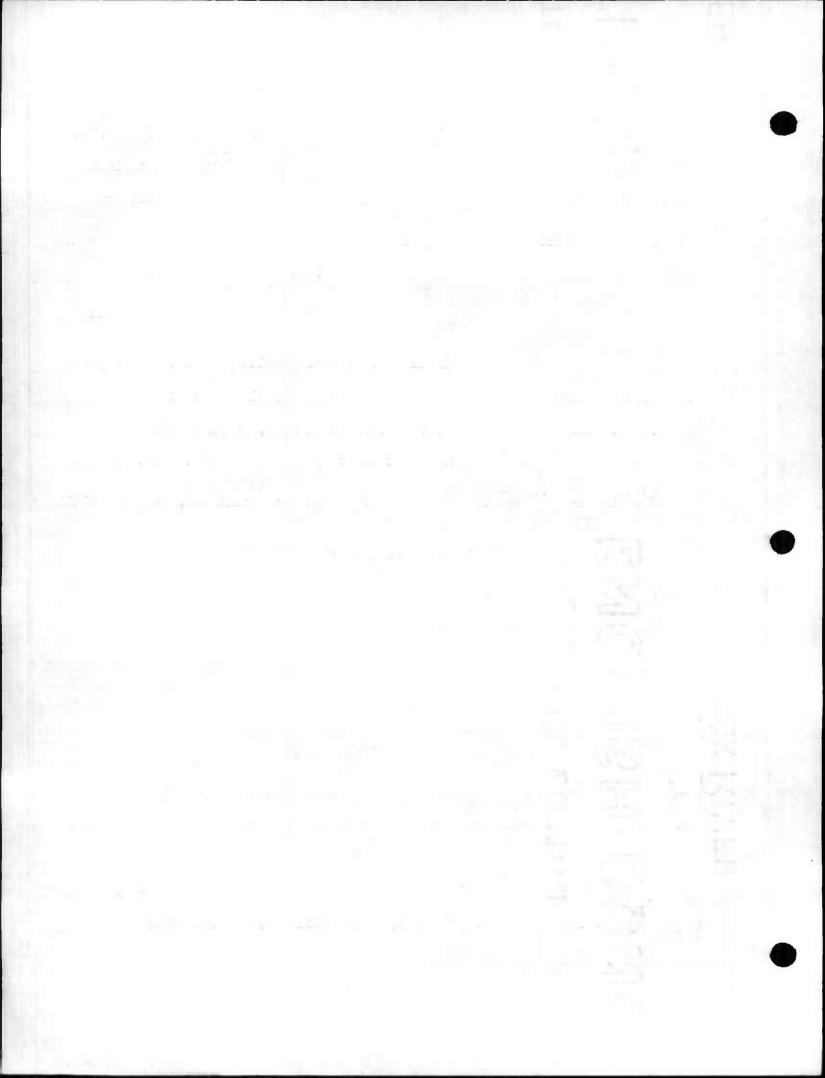
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to other ad

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERT	IFICATE	E OF	DEATH	REC	3. NO.		
DECEDENT'S NAME (First, Middle, Las  JOHN  A	" LTON KELL	Y				2. DATE OF DEA	27	VEAR	9:15A
4. SOCIAL SECURITY NUMBER 216-14-8666	5. SEX 6. /	AGE (In yrs. lest birtho	MONTHS	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, ) 9-26-2	bar)	a. BIRTHPL Country) Maryl	and
90. FACILITY NAME (If not institution, give 507 Sussex Road				OWS	OR LOCATION OF DE	EATH	1	unty of DEA	
10a. STATE 10b. COUNT			CITY, TOWN		TION			1	Dd. INSIDE CITY LIMITS?  YES 2 NO
10e. STREET AND NUMBER	ltimore		Towsor	-	. ZIP CODE		1.7.2	TIZEN OF WH	
507 Sussex Road  11. MARITAL STATUS  1 Never Married XXXX Married  3 Widowed 4 Divorced	12. WAS DECEDENT, E) FORCES? ALL IF YES, GIVE WAR				21204 ENGENT OF HISPAN BOLLY Cuben, Mexica XXXO Specifi		offy Yes or No-	Black, \	- American Indian, White, etc.
15. DECEDENT'S EI (Specify only highest gra	de completed)	16a. DECEDER (Give kind life. Do NO	IT'S USUAL O	durina mo	ON st of working	16b. KIND	OF BUSINESS/II		nrte
Elementary/Secondary (0-12)	College (1-4 or 5+)		•		eral Ser				ryland
17. FATHER'S NAME (First, Middle, Lest)  John Edward Kell	-У				March Street	ME (First, Middle, i adina Ma	M. 211.		
19e. INFORMANT'S NAME (Type/Print)					nd Number or Rural				
Donothy W. Kelly  20e. METHOD OF DISPOSITION  1 Burlal XX Cremetton 3 Re 4 Donetton Donetton		20b. PLACE AND to cometary, cremit Greenmo	DATE OF DISP	POSITION		OATE 2	Oc. LOCATION	- City or Town	ryland
21. SIGNATURE OF FUNERAL SERVICE Dennis Ster	La Keme Ohen Kenakis	aks	22.	NAME A	O ADDRESS OF FA	Mitchell	L-Wiede	feld H	lome
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	AS A CONSEQUENCE	E OF):	10.	J. 5() = 1 ( =				
that initiated events resulting in death) LAST	d	AS A CONSEQUENC							1
PART II, Other algorificant condit	iona contributing to de	ath but not reault	ing in the u	nderlyin	g cause given in	'	MAS AN AUTOPS PERFORMED? YES 2 1		VERE AUTOPSY FINDI WALLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	VOutpatient 3 🗆 Di	OTHE	R:	LACE OF DEATH (C)	110000000000000000000000000000000000000	-Mv1		
27. MANNER OF DEATH  1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,	URY 26b	TIME OF INJURY	28c. IN	JURY AT DRK? YES 2 NO	28d. OESCRIBE	*-	OCCURED	
3 Suicide 8 Could not 4 Homicide determined	28e. PLACE OF III building, etc	LJURY — At home, fa (Specify)	rm, street, fac	ctory, offi		28f. LOCATION City or Town	(Street and Num n, State)	ber or Rural Ro	ute Number,
cool only	YSICIAN: To the best of my INER: On the basis of exam								and manner as state
29b. SIGNATURE AND THE OF CERTIF	FIER, Vem	fe	1		29c. LICENSE NU	IMBER	29d. 0	ATE SIGNED (	Month, Day, Year)
30. NAME AND ADDRESS OF PERSON Francis X. Car				cwy ]	Baltimore	e, Mary]	and 21	218	
31. DATE FILED (Month, Day, Year) APR 3 1991	32. REGISTRAR'S								



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DIVISION OF VITAL R	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law re	TO THE FUNERAL DIRECTOR: After this certificate has been	eath	
Sic	END	DR: A	ter d	
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	1. DECEDENT'S NAME (First, Middle, Last)	(Rev.	I. Lo	gan	Kears	oF DE		2. DAT	REG. NO		YEAR Q	3. TIME OF DEATH
	LOGAN 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		REV.		NDER 24 HRS.	7. DAT	E OF BIRTH oth, Day, Year)			HPLACE (State or Foreign
- 1		1 € M 2 ☐ F	69	YRS.	MONTHS D	AYS HOU	RS MIN.	7	28	21		rginia
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TO	WN OR LO	CATION OF D	EATH		9c. COU	NTY OF D	DEATH
	UNION MEMORIAL HO	OSPITAL			BALT	IMOR	E CITY	7				
	10a. STATE 10b. COUNTY	1		10c. CIT	TY, TOWN OR	OCATION						10d. INSIDE CITY
	Maryland			Ra	ltimo	ro						LIMITS?
- 11	10e. STREET AND NUMBER			1_1/4	<u> </u>	101. ZIP	CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
	203 Chauncey R	Road				212	218			USA		
	11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S.	ARMED			NT OF HISPA Cuben, Maxic		ilN? (Specify Y	ee or No-	14. RAC Blac	E American Indian, ik, White, etc.
	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES			YES 2 5			, , , , , , , , ,		Spec	olfy:
	15. DECEDENT'S EDU	CATION	160	DECEDENT'S	USUAL OCC	IPATION		1 4	Sb. KIND OF B	I CINECC/INI		lack
	(Specify only highest grade	completed)		(Give kind of life. Do NOT u	work done dun	ng most of v	vorking	1"	SU, KIND OF B	OSINESS/IN	DUSTRI	
	Elementary/Secondary (0-12)	College (1-4 or 5	· .	nist	er							
	17. FATHER'S NAME (First, Middle, Lest)		1191.		<u></u>	16.	MOTHER'S N	AME (First	, Middle, Malde	n Sumame)		1
	David H. Kea	rse					Isad	ora	Car	Twen:	~	
	19e. INFORMANT'S NAME (Type/Print)						mber or Rura					2121
	Dr. Wanda Mayn	or-Kea	rse	203 -	Chaur.	cey	Road	В	altim	ore,	Ma	ryland 2121
	20a. METHOD OF DISPOSITION 1 1 □ Burial 2 □ Cremation 3 □ Rem	oval from State		CE ANO DAT	E OF DISPOS	ITION (Nam	ie	0/	TE 20c. L	OCATION -	City or T	own, Stata
	41 Donation 5 Other (Specify)		- Arbı	itus	Memor	ial	Park DRESS OF F		2/91	Arbu	tus	Marylan
	23. PART I. Enter the diseases, or shock, or heart fellure.								/н ва	1tim	ore	Md 212 Approximata Interval Betw
		List only one ca	UNANAY	Ilna.	Moder the	a moda o	f dying, su	ch as ce	/H Ba	1 t. i m piratory ar	ore	Approximata Interval Betw Onset and D
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Pul  But To Due To Due To New Co.	O (OR AS A CON	Ilna.  The second of the secon	not enter the	a moda o	f dying, su	ch as ce	/н ва	1 t. i m piratory ar	ore	Approximata Interval Betw Onset and D
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Pul  But To Due To Due To New Co.	O (OR AS A CON	Ilna.  The second of the secon	not enter the	a moda o	f dying, su	ch as ce	/H Ba	1 t. i m piratory ar	ore	Approximata Interval Betw Onset and D
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Pular To Due To Due To Due To d. Due To d. Due To Due T	O (OR AS A COR	ISEQUENCE C	not enter the	a moda o	f dylng, su	ult	H Ba	1 ± i m plratory ar  CV F	ore	Approximata Interval Betw Onset and Do Approximate Approximate Onset and Do Approximate Onset an
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition	a. Pular To Due To Due To Due To d. Due To d. Due To Due T	O (OR AS A COR	ISEQUENCE C	not enter the	a mode o	f dying, su	n Part I.	H Ba Indiec or res	1 ± i m plratory ar  CV F	ore	Approximate Interval Betw Onset and D 2 W20
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition	B. DUE TO DUE DUE TO DU	O (OR AS A CON	III SALE COLOR OF THE SECUENCE COLOR OF THE	OFF:  OTHER:	orlying cea	d dying, su	n Part I.	24a. WAS / PERF 1 YES	1 ± i m plratory ar  CV F	ore	Approximate Interval Betw Onset and D 2 W22
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WO  27. MANNER OF DEATH  1 Netural 5 Pending	a. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  HOSPITAL:  1 Cinpatient: 2  28e. DATE O	O (OR AS A COM	III SEQUENCE CON STATE OF THE SEQUENCE CON THE SEQUENCE CONT THE SEQUENCE CON THE SEQUENCE CONT THE SEQUENCE CON THE SEQUENCE CON THE SEQUENCE CON THE SEQUENCE	OTHER:	orlying cea	d dying, su  M  Jise given in  OF DEATH (C	n Part I.	24a. WAS / PERF 1 YES	T + i m plratory ar  CV F  IN AUTOPSY DRMED? 2 D NO	Toat,	Approximate Interval Betw Onset and D 2 W20
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  The significant condition of the significant condi	B. DUE TO DUE DUE TO DU	O (OR AS A COM O (OR	Ilina.  ISEQUENCE CONSTRUCTOR  ISEQUENCE CONS	OFF: OFF: OFF: OFF: OFF: OFF: OFF: OFF:	26. PLACE g Home 5 GC. INJURY WORK? 1   YES	d dying, su  M  Jise given in  OF DEATH (C	n Part I.	24a. WAS PERFIT DESCRIBE HOVE	I + i m plratory ar  CV f  AN AUTOPSY ORMED? 2 DATO V INJURY OC est and Numbes	24	Approximata Interval Betw Onset and D 2 W 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  AUS OF CAUSE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	B. DUE TO	O (OR AS A CON O (OR	Ilina.  ISEQUENCE CONSTRUCTION  ISEQUENCE CONSTRUCTION  OT resulting  R 3 DOA  26b. Till  IN  It home, farm,  In, death occur	OTHER: 4   Nursin ME OF LIJURY M. , street, factor	a mode of a mode	d dying, su  Multiple of DEATH (C)  Residence  AT  2 NO	n Part I.	24a. WAS A PERF 1 YES One) Ther (Specify) DESCRIBE HOVE OCCATION (Street, Street, Stre	I + i m piratory ar  CV f  IN AUTOPSY DRMED? 2 D NO of and Number hanner as sta	24  CCURED or or Rural mted.	Approximata Interval Betw Onset and D 2 W 20
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  LEXAMINER?  1 YES 2 DAO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)  1 DERTIFYING PHYS	B. DUE TO	O (OR AS A CON O O O O O O O O O O O O O O O O O O	Ilina.  ISEQUENCE CONSTRUCTION  ISEQUENCE CONSTRUCTION	OTHER: 4   Nursin ME OF JURY M , street, factor	erlying cea	of DEATH (C	n Part I.	24e. WAS / PERF-1 UYES  One)  Ther (Specify)  DESCRIBE HOV  DOCATION (Streetly or Fown, Streetly or Fo	IN AUTOPSY ORMEO?  2 DATE  VINJURY OC  of and Number  tend due to 1  29d. DA	24  CCURED ar or Rural ated. the cause	Approximata Interval Betw Onset and D. 2 W Roll  b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO

THE STREET, SELECTION

BALTIMORE, MARYLAND	rurs after death. Page 6 may be retained by the hosp	d in by the tuneral director, page 5 should be detached or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely and in by the funeral director, page 5 should be detached fleet within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR	STATE OF MARY			T OF HEA		MENTAL HYGIEN	NE 3	00000			
	1. DECEDENT'S NAME (First, Middle, Last)	V.	-4/				2. DATE OF DEATH	DAY Y	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AC	GE (In yrs. last birthday)			UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)			
	219-18-3991	1 □ M 2 🖳 F	YRS.	MONTHS		DURS MIN.	(Month, Day, Year)	05 V				
œ	Se. FACILITY NAME (If not institution, give str	eet end number)		9b. CIT	Y, TOWN OR L	OCATION OF	DEATH	9c. COUNTY	OF DEATH			
DIRECTOR	Tiberty Medica	1 Center	r	Ba	ltimo	re						
IRE(	10a. STATE 10b. COUNTY		10c. C	TY, TOWN	OR LOCATION				10d. INSIDE CITY LIMITS?			
	Md  10e. STREET AND NUMBER		Ba	lti	more	P CODE		10a CITIZEI	YES 2 NO			
RA		3				1212		USA	TO WHAT COUNTY			
BY FUNERAL	421 Schwartz  11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Delivorced	12. WAS DECEDENT EVE FORCES? 1 YOUR STANDARD OF	ES 2 NO	13.	. WAS DECENI	ENT OF HISP	ANIC ORIGIN? (Specify Youn, Puerto Rican, atc.)		. RACE — American Indien, Black, White, etc. Specify:			
	15. DECEDENT'S EDUC		16a. DECEDENT	S USUAL C	OCCUPATION		16b. KIND OF B	USINESS/INDUS	Black			
Щ	(Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	f work done use retired.)	during most o	f working						
COMPLETED			Sec	ret	-							
	17. FATHER'S NAME (First, Middle, Last)				10		IAME (First, Middle, Meide	n Sumame)				
BE	Samuel Stratt  190. INFORMANT'S NAME (Type/Print)	on	19b. MAILIN	G ADDRES	SS (Street and		RUSSETT  If Aoute Number, City or To	wn, State, Zip Co	ode)			
5	EDna Moslev		2003	Who	eeler	Ave	Baltimor	e.Mar	21216 vland			
	EDna Moslev  2003 Wheeler Ave Baltimore, Maryland  20a. METHOD OF DISPOSITION 1-Q Burlel 2 Cremetion 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place)  20c. LOCATION — City or Town, State											
	4 Donation 5 Other (Specify) Maryland National Mem Pk Laurel Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY											
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSE		22	, NAME AND	ADDRESS OF	FACILITY	1701	McCulloh St			
	gray p	mrs							imore Md 212			
	23. PART I. Enter the diseases, or c shock, or heart fellure. I			not ente	er tha moda	of dying, su	ich as cardiec or rea	piretory stres	Interval Between			
	iMMEDIATE CAUSE (Final disease or condition	Chan	ie Roun	1.10	ailuk	0,			Onset and Dasth			
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions	Congest	enie he	arl-	faile	he	c Very por	a L vf	no no			
ERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING											
FIG	CAUSE (Disease or injury that initiated events											
H	resulting in death) LAST	d										
O	PART ii. Other significant condition	a contributing to dear	th but not resulting	in the u	underlying o	ause given	in Part I. 24e, WAS /	IN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDICAL								ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
AED.		1 YES 2 NO OF DE										
ä												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		E OF DEATH (	Check only one)					
PHYSICIAN:	1 YES 2 NO	1 Offipationt 2 ER/		4 □ No			a 6 Other (Specify)	V IN HURY COOK	nea.			
T		MANNER OF DEATH  28s. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY						DESCRIBE HOW INJURY OCCURED				
		2 Accident Investigation 28e PLACE OF INJURY — At home farm street factory office 28e							181. LOCATION (Street and Number or Rural Route Number,			
BY	2 Accident Investigation	28e. PLACE OF INJ	JURY At home, ferm	n, street, fa	ctory, office				Rural Route Number,			
BY	2 Accident Investigation	28e. PLACE OF INJ building, etc. (	JURY At home, ferm (Specify)	n, street, fa	ictory, office		281. LOCATION (Stree City or Town, Sta		Rural Route Number,			
BY	2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER 1 CERTIFYING PHYSIC	28e. PLACE OF INJ building, etc. (	(Specify)			d place, and d	City or Town, Sta	te)				
BY	2 Accident 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	building, etc. (	(Specify)	erred at the	ilme, date an		City or Town, Sta	nenner as stated				
	2 Accident 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	CIAN: To the best of my k	(Specify)	erred at the	time, date an		City or Town, Sta	neriner as stated	).			

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FOR STATE REGISTRAR

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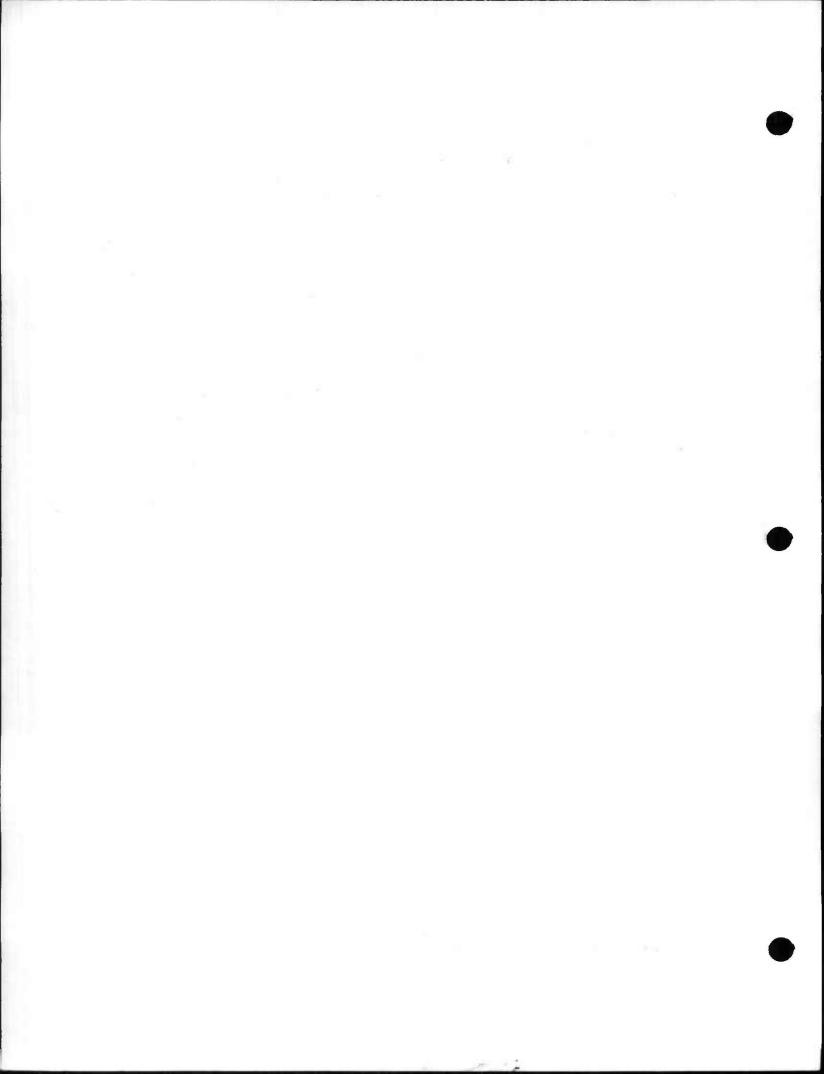
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) KEYES Lucille						2. DATE OF DEATH NONTH DAY YEAR 3. TIME OF					
	4. SOCIAL SECURITY NUMBER 6. SEX			6. AGE (In yrs. last birthday,	ER 24 HRS.	7. DATE OF BIRTH 8. BIT			PLACE (State or Foreign			
			1   M 2   KF	SO YRS.		DAYS HOURS		(Month, Day, Year	- 10	Counti	"4 C	2,1
	9e. FACILITY NAME (If not in:	stitution give si	_ /	_ 00	9h CITY T	OWN OR LOCA	TION OF DE			INTY OF D	FATH	S
POR	GOOD :	SAM	AritA	u Hosp.	BA	6/4	SIE				ENT!	
E	RESIDENCE OF DEC	10b. COUNTY	,		TY, TOWN OR						10d. INSIDE CITY	$\neg$
DIRECTOR	MD			B	Altil	nors					1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER	BEI	AIR	ROAD		10f. ZIP CO	DDE		10g. CI	IZEN OF V	WHAT COUNTRY?	
3	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AMMED				NIC ORIGIN? (Specify			E — American indian,	$\neg$
ВУ	1 Never Merried 2 3 Wildowed 4 Divo		FORCES? 1	YES 2 NO		YES 2 N		in, Puarto Rican, etc.) y:		Spec	k, White, atc. thy: Black	2
6		EDENT'S EDU		16a. DECEDENT	work done du	UPATION ring most of wo	rkina	16b. KIND OF	BUSINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0	T .	College (1-4 or 8	Illin Do NOT	use retired.)	22						
COM	17. FATHER'S NAME (First, M.	iddle, Last)				18. MC	THER'S NA	ME (First, Middle, Mel	den Sumame)	in	13	
TO BE	19a. INFORMANT'S NAME (7)	ype/Print)	· · · · ·	19b. MAILIN	IG ADDRESS (			Route Number, City or	Town, State, Z	ip Code)	2121	7
	200. METHOD OF DISPOSIT	ON TO	JELOY	20b. PLACE OF DISP	OSITION (Name	e of cometery, c	remetga, or	n HUE 20c	LOCATION -	- City or To	own, State	$\dashv$
	1 Buriel 2 Crematio 4 Donation 5 Other	(Specify)		UEST	ENN :	Star	(51	neter (	PATOR	3013	le, me	)
	21. SIGNATURE OU FUNERA	L SERVICE LIC	DENBEE		22. N	AME AND ADD	RESS OF FA	CILITY /	. 6	38	W. G1/1.	201
	Pla	y H	urre	<u> </u>	12	104	HA	mista	1. K	BAH	imox h	no
	23. PART I. Enter the di ahock, or h			et caused the daeth. Do use on aech lina.	not entar t	ha mode of	dylng, aud	ch as cardiac or re	apiratory s	rrest,	Approximete interval Betw	een
	IMMEDIATE CAUSE (Fir disease or condition	nal	de	0510							Onset end Da	eath
	resulting in desth)	<b>→</b>	e. DUE TO	O (OR AS A CONSEQUENCE	OE.					_		_
_			Ur	thera to	act	MA	Retu	m			100	uf
흔	Sequentially list conditions, If any, leeding to immediate											U
S	CAUSE (Disease or injury											
CERTIFICATION	thet initieted events reaulting in death) LAS	т	d d	OR AS A CONSEQUENCE	OF):							
	PART II. Other algolitics	nt condition	a contributing to	death but not resulting	n In the und	erivino caus	e alven In	Part I 24a WAS	AN AUTOPS	/ 124	b. WERE AUTOPSY FINDI	NOS
MEDICAL	VARTE II. Other alignmore	on condition	in contributing to	death but not resulting	a in the dud	errying cads	e disen m	PEF	FORMED?	2	AMILABLE PRIOR TO COMPLETION DF CAUS	
				-				1   YE	S 2 NO		OF DEATH?	
_												- 1
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  28. PLACE OF DEATH (Check only one)											
rsic	EXAMINER?  1   YES   NO   NO   NO   NO   NO   NO   NO   N											
		Pending investigation	28a. DATE O (Month,		IME OF NJURY M	Rec. INJURY AT WORK?		28d. DESCRIBE HO	O YRULNI WC	CCURED		
ED BY	2	Could not be determined	28s. PLACE building	OF INJURY — At home, ferm , etc. (Specify)	, atreet, facto	ry, office		20f. LOCATION (St City or Town, S		er or Rural	Route Number,	コ
	290. CERTIFIER	TIEVING DHVS	iCIAN: To the best of	f my knowledge, death occu	amed at the time	na deta and al	ano and du	to the severale) and	Mannar as a	leted		$\neg$
COMPLETED	one)			examination end/or investiga							s) and menner as state	ıd.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	Tent	) - MEDICAN	- INTE	- 11	ICENSE NU	MBER		3 20	O (Minth, Day, Year)	
5	30. NAME AND ADDRESS O	F PERSON WI	- GOOD	SAMARITAN		p 56	n1 1	DOH RM		nin	LEALTO M	
	31. DATE FILED (Month, Day,		32. REGISTR	AR'S SHIMTURE	(10)	7 30	01 -	-DOH KON	ION E	SUVD	2123 MACTO MA	a
	APR 03	1991	gilla David	Contaction of the last								1





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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 8 may be retained by the hospital or ammining portains.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use at the burst-transit permat. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA CERTIFIC			MENTA	REG. NO.	9	08589
1. DECEDENT'S NAME (First, Middle, Last)	E. Logica	0			MONT	3 29	91	3. TIME OF DEATH  2/30 P M
4. SOCIAL SECURITY NÚMBER 091-22-5703	1 🗆 M 2 🔀 F	62 YRS. W.	UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jur	of BIRTH h, Day, Year) 1 e 24,	1928	BIRTHPLACE (State or Foreign Country) New York
90. FACILITY NAME (If not institution, give st Anne Arundel H		9		COLIS,	EATH		Anne	of DEATH Arundel
RESIDENCE OF DECEDENT								
Maryland Ann	e Arundel		own or locat Ownsvi					10d. INSIDE CITY LIMITS?  1 YES 2 XNO
100. STREET AND NUMBER 1454 Fairfield	Loop Rd.		10f	2103	2			of what country? ed States
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	ENDENT OF HISPAR ecity Cuben, Mexice 2 XNO Specifi	n, Puerto			RACE — American Indien, Black, White, atc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade	Cation completed) College (1-4 or 5 +)	16e. DECEDENT'S US (Give kind of work life. Do NOT use in	WAL OCCUPATION to do no during mo etired.)	ON st of working		one	INESS/INDUST	ΉY
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Sumama)	-
George Franc	is				ry C			
19a. INFORMANT'S NAME (Type/Print) Anthony P. Lod	ico; Jr.			nd Number or Rural				35739
20a. METHOD OF DISPOSITION 1 2 Durial 2 Cremation 3 Remark 4 Donation 5 Other (Specify)	oval from State G a	PLACE OF DISPOSITION Of PLACE OF DISPOSITION CO	on (Name of cer	netery, cremetory or		20c. LO	CATION — City	or Town, State
21. SIGNATURE DE SINERAL SERVICE LE			22 NAME AL	es-Pear	cson	Fune	ral H	omes
23. PART If Enter the diseases, or o	complications that ceused	the death. Do not	enter the mo			ton, V		
	List only one ceuse on ea	ch line.						Interval Between Onset and Death
Sequentielly list conditions,	b	CONSEQUENCE OF):						
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	£	CONSEQUENCE OF):						İ
that initiated events resulting in deeth) LAST	d.	CONSEQUENCE OF):						
PART II. Other eignificant condition	e contributing to deeth bu	it not resulting in	the underlyin	g cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28. P	ACE OF CEATH (C)	heck only o	nne)	·· -	
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpa		THER:	ne 5 🗆 Residence				
27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 26c. IN.	URY AT DRK?		SCRIBE HOW I	NJURY OCCUR	ED
2 Accident Investigation 3 Suicide 5 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, stri				CATION (Street of or Town, State)	and Number or	Rural Route Number,
Torroom only	CIAN: To the best of my knowlers: On the basic of examination							euse(e) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	Veline 1	10		29c. LICENSE NU	MBER		29d. DATE S	IGNED (Morth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHE	O COMPLETED CAUSE OF OEA			- ANN	APO	ous .	Md	21401
31. DATE FILED (Month, Day, Year) APR 3 1991	31. REGISTRAR'S SIGNA				.,			

Haylin !

permit, Pages 1, 2, 3 should

notified at 9 must the medical examiner event, traumatic shows any Injury, or other DIRECTOR: After this certificate ha hours after death with the State D Item 28 is marked, or Item 3

TO THE HOSPITAL OF TO THE FUNERAL DE FILED WITHIN 72 he IMPORTANT: If IN

RAJESH

31. DATE FILED (Month, Day, Year)

CFPAWCA

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Legt) 2. DATE OF DEATH MONTH 3. TIME OF OEATH ANCASTER, U/20 AM 30 8. BIRTHPLACE (State or Foreign 6. AGE (In y/s. last birthday) A. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) 6-16-1907 MONTHS DAYS HOURS 1 🗌 M 2 🔯 F 83 YRS. 218-01-4408 MD 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR Liberty Medical Baltimore RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Baltimore FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 1357 Carroll St 21230 USA 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES 2 ☒NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

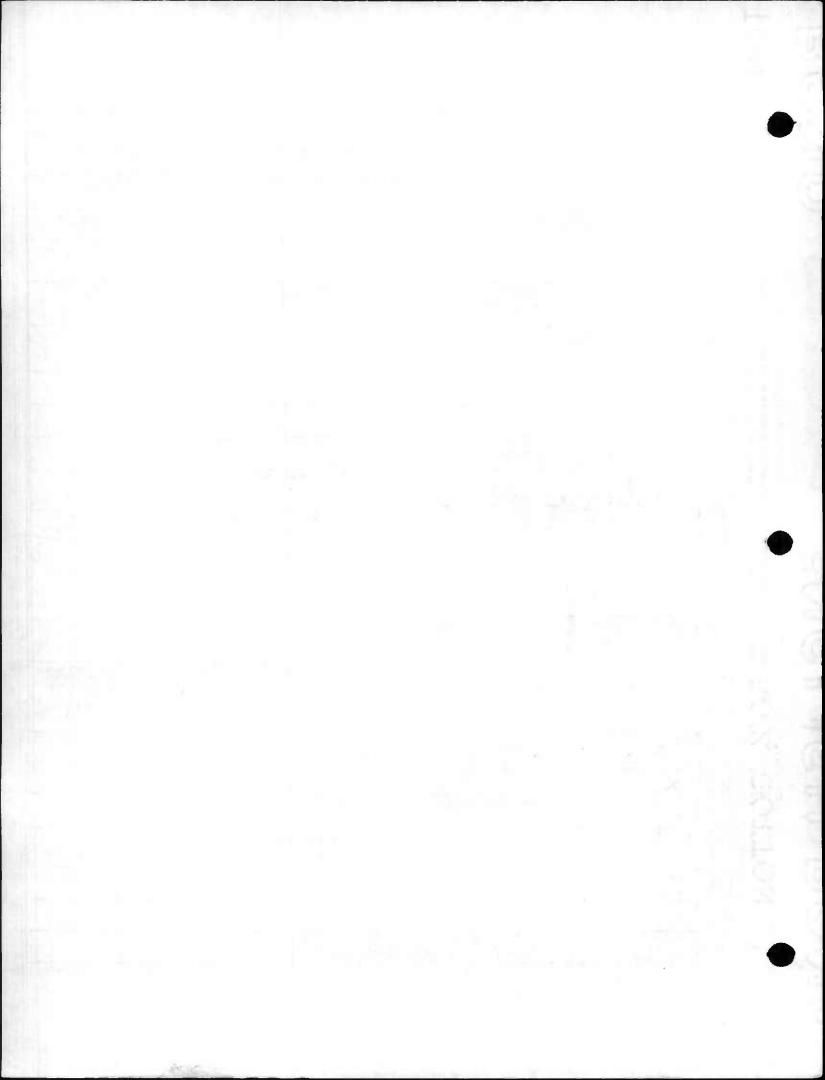
1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Black COMPLETED 16a. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEOENT'S EOUCATION (Specify only highest grade comple 16b. KING OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Tom Rawlings Della Rawlings 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1357 Carroll St., Balto., MD. 21230 Albert Lancaster OATE 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State of cemetary crematory or other place) Cedar Hill Cemetery Glen Burnie, MD 22. NAME AND ADDRESS OF FACILITY
Joseph H. Brown Jr. P.A.
1913 W. Baltimore St. Balto., MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ene 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final ELectolyte Imbalance disease or condition resulting in deeth) De hyclostion
OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Se / S & DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE vascula Acer'dent Cerebro 1 - YES 2 NO 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Shippetient 2 - ER/Outpetient 3 - DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 TES 2 KNO 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end piece, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month. Day, Year) 器 Horn Staff car uste ( Jaca 041097 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2

LIBERTY

who Davidson

MEDICAL CENTRE,

DHMH-16 Rev 1/89



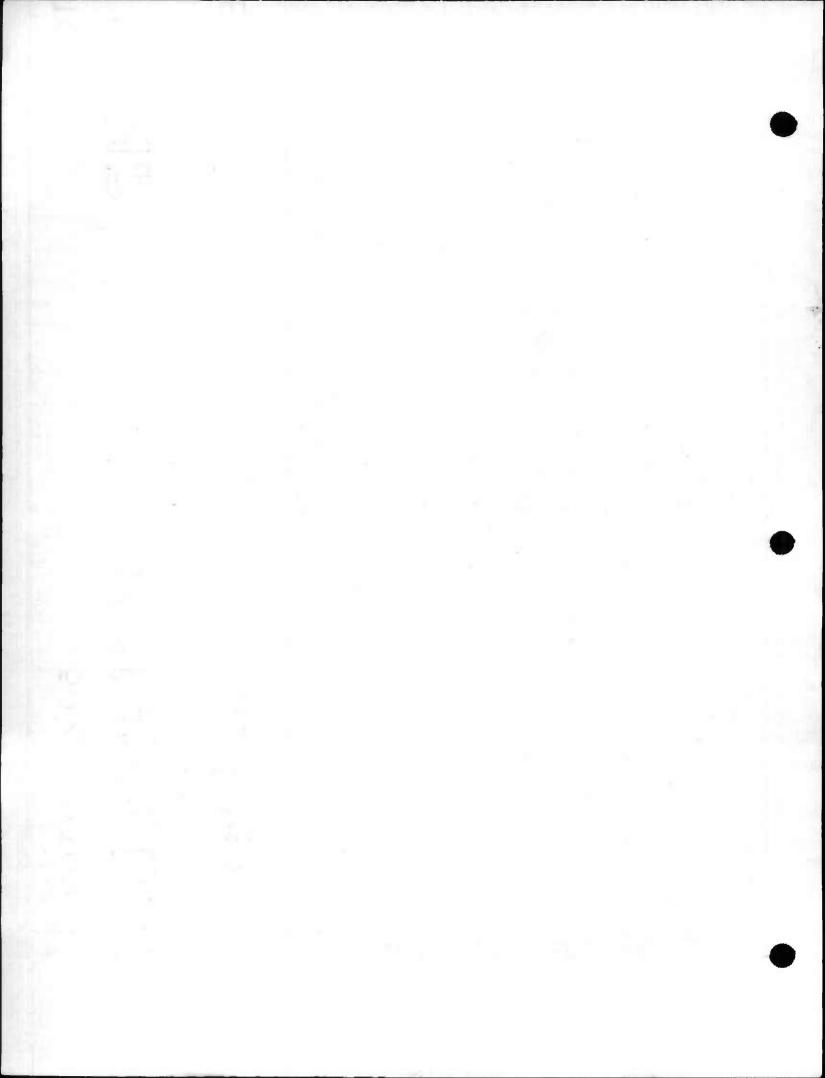
31. DATE FILED (Month, Day,

Year)

1991

32. REGISTRAR'S SIGNATURE
Julia Davidson Pandall

	FOR STATE	OF MARYLAND /	DEPARTMEN	T OF HEALTH AND	MENTAL HYGIENE	9	08590			
	1 - REGISTRAR			E OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) BERTHA A. LEWANDOW	SKI			2. DATE OF OEATH BAY	JEAN .	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2	8. AGE (In yrs. lest	birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5 - 11 - 13	MAR	HPLACE (State or Foreign			
	9a. FACILITY NAME (If not institution, give street end num 2407 FLEET STREET	nber)		Y, TOWN OR LOCATION OF O	EATH 9	c. COUNTY OF E	DEATH			
ביייייייייייייייייייייייייייייייייייייי	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY, TOWN				10d. INSIDE CITY			
5	MARYLAND  109. STREET AND NUMBER		BALT	I MORE	1.	A- OTTITEN OF 1	LIMITS?  1 YES 2 NO  WHAT COUNTRY?			
FILL	2407 FLEET STREET			21224		USA	WHAT COOKINY			
ם ים	1 Never Married 2 Married FORCE	DECEDENT EVER IN U.S. ARM ES? 1 YES 2 NO G, GIVE WAR OR DATES	IED 13	WAS OECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specifi	in, Puerto Ricen, etc.)	No- 14. RAC Blec Spec WHI				
ree e	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (	(Gh He.	EDENT'S USUAL ( e kind af work done DO NOT use retired.	during most of working	16b. KIND OF BUSIN	ESS/INDUSTRY				
	17. FATHER'S NAME (First, Middle, Last) VINCENT ROSZKO				AME (First, Middle, Malden Sui	mame)				
	19a, INFORMANT'S NAME (Type/Print)	196	MAILING ADDRES	S (Street and Number or Rural	Route Number, City or Town, S	State, Zip Code)				
	MR. ALFRED LWANDOW	SKI 4:	21 KENT	MORE TERR.	ABINGDON	, MD.	21009			
	20a. METHOO OF DISPOSITION  1 \( \tilde{\Omega} \) Burlel 2 \( \tilde{\Omega} \) Cremetion 3 \( \tilde{\Omega} \) Removal from 5 \( \tilde{\Omega} \) Other (Specify)		ND DATE OF DIS	POSITION (Name PIACEUS CEMETE AUS CEMETE		LTO. M				
1	TAMEN A	Engerous	- 11	ACZOROWSKI 2525 FLEET	FUNERAL STREET BA		ID. 21224			
1	3. PART I. Entar the diseases, or complicetion						Approximata			
	shock, pr heert fallure. List pnly of IMMEDIATE CAUSE (Final disease or condition resulting in daath)	East Fa	ilure	: Inbole	Ventourle	7	Interval Between Onset and Death			
	Sequentially list conditions,	Now TO (OR AS A CONSECUTIVE /1	ET D	island	boren	Money	-			
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEC	UENCE OF):				5			
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	UENCE OF):							
5	PART II. Other significent conditions contribu	uting to death but got m	aulting in the	andedulae seuse elven la	Part I. 24a, WAS AN AL	rmacy as	- WERE ALTROPOV ENDANCE			
MEDICAL				muonymy could given in	PERFORM	EO?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
- 1										
HISIOIGH.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT		ОТН		# 1 to					
2		DATE OF INJURY	DOA 4 N	28c, INJURY AT	6 ☐ Other (Specify)  28d, DESCRIBE HOW INJ	URY OCCURED				
-	15 Natural 5 Pending (Month, Day, Year) INJURY WORK?  M 1 YES 2 NO									
בים	3 Suicide 28e.	PLACE OF INJURY — At holbuilding, etc. (Specify)	ne, ferm, street, te	ctory, office	28f. LOCATION (Street end City or Town, State)	1 Number or Rural	Floute Number,			
MILLE	29a. CERTIFIER (Check only one) 2 MEDICAL EVANIMED ON the h									
3	2 MEDICAL EXAMINER: On the b	Total or examination and/or i	riverigation, in my							
10 DE	29b. SIGNATURE AND TITLE OF CERTIFIER	Slott	37	DOG	646	Bad, DATE SIGNE	O (Month, Day, Year)			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF DEATH (ITEM	4 27) (Type, Print)	1 . , '	1 1					



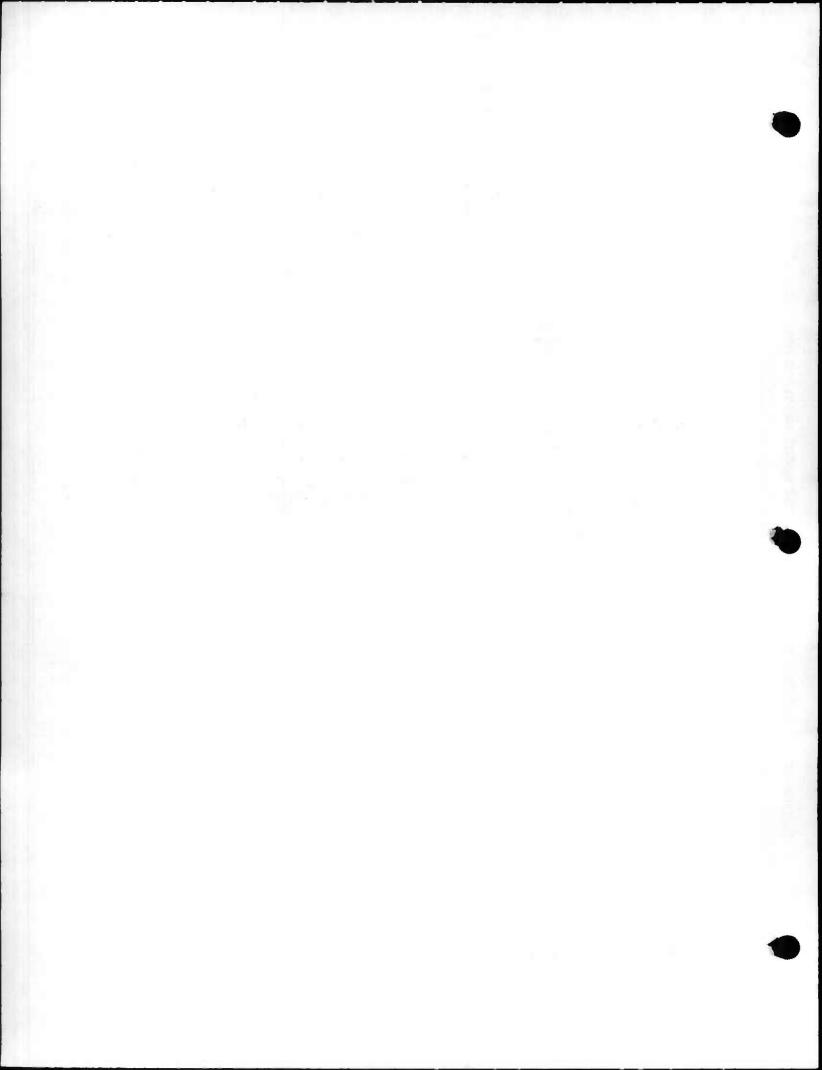
BALTIMORE, MARYLAND 21203-3146	Lurs after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within - Just after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transiting by the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

6

FOR

	1 - FOR STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIENE GREG. NO.	08591				
	1. DECEDENT'S NAME (First, Middle, Last)  ALICE MASSEY			2. DATE OF OEATH MONTH DAY	YEAR 3. TIME OF OEATH				
	4. SOCIAL SECURITY NUMBER  212-05-7909  1  M 2   9a. FACILITY NAME (If not institution, give street and number)	97 YRS.	F UNDER 1 YEAR IF UNDER 24 HRS.  ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/4/1892	8. BIRTHPLACE (State or Foreign Country) Maryland				
TOR	Pikesville Nursing Home  Pikesville  Pikesville  Pikesville								
DIRECTOR	MARYLAND 10b. COUNTY	10c. CITY, 1	PIKESVILLE		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☐₩0				
FUNERAL	7 SUDBROOK LANE		10f. ZIP CODE 21208		USA				
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 XWidowed 4 Divorced  12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	8 2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexica 1 YES 2 NO Specif		14. RACE — American Indian, Bleck, White, etc.  Specify: Black				
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of working	166. KIND OF BUSINESS/II	NDUSTRY				
BE COM	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden Surname, ABETH HENRY	)				
TO B	19s. INFORMANT'S NAME (Type/Print) RICHARD STEPNEY		DDRESS (Street and Number or Rural HILTON STREE		Zip Code) E, MD 21216				
	1 Donation 5 Other (Specify)	other place)	ION (Name of cemetery, cremetory or E NATIONAL C	EM. BALTI	City or Town, State  MORE , MARYLAND				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	sett		COUTY ETT & SON FO Y HEIGHTS AV					
	23. PART I. Enter the diseases, or complications that cause of shock, or heart failure. List only one cause of IMMEDIATE CAUSE (Final disease or condition resulting in death)	each line.	t enter the mode of dying, euc	ch as cerdiec or reepiratory	Approximate interval Between Onset and Death				
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	S A CONSEQUENCE OF:	charmond	disease disease	1				
MEDICAL	PART II. Other significent conditions contributing to deet	h but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPS PERFORMED  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (C						
	1  YES 2 NO	RY 28b. TIME	OF 28c. INJURY AT WORK?  M 1 YES 2 NO	8 G Other (Specify)  28d, DESCRIBE HOW INJURY OCCURED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJ		281, LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beet of my king one)								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		D304	194 P	ATE SIONED (Month, Day, Year)				
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	BUL RO	and flow	Y Baltimore	e MONNIE				

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BALTIMORE, MARYLAN

irs after death. Page 6 may be retained by

BE COMPLETED BY FUNERAL DIRECTOR

2

PHYSICIAN: MEDICAL CERTIFICATION

27. MANNER OF CEATH

1 Metural

2 Accident

3 Sulcide

4 🗌 Homicide

item 23

0

28 is marked,

BY

COMPLETED

BE

2

requires that the death certificate be executed within HOSPITAL DR ATTENDING PHYSICIAN: The law FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If Item 2

2.3						9		18592
1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		MENT OF H		MENTAL HYGI REG. I			
1. OECEOENT'S NAME (First, Middle, Last)		A 4		_	2. DATE OF CEATH		3. T	IME OF OEATH
LILLIE	В.	71.0	NRO		MONTH 4	1 0	71	OA
4. SOCIAL SECURITY NUMBER 246 54 2 535	5. SEX 8. AGE (In yrs. les		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year		B. BIRTHPLAC Country)	E (State or Foreign
9a. FACILITY NAME (If not institution, give s	treet and number)	9	b. CITY, TOWN (	R LOCATION OF DE	EATH	9c. COUNT	TY OF OEATH	
GOOD SAMARITA	N HOSPITAL		BAI	TIMORE	CITY			
10a. STATE 10b. COUNTY	Y	10c. CITY, T	OWN OR LOCAT	ION			10d.	INSIDE CITY
MARYLAND			BALTI	MORE			1 [2	LIMITS? KYES 2 - NO
10e, STREET AND NUMBER			101	ZIP COOE		10g. CITIZ	EN OF WHAT	COUNTRY?
5316 BELLEVILI				21207			USA	
11. MARITAL STATUS  1 Never Married 2 XMarried	12. WAS OECEOENT EVER IN U.S. AF FORCES? 1 YES 2				NIC ORIGIN? (Specify in, Puerto Rican, atc.)		14. RACE — A Black, Wh	merican Indian, Ite, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR OATES			2 NO Specifi			Specify:	Black
15. OECEOENT'S EOU	CATION	FOEOENTIO IIO	UAL OCCUPATION	a.				
(Specify only highest grade	completed) (G	Bive kind of work  Do NOT use n	k done during mo	st of working	160, KINO OF	BUSINESS/INOU	SIHY	
Elementary/Secondary (0-12)	Collega (1-4 or 5+)		ourou.y					
17. FATHER'S NAME (First, Middle, Last)			-	18. MOTHER'S NA	ME (First, Middle, Mai	den Sumame)		
SILAS ROSEBRO	OUGH			ELIZ	A			
19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING AC	OORESS (Street a	nd Number or Rural	Route Number, City or	Town, State, Zip (	Code)	
RUFUS MONROE	!	5316	BELLEV	ILLE A	VE BAL	<b>TIMORE</b>	, MD	21207
20s. METHOO OF DISPOSITION 1 文Buriel 2 □ Cremetion 3 □ Rem	20b. PLACE		ION (Name of cer	netery, crematory or	20c	LOCATION - C	ity or Town, 8	State
4 Donation 5 Other (Specify)	KING		ORIAL	PARK	B	ALTIMO	RE,M	ARYLAAN
21. SIGNATURE OF PUNERAL SERVICE LIC	CENSEE	1		O AOORESS OF FA				
D O L ora 1	11110	-			YETT &			
CAUUA	- Chuyo	9			TY HEIG			
23. PART I: Enter the diseases, or ahock, or heer failure.  IMMEDIATE CAUSE (Finel disease or condition	Liet only one ceuse onleach line	e.		, .		,		Approximate Intervel Between Onset and Desti
resulting in desth)	S. RESTRICTIVE	E to	NDJI	AGE C	CARDIC	70/	ATHY	
	SCLEROD	OUENCE OF):	SECO	NDAKY	.0 (;	)	ł	
Sequentielly list conditions,	0.		n					
If any, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSE	OUENCE OF):					i	
CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CONSE	OUENCE OF):						
reaulting in deeth) LAST	d							
PART II. Other algolificant condition	no contribution to death test and		46	t t	Bod I as mo		1	
PART II. Other arginicant condition	in contributing to death but not	resulting in	the underlyin	g cause given in	PER	AN AUTOPSY FORMEO?	AMA COI	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE
					_   ' ' '	2 CAMO		OEATH? YES 2 NO
	5				_			
25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (C)	neck only one)			
EXAMINER? 1 TYES 2 NO	HOSPITAL: 1 inpatient 2 in ER/Outpatient	3 DOA 4	THER:	na 5 🗆 Rasidence	8 Other (Specify)			

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

28b. TIME OF INJURY

2 \_\_\_ MEDICAL\_EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

28c. INJURY AT WORK?

1 YES

2 NO

29b. SIGNATURE AND TITLE OF POERTIFIER JUIST MD

28a. OATE OF INJURY (Month, Day, Year)

29c. LICENSE NUMBER 40903

28d. OESCRIBE HOW INJURY OCCUREO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. OATE SIGNEO (Month. Day Year)

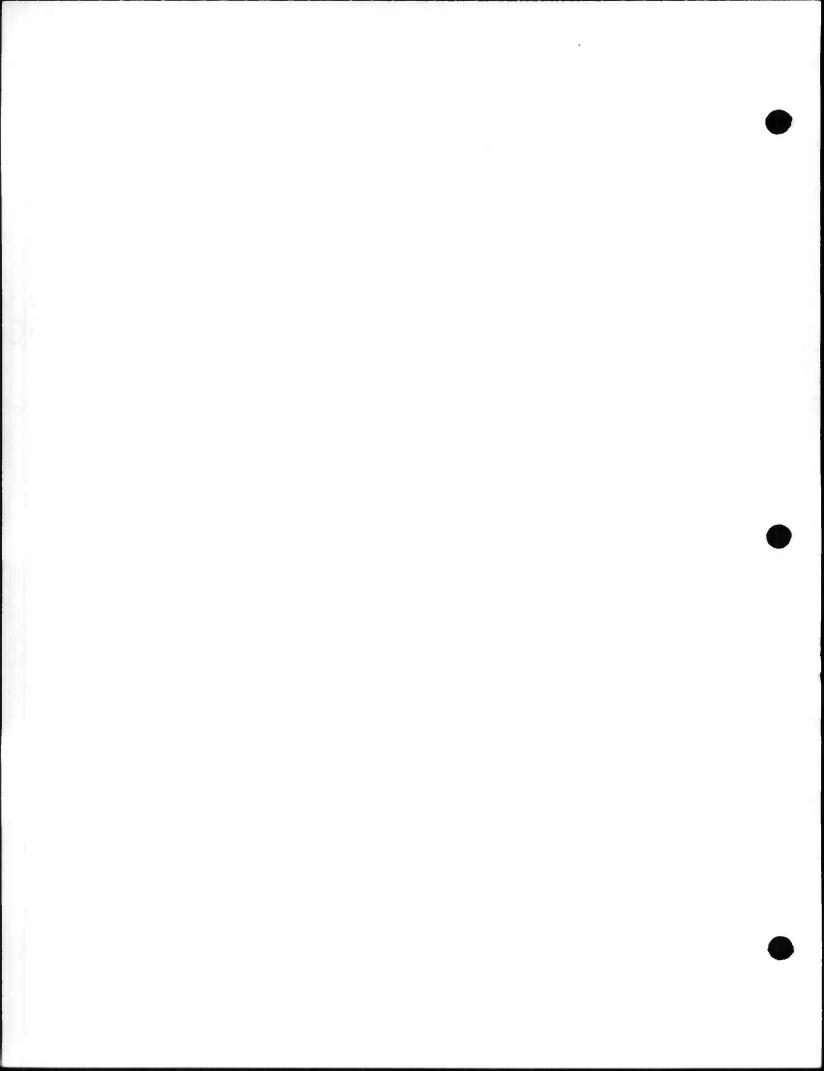
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SAMARITAN HOSPITAL SOOI COZH RAVEN BLUD

0500 H 31. OATE FILEO (Month, Day, Year) APR 0 3 1991 32. REGISTRAR'S SIGNATURE

investigation

8 Could not be

BALT



	REGISTRAR			CERTIF	-1
	1. DECEDENT'S NAME (First, Middle, Lest)	OOROTHY I	DENNT	S MOORE	
			_		_
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	T,
	220-44-3307	1 □ M 3/X F	86	YRS.	1
	Se. FACILITY NAME (If not institution, give s				1
Ö	Greater Baltimore	e Medica	l Cen	ter	1
ក្ន	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	Υ		10c. CI	TY
DIRECTOR	Manual and Rail	ltimore			'o
0 7	Maryland Bal	геппоте		1 1	0
FUNERAL		- 4			
N	411 Carolina Roa	12. WAS DECEDE	NT EVED IN	ILO ADMED	
F	1 Never Married 2 Merried	FORCES?	1 YES	2 NO	
BY	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DAT	ES	
	15. DECEDENT'S EDU			16a, DECEDENT'	SI
E	(Specify only highest grade			(Give kind o	UBE
PL	Elementary/Secondary (0-12)	College (1-4 or 5	**	Teac	:h
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			30.00	_
	John Henry Denn	is			
BE	190. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G
5	Richard B. Moore			4 10 10 10	a
	204 METHOD OF DISPOSITION		201	PLACE AND DA	
	1 Donation 5 Other (Specify)	oval from State	10/0	emetary cremato	ry
	21. SIGNATURE OF FUNERAL SERVICE LIKE	obises /	11-	ara Ria	Б
	Sonning 14	Dien!	1.eu	MKS	
	Dennis Step	en Xeral	kis	CC /C \	
	23. PART I. Enter the diseases, or o				n
	shock, or heert fellure.  IMMEDIATE CAUSE (Finel	List only one ce	use on ee	cn line.	,
	disease or condition	5	ent	L SI	_
	resulting in deeth)	DUE TO	O EGS, AS A	CONSEQUENCE	OF
Z			1 hou	والمدين والمساور	-
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO	O (OR AS A	CONSEQUENCE	OF
CAT	cause. Enter UNDERLYING	c.			
F	CAUSE (Disease or injury that initiated events	DUE TO	O (OR AS A	CONSEQUENCE	OF
H	resulting in death) LAST	d			
	PART II. Other significent condition	an anathman t	a death I	A	
DICAL	FART III, Other significant condition	- contributing t	o death ou	not resurting	3 11
DIC					_
ME					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			T
S	1 TYES 2 NO	1 M-Inpatient 2	☐ ER/Outpa	ntient 3 🗆 DOA	
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE C	Day, Year)	28b. T	IMI
BY F	1 Natural 5 Pending 2 Accident Investigation				
0	3 Suicide 8 Could not be	28e. PLACE	OF INJURY	At home, farm	, 6
TE	4 Homicide determined	Somethy	e, ent (opec	77	
COMPLETE	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the heet	of my knowle	dge, death nece	-
MP	One)	ER: On the basie of			
					_
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	- a	7	h -	
0	30. NAME AND ADDRESS OF PERSON WI	Lunch		100	_
					-

La SOCIAL SECURITY NUMBER  220—44—3307  Lim 1/2 N/2 F 86	7 91 3. TIME OF DEATH 7 12: 25P		2. DATE OF MONTH				IS MOORE	DENN	DOROTHY D		DECEDENT'S NAME (First
RECEIPTER SALE INDICATION OF DEATH  TOWS ON  Baltimore Medical Center TOWS ON  Baltimore 106. 200 CONF.  WAS COUNTY NOW OR LOCATION OF DEATH  108. COUNTY NOW OR LOCATION OF DEATH  109. COUNTY NOW OR LOCATION OF DEATH  109. COUNTY NOW OR LOCATION OF DEATH  109. COUNTY NOW OR	8. BIRTHPLACE (State or Foreign Country)	OF BIRTH th, Day, Year)	(Month, D			7					
STATE WAS ASSETTED TO BE SECONT YOUN OR LOCATION TOWN OR				TION OF DEA	VN OR LOCATI	9b. CITY, TOWN	0	0			
SETENT AND NUMBER    STREET AND NUMBER   Set COUNTY   TOWS ON TOWS IN TOWS ON STREET AND NUMBER   SET COUNTY    Baltimore	В			on	Towson	nter	1 Ce	e Medical			
STREET AND NUMBERS  4 IT CATOLINA ROAD  AND PLAN TATULE  TOWNOOT MARTINE 2   Memired  PORCESS** 1   YES 30 NO.  MADITAL STATUS  TOWNOOT MARTINE 2   Memired  PORCESS*** 1   YES 30 NO.  MADITAL STATUS  TOWNOOT MARTINE 2   Memired  PORCESS**** 1   YES 30 NO.  MADITAL STATUS  TOWNOOT MARTINE 2   Memired  PORCESS****** 1   YES 30 NO.  MADITAL STATUS  TOWNOOT MARTINE 2   Memired  PORCESS***********************************	10d. INSIDE CITY				CATION	, TOWN OR LOC	10c. CIT		Υ		
### ALLE CATOLINA ROAD  ### ALLE ROAD  ### ALLE CATOLINA ROAD  ### ALLE CATOLINA ROAD  ### ALLE ROAD  ### ALLE CATOLINA ROAD  ### ALLE CATOLINA ROAD  ### ALLE ROAD  ### ALLE CATOLINA ROAD  ### ALLE CATOLINA ROAD  ### ALLE ROAD  ### ALLE CATOLINA	1 TYES 2XX NO					wson	T		ltimore	Ва	Maryland
MANTRAL STATUS   12 MAST DECEDENT SPORT BY 12 MAST DECEDERATE SPORT OF MAST DECEDERATE SPORT O	10g. CITIZEN OF WHAT COUNTRY?	10g. Cr			101. ZIP COD	1					
New Married   Greened   FORCEST     YES   SQLING   N   Tyes, specify Cubben, Martican, etc.)   Specify   YES, QUY WAR OR DATES   1   YES   SQLING   Specify:   Will   YES, QUY WAR OR DATES   1   YES   YES, QUY WAR OR DATES   YES, QUY WAR OR DATE   YES, QUY WAR   YES, QUY WAR OR DATE   YE			-								
Significant Conditions and Consequence of Secretary Secr	Black, White, etc.	N? (Specify Yes or No— Rican, etc.)	n, Puerto Rice	ban, Mexican,	specify Cubi	If yes,	2XXNO	1 TYES	FORCES? 1		
Elementary/Secondary (0-12) College (1-4 or 5 +)  Elementary/Secondary (0-12) College (1-4 or 5 +)  Elementary/Secondary (0-12) College (1-4 or 5 +)  ### Teacher  Te	Specify: White		y:	O Specify:	YES ZYDKNO	1 U YI	ATES	WAR OR E	IF YES, GIVE V	Divorced	Widowed 4 Div
Teacher   Baltimore City   A   Teacher   Baltimore City   Teacher	ESS/INDUSTRY	b. KIND OF BUSINESS/IN	18b. KJ	ridno							
TRATTER'S NAME (Past, Middle, Latil)  JOHN Henry Dennis  8. INFORMANT'S NAME (Past Middle, Middle, Summers)  8. INFORMANT'S NAME (Past Print)  19. MAILING ADDRESS (Street and Number or Rural Route Number. City or Rew., State, Zip Code)  4.11 Carollina Ave. Towson, Maryland 21204  8. METHOD OF DISPOSITION  20. PLACE AND DATE of DISPOSITION (Name or Chiral Route Number. City or Town, State or Compilization of Chiral Ridge (Past Remarkor 3 — 30)  20. PLACE AND DATE of DISPOSITION (Name or Rural Route Number. City or Town, State or Compilization of Chiral Ridge (Past Remarkor)  21. SIGNATURE OF PACILITY  MIDTICAL RIDGE (Pinel Blasses or conditions, and the caused the death. Do not enter the mode of dying, such as cerdiac or respiratory street, and such as a consequence of pick.  DUE TO (OR AS A CONSEQUENCE OF):  3. PART II. Other significant conditions, and such as a consequence of pick.  DUE TO (OR AS A CONSEQUENCE OF):  3. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  23. PLACE OF DEATH (Check only one)  24. WAS AN AUTOPSY PERFORMEDY  1   YES 2   Middle   Past	0.1	D 711				e retired.)	life. Do NOT u	5+)	College (1-4 or 5		
Anna Rebecca Stuart  8. NROMANT'S NAME (TyperPrint)  Richard B. Moore  guettroop or Bignostron  Apparent 3 C. Virenation 3   Removal from State  Densition 5   Other (Specify)  19. NALCE AND DATE or DESPOSITION (Name)  Densition 5   Other (Specify)  Densition 5   Other (Specify)  19. NALCE AND DATE or DESPOSITION (Name)  Densition 5   Other (Specify)  Densition 6   Other (Specify)  Densition 7   Other (Specify)  Densition 6   Other (Specify)  Densition 7   Other (Specify)  Densition 7   Other (Specify)  Densition 8   TUNERAL SERVING  DENSITY   Other (Specify)  DENSITY   Other (Specify)  DENSITY   Other significant conditions  a. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A					I	er	Teac		4	Charles Advisors Annuals	CATHERIN MALE CL.
196. MAILING ADDRESS (Stones and Number or Flural Floute Number. City or Town. State. Zo Code)  Richard B. Moore  90. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name 21. SIGNATURE of Flural (Specify)  1. SIGNATURE of Flural (Specify)  2. Supplied (Specify)  2. S	The state of the s		20 Per 20						is		
DUE TO (OR AS A CONSEQUENCE OF):						ADDRESS (Stree	19b. MAILING	-			
Sequentially list conditions causes or inclury that initiated events resulting in death) LAST   Due to (or as a consequence of):							100			B. Moore	Richard B.
22. NAME AND ADDRESS OF PACILITY  Mitchell—Wiedefeld Home  Dennis Stephen Xerkis  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory strest, shock, or heart fellure. List only one cause on each line.  MMEDIATE CAUSE (Finel disease or condition)  a. DUE TO (OR AS A CONSEQUENCE OF):  Bequentially list conditions, desthock or injury hart initiated everts are caused in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A C									oomi from State	SPOSITION	METHOD OF DISPOSIT
Mitchell—Wiedefeld Home  6500 York Road Baltimore, Maryland  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory streat, shock, or heart feliure. List only one cause on each line.  MMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (0R AS A CONSEQUENCE OF):  DUE TO (0R AS A CO	sville, Maryland	30 Pikesvi					ruid Rid	_ NO			
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory strest, shock, or heert feliure. List only one cause on each line.  MMEDIATE CAUSE (Finel disease or condition)  a. DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE			itchel	Mi			rack	ue.	When V	nnin()	Senn
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DUE TO (OR AS A CONSEQUENCE OF):  d						ን:	A CONSEQUENCE O	TO (OR AS	DUE TO	Immediate	sny, lesding to imme
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMACY, 1 YES 2 MO.  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO.  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  28b. PLACE OF INJURY 28b. TIME OF INJURY At WORK? 1 YES 2 NO.  28c. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO.  28c. PLACE OF DEATH (Check only one)  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. LOCATION (Street and Number or Rural Route Num Chy or Town, State)  28d. LOCATION (Street and Number or Rural Route Num Chy or Town, State)  28d. LOCATION (Street and Number or Rural Route Num Chy or Town, State)  28d. LOCATION (Street and Number or Rural Route Num Chy or Town, State)  28d. LOCATION (Street and Number or Rural Route Num Chy or Town, State)  28d. LOCATION (Street and Number or Rural Route Num Chy or Town, State)  28d. LOCATION (Street and Number or Rural Route Num Chy or Town, State)  28d. LOCATION (Street and Number or Rural Route Num Chy or Town, State)						j:	A CONSEQUENCE O	TO (OR AS	cDUE TO	or Injury	AUSE (Disease or In)
AMALES COMPLE CO			1000						d		
AMALES COMPLE CO	JTOPSY 24b. WERE AUTOPSY FINDI	24a WAS AN AUTOPS	Part I. 2	e alven in f	lying cause	n the underly	but not resulting	to death	ns contributing to	anificent condition	ART II. Other signific
26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH    Natural   S   Pending Investigation   Pend	ED? AMAILABLE PRIOR TO COMPLETION OF CAUS	PERFORMED?		9,000,000							
28. PLACE OF DEATH (Check only one)    CERTIFFIER (Check only one)	OF DEATH?	TU TES 2 GARLE	—   '								
EXAMINER?  1   YES 2   NO			_								
1 VES 2 NO 1 16-Impatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Recidence 6 Other (Specify)  77. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Fural Route Num City or Town, State)  1 CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and ma		one)	neck only one)	F DEATH (Che	6. PLACE OF					RRED TO MEDICAL	
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2 Accident 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Fural Route Num City or Town, State) 28c. CERTIFIER (Check only one) 28d. LOCATION (Street and Number or Fural Route Num City or Town, State) 28d. LOCATION (Street and Number or Fural Route Num City or Town, State) 28d. LOCATION (Street and Number or Fural Route Num City or Town, State) 28d. LOCATION (Street and Number or Fural Route Num City or Town, State) 28d. LOCATION (Street and Number or Fural Route Num City or Town, State) 28d. LOCATION (Street and Number or Fural Route Num City or Town, State) 28d. LOCATION (Street and Number or Fural Route Num City or Town, State) 28d. LOCATION (Street and Number or Fural Route Num City or Town, State)	URY OCCURED	ESCRIBE HOW INJURY O	28d. DESCF		WORK?	URY				_	_
to Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) and me  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) and me  MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) and me				2 NO			Y 411	OF IN 115	00- 01-05-6		2 Accident
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1. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  JAMES GUINGHI, ND 7801 XVIII RD TOWSON, MD 2/2	> <1-> ×15/	,	/ /	1			- 3			0 1	

DHMH-18 Rev 1/89

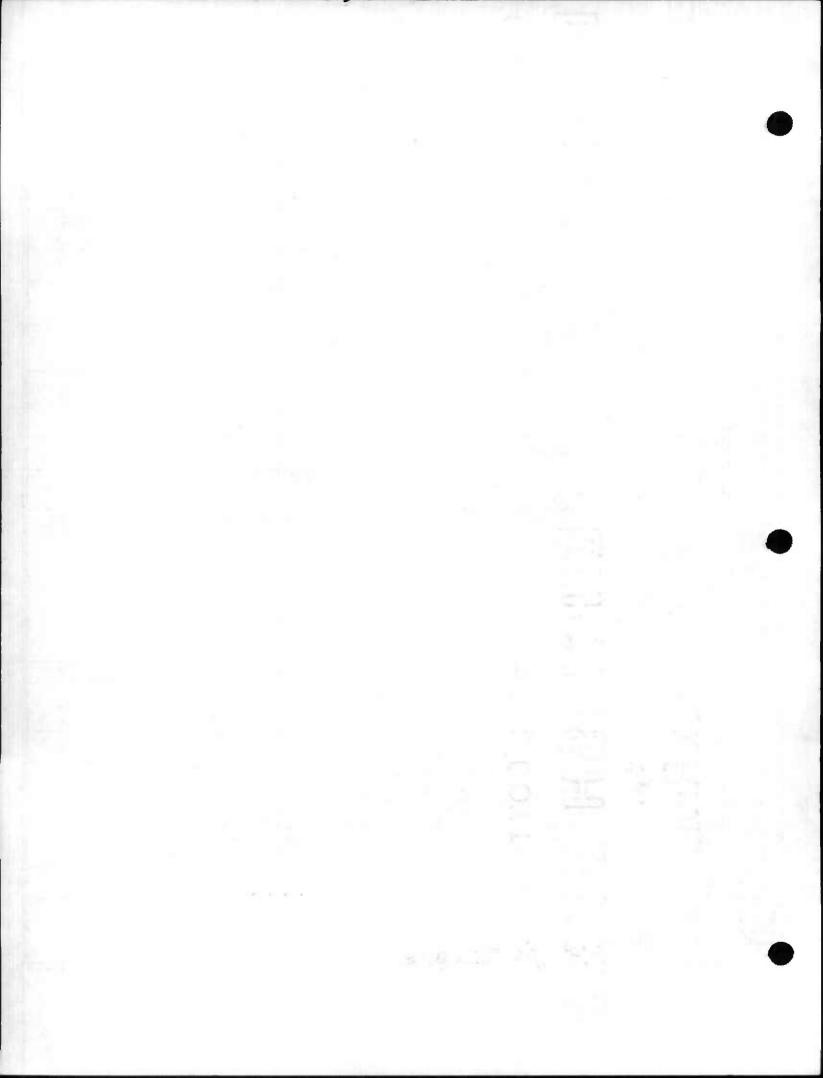
NOTITION S

VG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	asth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HYSICIAN: The law requi	his certificate has been s	with the State Dept. of H	ked, or Item 23 shov
AL OR ATTENDING P	AL DIRECTOR: After the	2 hours after death	ITANT: If item 28 is mari
TO THE HOSPIT	TO THE FUNER	be filed within 7	IMPORTANT:

ulcal examiner must be notined at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
, or other traumant event, me me	ERTIFICATION
NI: If Item 26 IS marked, or Item 23 Shows any Injury	E COMPLETED BY PHYSICIAN: MEDICAL C
IMPURIANT	TO BE C

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91-1740-510 FOR STATE REGISTRAR	STATE OF I			CATE	OF I	DEATH		REG. NO.			
DECEDENT'S NAME (First, Middle, Last)				IOATE	01 1	DEATH	2. DATE OF	DEATH			3. TIME OF DEATH
Frank N.	Mı	urphy, S	Sr				монтн 03	3		991	6:18 A
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign
233-14-2158	1 💢 M 2 🗆 F	74	YRS.	MONTHS	DAYS	NOURS MIN.	Month, L	5-19	16	Country	"N.C.
FACILITY NAME (If not institution, give :	street and number)			9b. CITY, T	TOWN OR	LOCATION OF DE				NTY OF D	EATH
042 Boarman Ave	nue			Ralt	imor	e City					
)42 Boarman Ave sidence of decedent								-			
STATE 106. COUNT	•			ry, town on Itimor		ON					10d. INSIDE CITY
STREET AND NUMBER			Du	1 5 111101		ZIP CODE			140 - OIT	TEN OF H	1 N YES 2 NO
4042 Boarman A	venue					1215				U S /	
MARITAL STATUS		IT. EVER IN II S. A.	BMED	13 WI		NDENT OF HISPAI	NIC OBIGINS	Consider Van	Щ,		— American Indian,
Never Married 2 Married	12. WAS DECEDEN FORCES?		NO	H y	yes, spec	Clfy Cuban, Maxica	in, Puarlo Ric		01110—	Black	c, White, etc.
Widowed 4 Divorced	1 123, GIVE	WIN ON DATES		''	1E3 2	A Specia	у.			Specif	Black
15. DECEDENT'S EDU (Specify only highest grade	ICATION			USUAL OCC			18b. K	ND OF BUS	BINESS/INC	OUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	- Hi	e. Do NOT u	se retired.)	any most	or working	R	eth	St 00	1	
							D.	11	Jude	1	
ATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA			Surname)		
Glenn N. Murphy						Ne!!	Suddre	eth			
INFORMANT'S NAME (Type/Print)		1				d Number or Rural					
Peggy Womack			404	2 Boar	rman	Avenue	Balt	_			
METHOD OF DISPOSITION  Burlal 2 Cremation 3 Ren	noval from State			E OF DISPOS			DATE		CATION -		
Donation 8 - Other (Specify)		_ of cemetar	ion P	ark Le	emet	erv	469	II Ra	Itim	ore,	Md
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31. DATE FILED (Month, Day, Year)

APR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

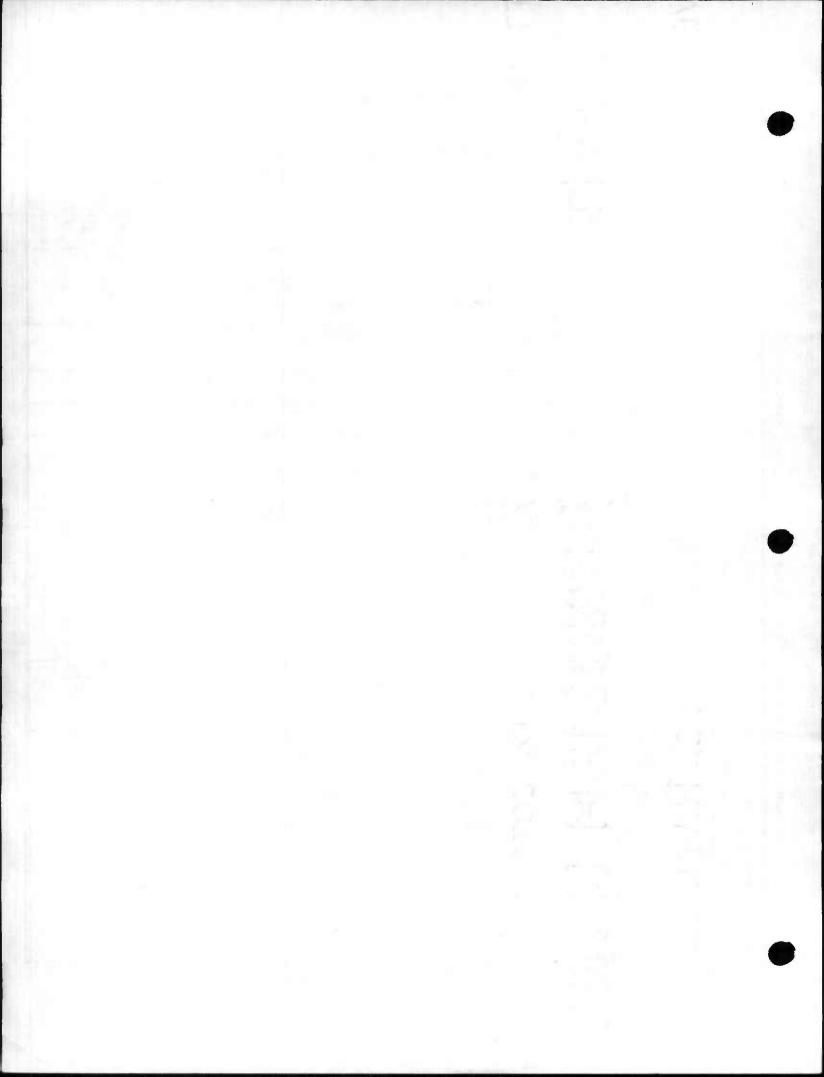
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use, as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at name. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	G-674 4/5/91 cm	STATE OF M	ARYI AND /	DEPAR	TMENT	OF HEA	LITH A	NN MF	NTAL HYGIEN		0	8595
	1 - STATE REGISTRAR	017112 01 1111			CATE				REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								DATE OF DEATH		3. 1	TIME OF DEATH
	ROBERT	HAYES		McI	DUFF	ΙE			03 28			M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1		F UNDER 24		DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLA Country)	CE (State or Foreign
	218-12-0907	1 💢 M 2 🗆 F	6.4	YRS.	MONTHS	DAYS H	OURS A	META.	09-01-2	6	Courney)	N.C.
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, 1	TOWN OR I	OCATION			9c. COUNT	Y OF OEATH	1
<u>۳</u>	1930 E. 3	Oth ST	REET		В	ALTI	MORE	F. M	D			
15	RESIDENCE OF DECEDENT							- ,				
DIRECTOR	10a. STATE 10b. COUNTY			111111111111	Y, TOWN OR			ТҮ				I. INSIDE CITY LIMITS? VYES 2 NO
	10e. STREET AND NUMBER						P CODE			10g. CITIZE		COUNTRY?
FUNERAL	1930 E. 30	th ST.					212	218			USA	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 24 400 IF YES, GIVE WAR OR DATES						y Cuban, I	Maxican, P	ORIGIN? (Specify Yea werto Rican, atc.)	or No— 1	Black, WI	American Indian, nite, etc. BLACK
	15. DECEDENT'S EDU	CATION	16a, DEC	CEDENT'S	USUAL OC	CUPATION			16b. KIND OF BUS	SINESS/INDUS		
COMPLETED	(Specify only highest grade	completed)	(GA	ve kind of	work done du se retired.)	uring most o	of working					100
12	Elementary/Secondary (0-12)	College (1-4 or 6+)		CADI	.ED	/FIO	DIC	Т				
MO	17, FATHER'S NAME (First, Middle, Last)	-		SADI	EU				(First, Middle, Malden	Surname)		
	FOREST McDU	IFFIF						21111111	CRADDI			
BE	19a, INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS	(Street and			Number, City or Tow		ode)	
5		CDUFFIE							ALTIMOR			21218
	20s. METHOD OF DISPOSITION  1 M Muriel 2 Cremetion 3 Removel from State  4 Donetton 5 Other (Specify) Date  20b. PLACE AND DATE OF DISPOSITION (Name of Comparing Property of CEM OWINGS MILLS, MD											
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE Was	w-2			M.C.				01 E	. NO	RTH AVE.
										Approximate Interval Between Onset and Death		
N	Securedially that are delegated	b	OR AS A CONSEC	DENCE O	<del>-</del> ):							
ATIO	Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING	DUE TO (	OR AS A CONSEC	DUENCE O	F):							
ERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSEC	OUENCE O	f):							
S I		d										
CAL	PART II. Other significant condition	e contributing to	death but not n	esulting	In the unc	derlying o	suse giv	en in Par	PERFO	RMED?	AW	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE
MEDICAL	HTN								1 TYES	NO.		DEATH?
PHYSICIAN:	SCIZURES post	CVA										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		E OF DEA	TH (Check	only one)			
XS.	1 YES 2 NO	1   Inpatient 2							Other (Specify)			
	27. MANNER OF DEATH  Natural 5 Pending	DF INJURY 28b. TIME OF 10py, Year) 28b. TIME OF 10py, Year) 28c. INJURY AT WORK?				28d. DEŞCRIBE HOW INJURY OCCURED						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)							St. LOCATION (Street City or Town, State)		r Rural Route	e Number,	
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of ex										d menner as stated.
BE C	296. SIGNASTURE AND TITLE OF CERTIFIE	Cost.	60	,,	1 11	A 1	Pec. LICEN	SE NUMBE	ir Z	29d. DATE	SIGNED (M	onth, Day, Year)
2	30 NAME AND ADDRESS OF REPRON W	or Cours exert carls	E DE DESTRUCTE	1	M		100	ノナー	7		111	7/

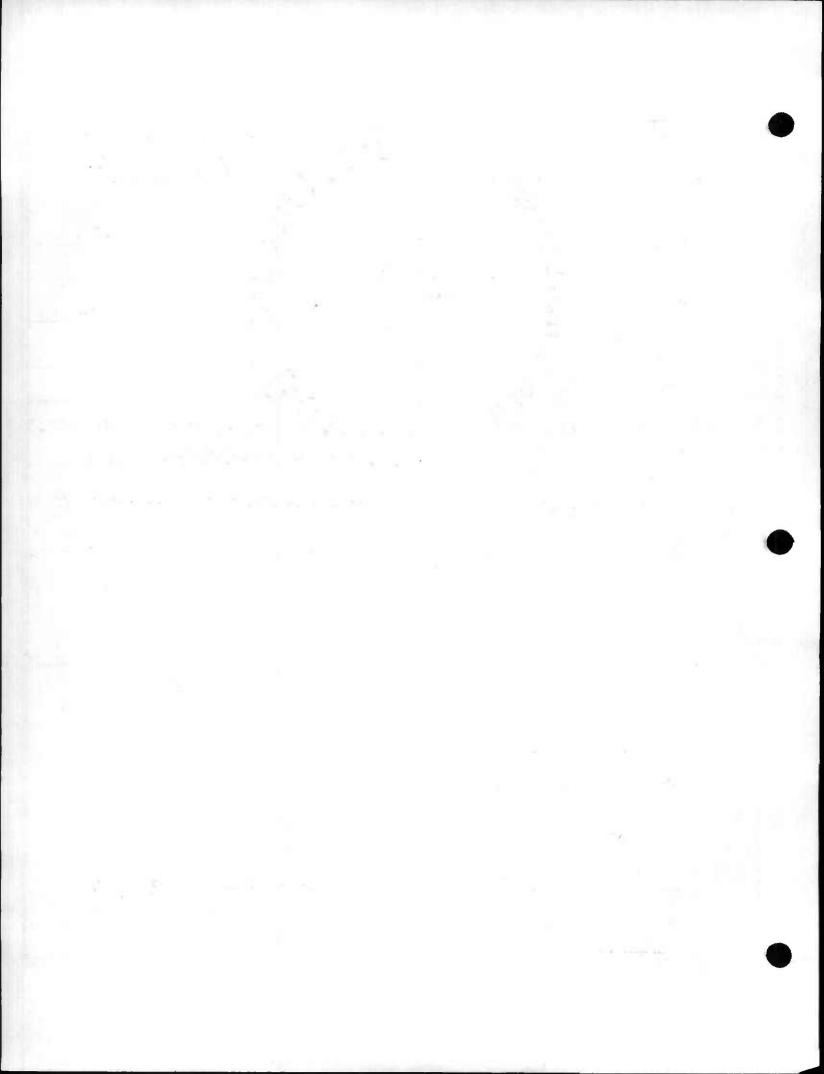
32. REGISTRAR'S SIGNATURE

1 Julia Davidson-Randalls



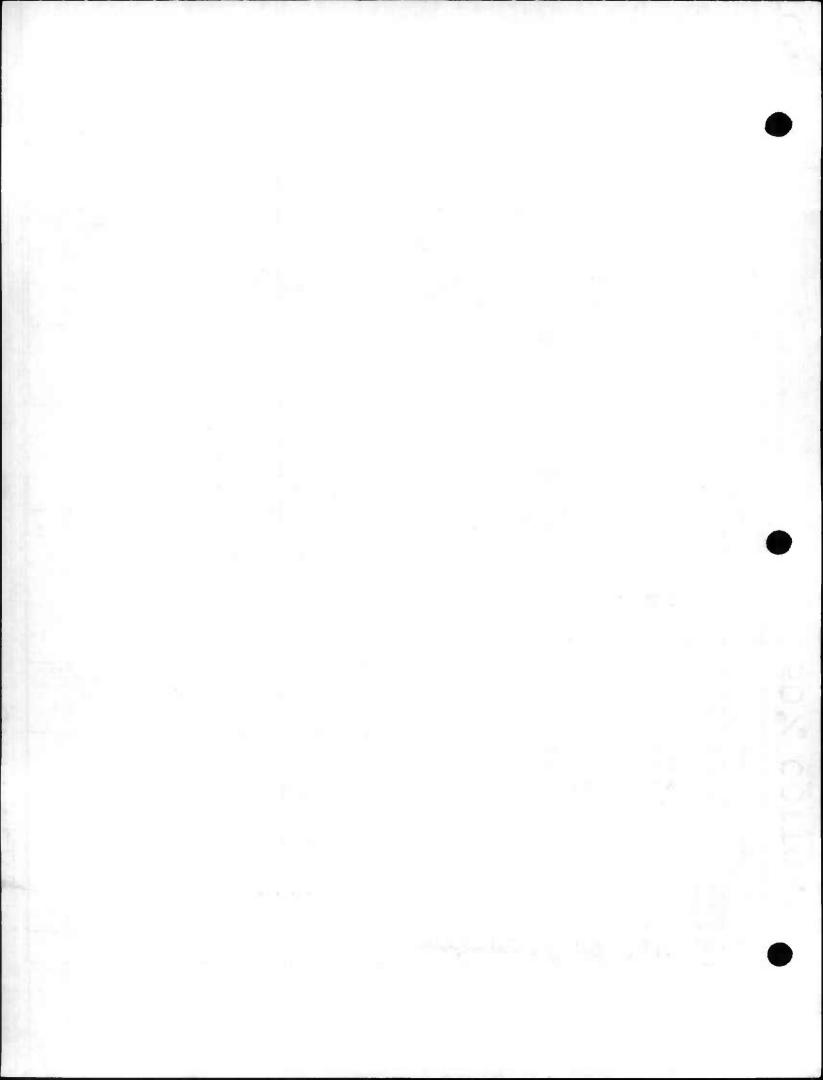
transit permit. Pages 1, 2, 3 should

•	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMEN CERTIFICAT	T OF HEALTH AND I	MENTAL HYGIEN REG. NO		30030		
	1. DECEDENTIS NAME (First, Middle, Lest)	MOORE	-	75	2. DATE OF DEATH MONTH D. 3		3. TIME OF DEATH 10:54 M		
	4. SOCIAL SECURITY NUMBER	1 M 2 □ F	YRS. MONTHS	111	7. DATE OF BIRTH (Morith, Day Year) 12 19	90 0	RTHPLACE (State or Foreign unitry)  MD		
TOR	90. FACILITY NAME (If not institution, give s  Mt. Washington  RESIDENCE OF DECEDENT	Pediatric	Hosp. 8	Altimire	md	9c. COUNTY O	F DEATH		
DIRECTOR	10a. STATE 10b. COUNT	A	BAL-	more, c	ity		10d. INSIDE CITY LIMITS?  1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER  706 N. G	- 10 VER =	street	101, ZIP CODE  2120		U.	S A A		
B	1 Never Married 2 Married 3 Widowed 4 Divorced		\$ NO	If yes, specify Cuban, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	Charles 1 1	Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S USUAL (Give kind of work don the. Do NOT use retired	e during most of working	16b. KIND OF BU	SINESS/INDUSTF	8Y		
BE COM	17. FATHER'S NAME (First, Middle, Last)	ROWN		18. MOTHER'S NA	ME (First, Middle, Maider	Surnama)	7		
19		roore	706 N.	Glover 5	+/BAL	M 6 /2) CCATION - City	EIMO 21205		
	20e, METHOD OF DISPOSITION 1   Burial 2   Cremation 3   Ren 4   Donation 5   Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LI	novel from State	33 hell K	Name of cemetery, crematory or MEMOCIA ( )  2. NAME AND ADDRESS OF FA	PARK BA	Himor	v, Md		
	> Glade	Dane	V	Vm.C. MAR	ch F/H I		Vorth Ave.		
	23. PART i. Enter the diseases or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ea	ch line.	heart d		matory erreat,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):						
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition	ns contributing to death be	ut not resulting in tha	underlying cause given in	Part I. 24s, WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C	heck only one)				
PHYS	1 VES 2 XNO  27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED		
red BY	Netural   5								
COMPLETED	CONSCR ONLY	SICIAN: To the best of my knowl					ouse(a) and manner as stated.		
TO BE C	206. SIGNATURE AND TIPLE OF CERTIFI	ER M.	D.	D36	MBER 992	29d. DATE \$1	GNED (Month, Day, Year) 30/9/ 30/9/ 4-5, Baltimore 4-5, MD 21209		
-	J. C. JODS	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)  4 hungton Pe	diame loss	17086	v. Roge	rs, Baltimore, MD 21209		
	31. DATE FILED (Month, Day, Year)	APR 3 19	91 Julia D	evidson-Randall	4				



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				CATE OF	DEATH	2 DATE	OF DEATH			3. TIME OF DEATH
1. DECEDENT'S NAME (First, Middle, Lest)  CRAWLEY			N	ELSON		03	TH D	1	991	11:42 рм
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE	OF BIRTH		8. BIRTHE	LACE (State or Foreign
220-05-4353	1 🔀 M 2 🗆 F	85	YRS.	MONTHS DAYS	HOURS MIN.	7/	18/19	05	Vir	ginia
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	WN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					ATH
2000 ODELL STREE	T APARTME	NT #16	26	BALTIMORE BALTIMORE					RE	
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT		, TOWN OR LOCA	TION					10d, INSIDE CITY		
			100.011		IMORE					LIMITS?
MARYLAND   10e. STREET AND NUMBER					1. ZIP CODE			10g. CIT		HAT COUNTRY?
2000 ODELL AV	ENUE #	1626			212	237			US	A
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. YES 2		If yes, s	CENDENT OF HIS	PANIC ORIGI		or No—	14, RACE	— American Indian, White, atc.
15. DECEDENT'S ED		16a.		USUAL OCCUPAT		16	b. KIND OF BU	SINESS/IN	DUSTRY	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of vi life. Do NOT us	vork done during m e retired.)	ost of working					
17. FATHER'S NAME (First, Middle, Last)		_			18. MOTHER'S	NAME (First,	Middle, Malden	Surname)		
19a. INFORMANT'S NAME (Type/Print)	ON			ADDRESS (Street						MD 21200
HELEN HARRIS	ON									MD 21208
20a. METHOD OF DISPOSITION  1 ②Burlal 2 □ Cremation 3 □ Real	moval from Stata			or other place) STAR		DA.			- City or Tov	
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	WES	TERN		ND ADDRESS OF		/3 CA	TONS	ATTT	E, MARYL
		0 1	-	LER	OY O.	DYET	r & S	ON F	UNER	AL HOME
23. PART I. Enter the diseases, or	00	YIL	1							E 21207
disease or condition resulting in death)	a. ARTERIL	(OR AS A CON	SEQUENCE OF	F):	SCULAR I	DISEAS	Z			
Sequentially list conditiona, if any, leading to immediate		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events								
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO									
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	o. DUE TO	(DR AS A CON	SEQUENCE O	F):	ng cause given	In Part I.	24e. WAS AI PERFD 1 - YES	RMED?	7 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions:  25. WAS CASE REFERRED TO MEDICAL	DUE TO  d	(DR AS A CON	SEQUENCE O	in the underlyi	ng cause given		PERFD 1   YES	RMED?	7 24b.	COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions to the conditions of the cause of th	o. DUE TO	(DR AS A CON	SEQUENCE OF	In the underlyic		(Check only o	PERFD 1 YES	RMED?	f 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions to the conditions of the cause of the conditions of the cause	DUE TO  DUE TO  d.  DOS Contributing to	(DR AS A CON death but no	ot resulting	28. OTHER: 4   Nursing Ho E OF 28c. IF	PLACE OF DEATH me 5 X Realden	(Check only one a 8 Ott	PERFD 1 YES	RMED? 2 X NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DND  1 MANUER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not by	DUE TO  c.  DUE TO  d.  DOS contributing to  HOSPITAL: 1   Inpatient 2   26a. DATE Of (Month, L)  28a. PLACE Of 28	(DR AS A CON death but no	ot resulting	28. OTHER: 4   Nursing Ho E OF 28c. IF	PLACE OF DEATH me 5 \$\infty\$ Residen UURY AT ORK? YES 2 \( \subseteq \) NO	(Check only one 8 Ott	PERFD 1 YES  one)	INJURY O	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions of the co	DUE TO  d.  DUE TO  d.  HOSPITAL: 1   Inpatient 2 (   (Month, t)  28e. PLACE (   building	death but not de	ot resulting	28. In the underlyle  28. IOTHER: 4   Nursing Ho E OF   28c. IF URY M   1     Intrest, factory, off	PLACE OF DEATH THE 5 THE RESIDENCE THE	(Check only of Check only only only only only only only only	PERFD 1 YES  Net (Specify) ESCRIBE HOW  CATION (Street y or Rown, State  ause(a) and me	RMED? 2 NO INJURY Or and Numb	CCURED  or or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions of the co	DUE TO  c.  DUE TO  d.  DOES CONTributing to  POSSPITAL:  1   Inpatient 2    26a. DATE Of (Month, I)  26b. PLACE (building)  SICIAN: To the best of (Month)  NER: On the basis of (Month)	death but not de	ot resulting	28. In the underlyle  28. IOTHER: 4   Nursing Ho E OF   28c. IF URY M   1     Intrest, factory, off	PLACE OF DEATH THE 5 THE RESIDENCE THE	(Check only one as Other Check only one as Other Check only one as Other Check on the check of the time, dark other check only one of the time, dark one of the	PERFD 1 YES  Net (Specify) ESCRIBE HOW  CATION (Street y or Rown, State  ause(a) and me	INJURY O	CCURED  oer or Rural R  teted.  the cause(a	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Oute Number,  and manner as stated.  (Month, Day, Year)
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and investigations are properly as a condition of the conditions are properly as a condition of the condi	DUE TO  c.  DUE TO  d.  DOES CONTributing to  POSSPITAL:  1   Inpatient 2    26a. DATE Of (Month, I)  26b. PLACE (building)  SICIAN: To the best of (Month)  NER: On the basis of (Month)	death but not de	ot resulting	28. In the underlyle  28. IOTHER: 4   Nursing Ho E OF   28c. IF URY M   1     Intrest, factory, off	PLACE OF DEATH  me 5 & Realden  JURY AT  ORK?  YES 2 NO  ca  a and place, and  death occured at	(Check only of the control of the co	PERFD 1 YES  Net (Specify) ESCRIBE HOW  CATION (Street y or Rown, State  ause(a) and me	INJURY O	CCURED  oer or Rural R  lated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Oute Number,  and manner as stated.  (Month, Day, Year)



	1 - FOR STATE OF MARYLA	ND / DEPARTI			NTAL HYGIENE	9	08598
	1. DECEDENT'S NAME (First, Middle, Last)  KAN DOLPH OPPE	4		2.	DATE OF GEATH MONTH DAY		3. TIME OF DEATH 3 PM M
		yrs. last birthday) II	F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month Day, Year)	8. BIRTH	IPLACE (State or Foreign
NH OH	9a. FACILITY NAME (If not institution, give street and number)  SINAI HOSPITAL	9	b. CITY, TOWN O	BALTIMORE	- 1	9c. COUNTY OF D	EATH
ត្ត	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	10c CITY 1	TOWN OR LOCAT	ION			10d. INSIDE CITY
DIRECTOR	MARYLAND	100	ALTIMOR				LIMITS?
AL M	10e. STREET AND NUMBER		101.	ZIP CODE	I	10g. CITIZEN OF V	
FUNERAL	0000 1.11111111111111111111111111111111	C-10	1	21215			SA
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe	ENGENT OF HISPANIC Cocify Cuben, Mexican, Pr 2. NO Specify:		or No— 14. RACI Blact Spec	E — American Indian, k, White, atc. """ WHITE
COMPLETED	(Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of won life. Do NOT use n	k done during mo:	N it of working	16b. KIND OF BUSI	NESS/INDUSTRY	
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)	SALI			RETAI	TL.	
NO.	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (	First, Middle, Malden S	Surname)	
BE C	MORRIS OPPEL			JEN	NIFER F	ISHER	
10	19e. INFORMANT'S NAME (Type/Print)			nd Number or Rural Route			
	MR. EDWARD OPPEL  20a. METHOD OF DISPOSITION 20b.	PLACE OF DISPOSIT	KEN OAK		TIMORE, N	ATION — City or To	wen State
	1 V Buriel 2 Cremation 3 Removal from State	other place) RLINGTON			i	BALTIMOR	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	_	22. NAME AN	D ADDRESS OF FACILITY	N & BROS	. TNC.	
	I allensue Leve	mon		REISTERST			MD 21215
NOI	23. PART I. Enter the diseases, or complications that ceused abock, or heart failure. List only one cause on ear IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A OF TAILURE)  DUE TO (OR AS A OF TAILURE)	ch line.				atory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or Injury	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but ASCYD; Inducible	not resulting in	TA	g cause given in Par	24a. WAS AN / PERFORI	MEDIS	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PL OTHER:	ACE OF DEATH (Check	only one)		
	1 VES 2 NO 1 Papatient 2 ER/Outpa  27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year)	tient 3 DOA 4	OF 28c. INJ	e 5 Residence 6 URY AT RK? /ES 2 NO	Other (Specify)	JURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY building, etc. (Specific Coulding)	— At home, farm, stre	eet, factory, offic	26	if. LOCATION (Street as City or Town, State)	nd Number or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowle one)  MEDICAL EXAMINER: On the basis of examination						a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  SELVIOREN NES			DO97	75	≥ 3	31 9 /
	2 42 Chil Kelyelder h		215	Stant	By B	Rose	3
	31. DATE FILEO (Month, Day, Mar)  APR 3 1991  32/AEGISTRAN'S SIGNA  APR 3 1991	-Handell					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

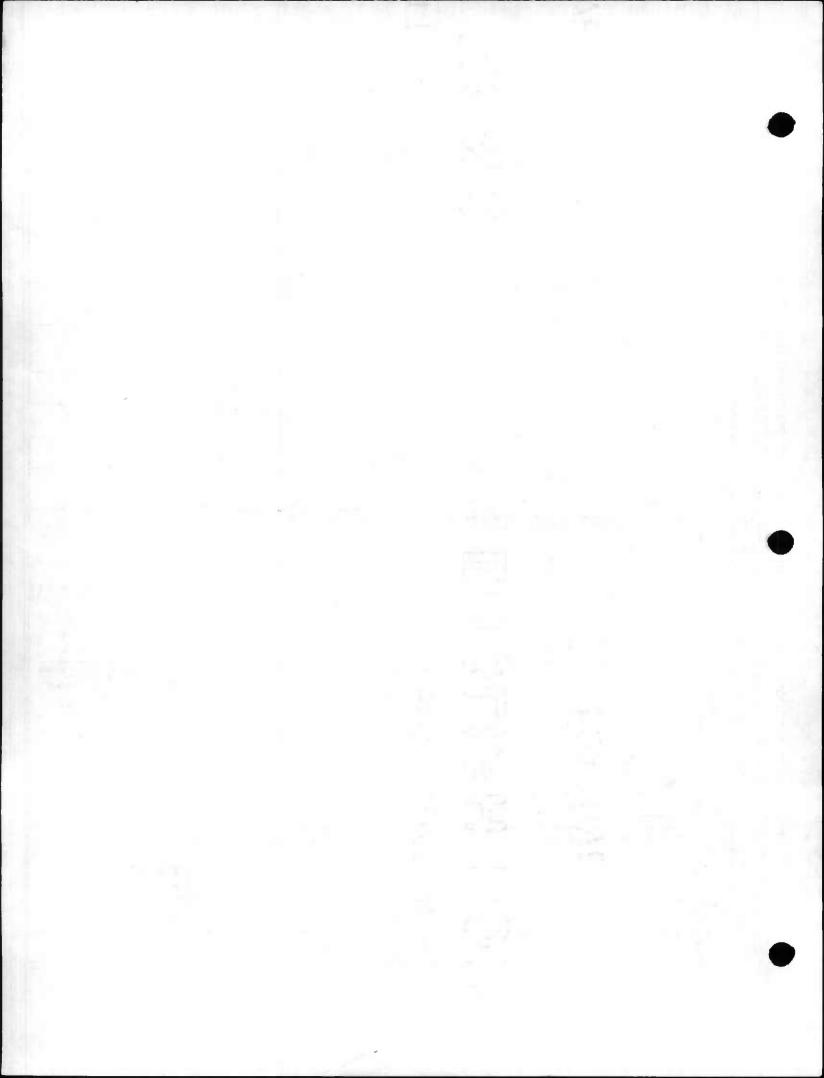
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	1. DECEDENT'S NAME (First, Middle, Last) LILLIAN	c.	OFFIT			2. DATE OF DEATH MONTH / 01	7 1991 <sup>EAF</sup>	3. TIME OF OEATH 12:41 A M
	4. SOCIAL SECURITY NUMBER 217-74-3274	1 □ M 2X□ F	1 YRS. MOI	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 1/2/1900		ATHPLACE (State or Foreign MARYLAND
TOR	96. FACILITY NAME (If not institution, give at THE JOHNS HOPK) RESIDENCE OF DECEDENT		96		A LOCATION OF DEA		Sc. COUNTY OF	FDEATH
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY MARYT.AND 10e. STREET AND NUMBER			BALTIMO				10d. INSIDE CITY LIMITS? 1 YES 2 NO
HA	6318 GREENSPRING	AVE. APT. 3	306	101.	21209		USA	F WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	J.S. ARMED 2 TNO	If yes, spe	ENDENT OF HISPANI	C ORIGIN? (Specify Yee , Puerto Rican, atc.)	or No- 14. R/BI	ACE — American Indian, lack, White, etc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementery/Secondary (0-12)	CATION 1 completed) Coffege (1-4 or 5+)	ISB. DECEDENT'S USL (Give kind of work life. Do NOT use re HOUS!	JAL OCCUPATIO done during mostired.) EWIFE	N it of working	16b, KINO OF BUS	HOME	,
BE CON	17. FATHER'S NAME (First, Middle, Lost) ISRAEL COHEN					NE (First, Middle, Maiden NA RIVA (		
TO B	190. INFORMANT'S NAME (Type/Print) MR . BARNEY OFFI	T	19b. MAILING AD 6318	DRESS (Street of GREENSE	PRING AVE	oute Number, City or Tow.	n, State, Zip Code) D6 BAL'.	ro., MD 21209
	20e. METHOD OF DISPOSITION  1 Deuriel 2 Cremetion Rem 4 Donetion 5 Other (Specify)	oval from State of cer	PLACE AND DATE OF metary, crematory or CTH EL ME	other place) M. PARK	4/	2/91 RAI	CATION — CITY OF	
	21. SIGNATURE OF PENERAL SERVICE LA	Some	~	SOL		N & BROS, TOWN RD. I		MD 21215
	23 PART I. Enter the dispess, or shock, or heart fellure."  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e, Due TO (OR AS A C	ch line.	enter the mo	de of dying, such			Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO (OR AS A C	CONSEQUENCE OF:	rtery	disec			10 years
AL.	PART ii. Other significent condition	s contributing to death but	t not resulting in t	the underlying	cause given in i	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC						1 YES 2	NO	OF DEATH?
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Che	AU SELECTION OF THE SECOND		
	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJ Y WO	URY AT RK?	8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCURE	
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif)	At home, farm, stre	et, factory, office		281. LOCATION (Street City or Town, State)	end Number or Ru	ral Route Number,
COMPLETED	CONTROL ONLY	ICIAN: To the best of my knowled						se(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	n ens.	. 9		E9 898		29d. DATE SIGN	NED (Morith, Day, Year)
F		nM.D., 600	N. W. M	ino Fe 54	Boult	imore,	MD 2	1205
		APR 3 1991	Julia Va	vidson-Ro	ndalls			OHMH-18 Rev 1/89

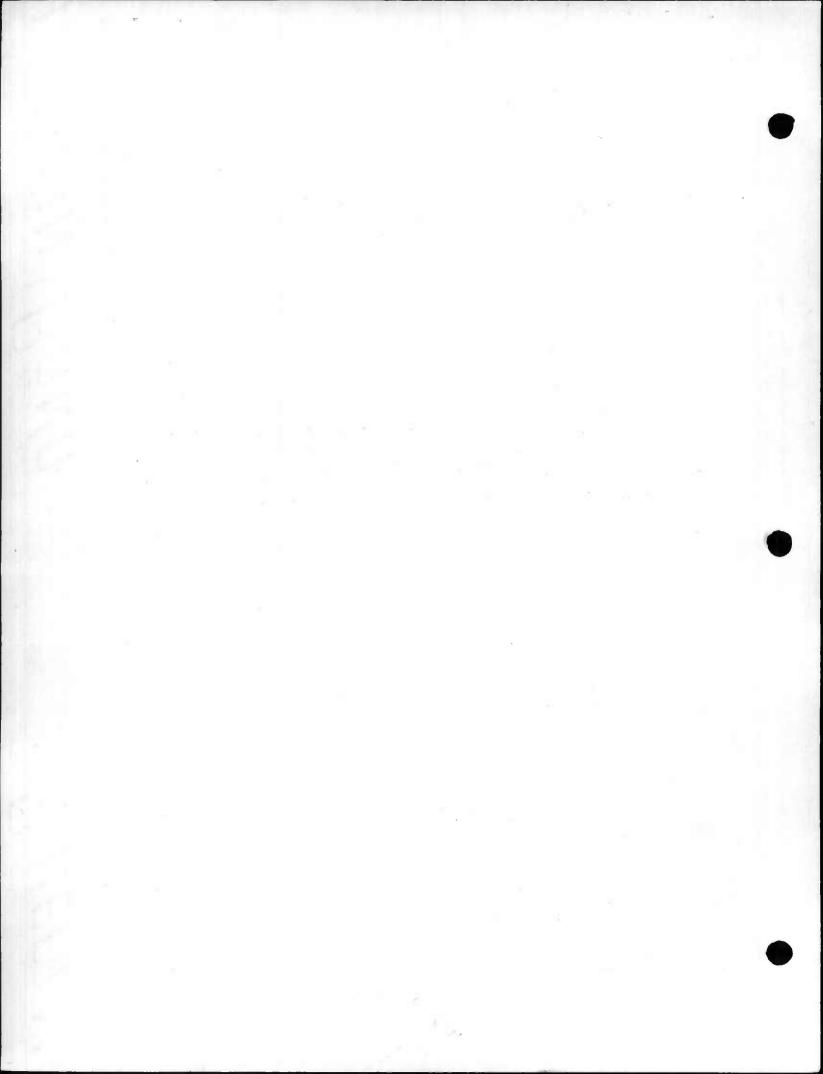
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	1 - STATE REGISTRAR CE		ICATE O		I MENTAL	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE O			3. TIME OF DEATH
	Sol J. Perlma	COS			MONTH 3	3 N	YEAR	825 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24	HRS. 7. DATE O	BIRTH	6. BIRT	THPLACE (State or Foreign
	215079723 18M20F 82	YRS.	MONTHS DAYS	HOURS &		Day, Year) 2/1909	Cour	GEORGIA
	9a. FACILITY NAME (if not institution, give street and number)		96. CITY, TOW	N OR LOCATION		1, 1,000	9c. COUNTY OF	
SR	MERCY HOSPITAL		B	ALTIMOR	E			
5	RESIDENCE OF DECEDENT							
DIRECTOR	MARYLAND 106. COUNTY	10c. CIT	BALTI					10d. INSIDE CITY LIMITS?  1 YES 2 NO
	10. STREET AND NUMBER	1		10f. ZIP CODE		T	10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	150 W. OSTEND ST.			212			USA	
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 H FYES, GIVE WAR OR DATES		If yee,		liSPANIC ORIGIN? faxican, Puerto Ri Specify:		Bia	CE American Indian, ick, White, etc. WHITE
ED			USUAL OCCUPA		16b. I	CIND OF BUSI	NESS/INDUSTRY	
Įų.	Elementary/Secondary (0-12) College (1-4 or 5+)	. Do NOT u	work done during se retired.)	most or working		_	510 W.	
MPI	4 P	REST	DENT			DURAP	AK CO.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				'S NAME (First, Mi			
BE	AARON PERLMAN				JENNIE	POLLA		U
2					Rural Route Numbe			
	MRS. HESSA TARY  20a. METHOD OF DISPOSITION  20b. PLACE		17 MICH SITION (Name of		D RD. C			
	1 Burial 2 Cremation 2 Assembled from State other pl	ece)		cemetery, cremeto	ry or		ATION — City or	
	21. SIGNATURE OF ELECTRIC LICENSES	AVEN		AND ADDRESS	OF FACILITY	l SA	VANNAH,	GA
	· /2 /				SON & BI			
	234PART I. Enter the diseases, or complications that caused the de	eth Do	60	10 REIS	TERSTOW	I RD	BALTO.	MD 21215
	shock, or heart fellure. Liet only one cause on each line	).		node or cynig	, audit da cardi	ac of respire	ibly arrest,	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)							Oliset silo Destil
	resulting in death)  e	OUENCE O	PF):					
z								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	OUENCE O	F):					
S	CAUSE (Disease or Injury							
트	that initiated events DUE TO (OR AS A CONSE	OUENCE O	F):					
ER	resulting in deeth) LAST							
	PART II. Other significant conditions contributing to death but not	resulting	In the underly	ing ceuse giv	en in Part I.	24a. WAS AN A	UTOPSY 24	4b. WERE AUTOPSY FINDINGS
DICAL	ashal Spillation					PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	my elo dysplasia					I L TES 2	XGO	OF DEATH?
2 ::								1 TYES 2 THO
IAN	25. WAS CASE REFERRED TO MEDICAL		26	PLACE OF DEA	TH (Check only one	)		
SIC	EXAMINER?  1 YES 2 40 HOSPITAL:  1 Department 2 ER/Outpatient 3	DOA	OTHER:	lome 5 🗆 Resid	lenca 6 🗆 Other	(Specify)		
PHYSICIAN: ME	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	26b. TR	ME OF 28c.	INJURY AT WORK?	28d, DE\$0	RIBE HOW IN	JURY OCCURED	
ВУ Б	1 Netural 5 Pending 3/3/19/		- 0	YES 2	io			
	3 Suicide 6 Could not be 26a. PLACE OF INJURY At he building, atc. (Specify)	ome, ferm,	street, factory, o	ffice		Traver Steens	d Number or Rura	_
1	4 Homicide detarmined Marcy touse	til			301	St Pa	ul Pla	u Baut mp
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, do	eath occur	red at the time, o	late and place, ar	nd due to the caus	e(a) and manr	or as stated.	
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or	Investigati	on, in my opinio	n, death occured	at the lime, data a	and place, and	due to the cause	(a) and manner as stated.
EC	29b, SIGNATURE AND TITLE-OF CERTIFIER			29c. LICENS	SE NUMBER		29d. DATĘ SIGNI	ED (Month, Day, Year)
TO B	Danne De Colon mo						▶3/31	191
F	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type	e, Print)					
	Inne Delate no							
	31. DATE FILED (MOPHE), Doy, YOUT)  32. REGISTRAR'S SIGNATURE  ABB 3 1991  Fulia Javidson-M	2	2.3					
	156 3 1991 Julia Davidson-A	milante						

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146



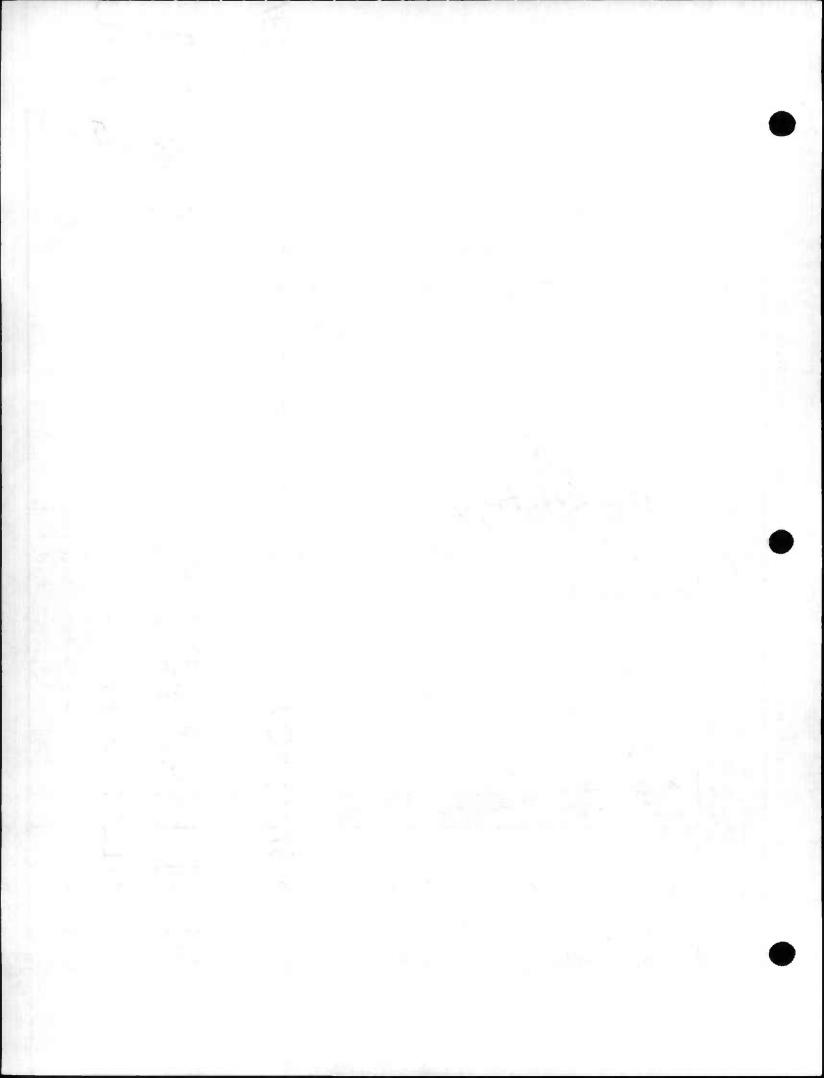
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STATE OF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		ERTIFICATE	0	F DEAT	ГН		REG. NO.

	FOR STATE OF MA  1 - STATE OF MA	RYLAND / DEPAR CERTIF		HEALTH AND I		IYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  CHARLES M.	PHILLI	PS		2. DATE OF I	DEATH DAY	YEAR	3. TIME OF DEATH 7. 17A M
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. $214-26-0020 \qquad \qquad 1 \  \                            $	AGE (In yrs. lest birthday) 61 YRS.	MONTHS DAY		7. DATE OF I	22, 193	6. BIRT Coun V 1	HPLACE (State or Foreign try) rginia
H.	9e. FACILITY NAME (If not institution, give street end number) Harbor Hospital Cente	er		www.or.location.of.pr imore Ci	EATH	7	COUNTY OF	DEATH
ECTO	RESIDENCE OF DECEDENT  10o. STATE 10b. COUNTY	10c. CIT	ry, TOWN OR LO		•			10d, INSIDE CITY
E I	Maryland Baltimore	W	hite E	Hall				LIMITS?
RAL	100. STREET AND NUMBER 20040 Old York Road			101. ZIP CODE 21161		10g		WHAT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS  12. WAS DECEDENT I FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS			en, Puarto Rice	Specify Yee or No n, etc.)		E American Indian, ck, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	t grade completed) (Give kind of work done durit life. Do NOT use retired.)				ND OF BUSINES		
OMP	4 17. FATHER'S NAME (First, Middle, Last)	Labor	GT	16. MOTHER'S NA				
BE C	Lee Andrew Phillips	-		Polly				
0	190. INFORMANT'S NAME (Type/Print)  Gertie Phillips			York Rd				MD 21161
	20a, METHOD OF DISPOSITION	20b. PLACE OF DISPO	SITION (Name of	of cemetary, crematory or	<u> </u>	20c. LOCATIO	ON — City or	Town, State
	1 🛱 Buriel 2 🗆 Cremetion 3 🗆 Removal from State 4 🗆 Donation 5 🗆 Other (Specify)	Wisebur	g Cem	etery		White		
	21. SIGNATURE OF FUNETAL BERNICE LICENSEE		22. NAM	e and address of Fi T. Hartz Iciu, Fre	easte	in Me	rtua	ry
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	on each line.	OF): OF):	mode of dying, euc	ch as cardlad	C Dr respirato	ry arrest,	Approximata Interval Between Onset and Death
	PART II. Other significent conditions contributing to d	leeth but not resulting	In the under	rlying ceuse givan ir	n Part I. 24	te, WAS AN AUTO PERFORMED		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL					1	YES 2 12		COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF OEATH (C	Check only one)			
IVSI	1100011111	ER/Outpatient 3 DOA		Home 5 Residence	1	Specify)	RY OCCURED	
ву рн	1 Natural 5 Pending (Month, De) 2 Accident Investigation		NJURY M 1	WORK7	-31/10/2003	ION (Street and F		al Route Number.
ETED	6 Could not be determined building, e	tc. (Specify)	,		City or	Town, State)		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of m							e(e) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTURIER	/		29c, LICENSE NI	UMBER	29	d. DATE SIGN	ED (Month, Day, Year)
TO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE			BOR HO	25817	AL	CEN	ITER
	31. DATE, FIJ. ED (Month, Day, Year) 32. REGISTRAF		4	* '	- **			
	100 3 1991 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Lando Ber						DHMH-16 Rev 1/89

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CIAN:	ertifica	the St	or It
PHYSI	this c	with	rked,
DING	After	death	s ma
ATTEN	CTOR	s after	1 28
IL OR	L DIR	2 hour	t item
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE H	THE FL	fled w	PORT
2	2	2	Ξ

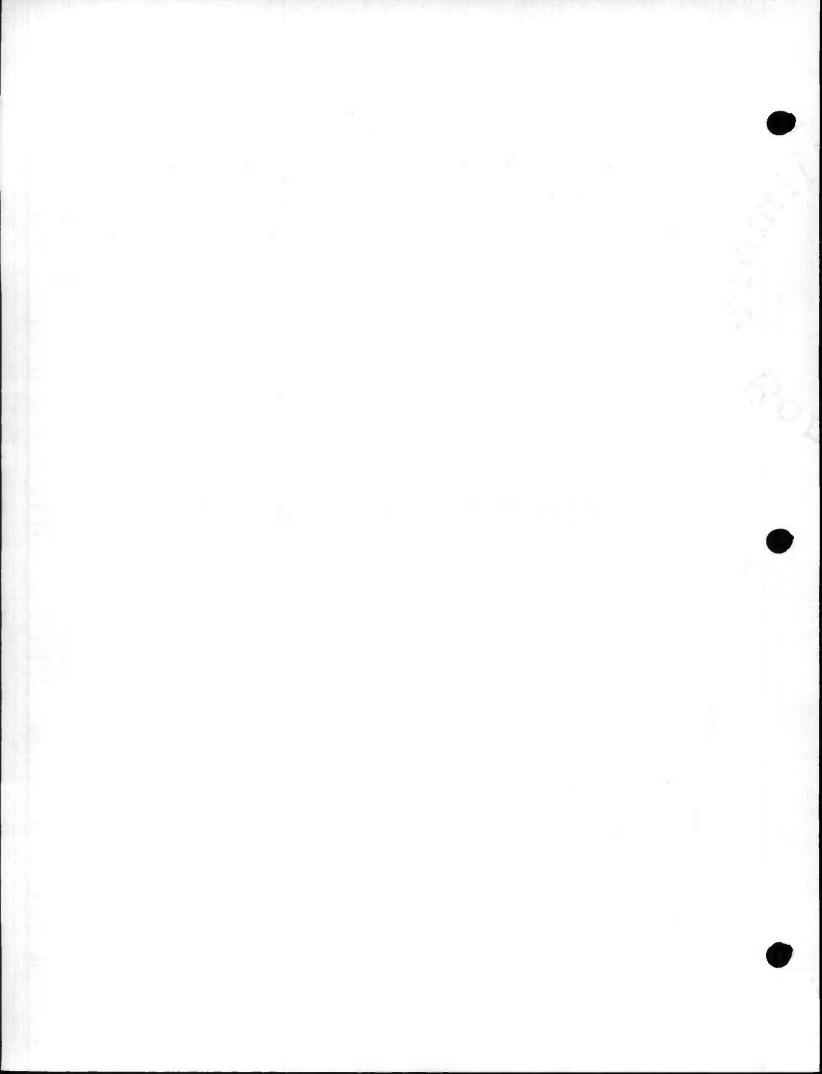
	FOR STATE REGISTRAR	STATE OF MA			OF HEALTH		ENTAL HYGIEN	E 91	08605
	1. DECEDENT'S NAME (First, Middle, Last)	RGARET			Γ-FLANAG		2. DATE OF DEATH DATE ADVIL 2.	1991	TEAR TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 217-62-4461 98. FACILITY NAME (# not institution, give st	5. SEX 6	. AGE (In yrs. last birth	RS. IF UNDER	1 YEAR IF UNDE DAYS HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) July 15,1	Maryland	
TOR	6613 Pheasant F				Chase	TON OF DEA	TH		altimore
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Marvland Balt	10a. STATE 10b. COUNTY			Chas				10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERAL	6613 Pheasant				10f. ZIP COI	20		U.S	N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced		EVER IN U.S. ARMED VES 2 NO R OR DATES	100		en, Maxican,	C ORIGIN? (Specify Yea Puarto Rican, atc.)	or No- 14	Black, White, atc.  Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	(Give kil	ent's usual of ind of work done NOT use retired.)	during most of work	sing	16b. KIND OF BU	SINESS/INDUS	STRY
BE COM	17. FATHER'S NAME (First, Middle, Last) Frederick M.	Reinhold			16. MO	ther's NAM Cather	E (First, Middle, Malden	Sumame)	Streets
TO B	190. INFORMANT'S NAME (Type/Print) Frederick M. Reinl	holdt,Jr.		Same a:		er or Runal Ro	ute Number, City or Tow	n, State, Zip Co	ode)
	20a. METHOD OF DISPOSITION 1 String Burial 2 Cremation 3 Remote that Donation 5 Other (Specify)		of cemetary, cren	Holly F		4	/6/91 Ba	ltimor	
	21. SIGNATURE OF FUNERAL SERVICE LICE  Paul L	Paul L.	HArtsock,		NAME AND ADDR				d. 21214 Harford Rd.
	23. PART I. Enter the diseases, or o shock, or heart failure.  IMMEDIATE CAUSE (Final			Do not enter	tha moda of d	ying, such	ea cerdiac or resp	iratory arres	Intarvai Batween
	disease or condition resulting in death)	a	OR AS A CONSEQUEN	ical	Car	ciro	ma		Onset and Death  Hyps
ATION	resulting in death)  Sequentially list conditions, if any, leading to immediate	b	DR AS A CONSEQUEN		Car	ctro	ma		Onset and Death  Hyso
ERTIFICATION	resulting in death)  Sequentially list conditions,	bOUE TO (C		NCE OF):	Car	ciro	ma		Onset and Death  Hyso
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	OR AS A CONSEQUEN	NCE OF):		given in F			24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	OR AS A CONSEQUEN	NCE OF):		cino	Part I. 24e. WAS AN	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
SICIAN: MEDICAL C	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	DUE TO (C	OR AS A CONSEQUEN	NCE OF):  NCE OF):  iting in the uniting in the uni	26. PLACE OF R: rsing Home 5	DEATH (Chec	Part I. 24a. WAS AN PERFOI 1 TYES :	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	DUE TO (Cd.  DUE T	DR AS A CONSEQUENDR AS	NCE OF):  Iting in the utility of the pool	26. PLACE OF R: 26. INJURY AT WORK? 1 YES 2	OEATH (Cho:	Part I. 24a. WAS AN PERFOI	INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 YHO
ED BY PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions  1 Standard of Death  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident  3 Suicide 6 Could not be determined	DUE TO (C.	DR AS A CONSEQUENT OF AS A CONSE	NCE OF):  NCE OF):  Iting in the uniting in the uni	26. PLACE OF R: sing Home 5 28c. INJURY AT WORK? 1  YES 2	DEATH (Chec	Part I. 24a. WAS AN PERFOIL  1  YES :  Ok only one)  6  Other (Specify)  26d. DESCRIBE HOW  City or Town, State	injury occu	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II, Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (C	DR AS A CONSEQUENT OF AS A CONSE	NCE OF):  NCE OF):  NCE OF):  OTHE DOA 4 Nu bb. TIME OF INJURY M farm, street, fac	26. PLACE OF R: raing Home 5 28c. INJURY AT WORK? 1 YES 2 story, office	DEATH (Choc Residence 6 NO	Part I. 24a. WAS AN PERFOI 1 YES :  Ok only one)  Other (Specify)  28d. DESCRIBE HOW  City or Town, State to the cause(a) and maine, date and place, as	and Number or	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  PRED  PRED  Rural Route Number,  1. Causs(s) end menner as stated.
ED BY PHYSICIAN: MEDICAL C	PART II. Other aignificent conditions  EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined	DUE TO (C.  DUE TO	DR AS A CONSEQUEN  DR AS A CONSEQUEN  Seeth but not reau  ER/Outpatient 3 12  ER/Outpatient 3 26  INJURY Al home, itc. (Specify)  my knowledge, death amination and/or inver-	NCE OF):  NCE OF):  NCE OF):  DOA 4 - Nu  No. TIME OF INJURY M  farm, street, fac	26. PLACE OF R: raing Home 5  28c. INJURY AT WORK? 1 YES 2  story, office	DEATH (Checked)  NO  Cee, and due to	Part I. 24a. WAS AN PERFOI 1 YES :  Ok only one)  Other (Specify)  28d. DESCRIBE HOW  City or Town, State to the cause(a) and maine, date and place, as	and Number or	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO



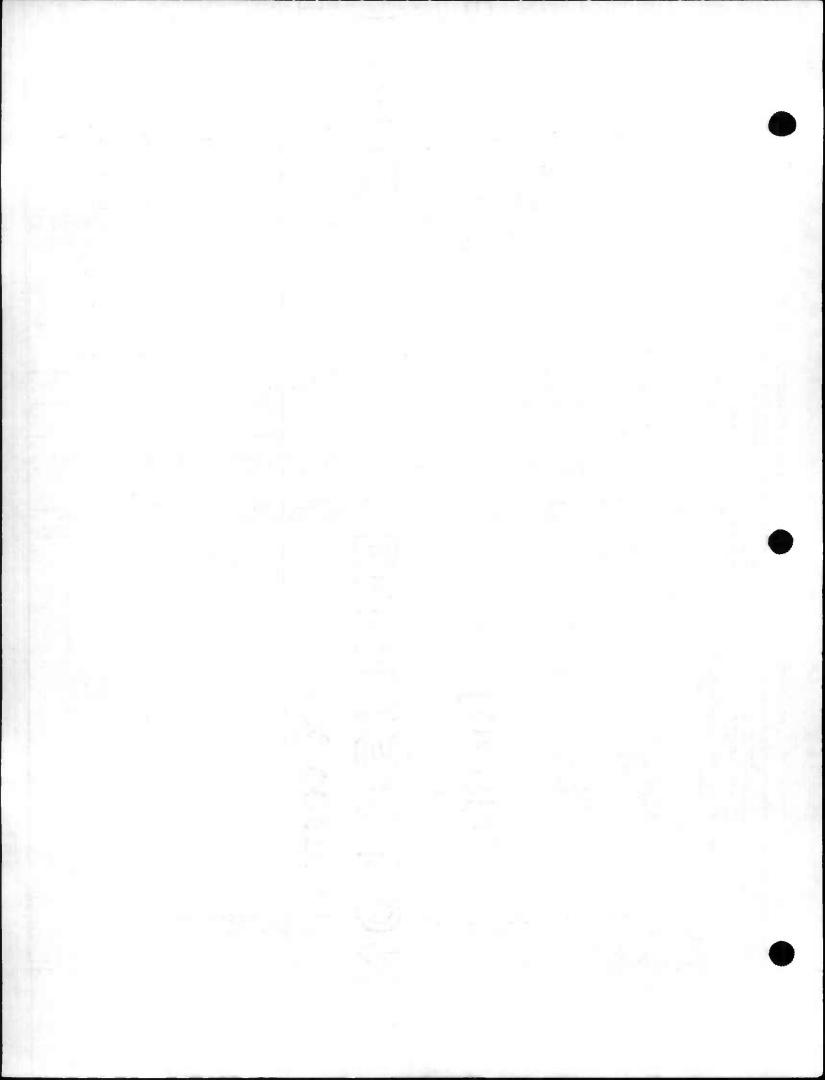
FOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	B. K	COSTE	EK JUL	IA B. ROSTEK	2. DATE O	F DEATH DA	-	AR .	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215 03 3105  9a. FACILITY NAME (If not institution, give si	1 - M 2 X F 8	n yrs. last birthday) 9 YRS.		HOURS MIN.	2-	Day, Year)	0	DLAN	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	PITAL	10c. CIT	BALT V, TOWN OR LOC	TIMORE ATION AND RE					1. INSIDE CITY LIMITS?  XYES 2 \( \) NO
	10a. STREET AND NUMBER			2)1101	of. ZIP CODE			10g. CITIZEN	OF WHA	***
BY FUNERAL	622 S. STREEPE  11. MARITAL STATUS  1  Never Married 2  Married  3 Wildowed 4 Divorced	R STREET  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	2 1 2 2 4 ECENDENT OF HISP/ specify Cuban, Maxic ss 2 NO Spec	an, Puarto R				American Indian, hita, etc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 6 YEARS		16a. DECEDENT'S (Give kind of a life. Do NOT us HOUSEW	work done during as retired.)	TION nost of working	16b.	KIND OF BU	SINESS/INDUST	'RY	
	17. FATHER'S NAME (First, Middle, Last)	DUDE	-K		18. MOTHER'S N	AME (First, M	iddle, Malden	Surnama)		
TO BE	19a. INFORMANT'S NAME (Type/Print)  MR. EDWARD FRA	NCZKOWSKI	19b. MAILING 8035	NEIGH	and Number or Rura	/ENUE	BAL	TO. M	). 2	
	20a, METHOD OF DISPOSITION 1 Description 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place)  LY ROS	ARY CE	METERY	4-4		LTO. (		
/	HOLATURE OF FUNERAL SERVICE LIC	R. Adosa	involu	22. NAME KACZ 2525	OROWSKI FLEET	FUN	BALT	0. MD.		1224
	23 PART Lenter the diseases, Drock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	E. RENA		+iLUA		ch es cerd	lec Dr resp	Iratory arrest	,	Approximate interval Between Onset end Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. SEPS DUE TO (OR AS A	CONSEQUENCE O	F):						weeler
ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):						
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	ne contributing to death b	ut not resulting	in the underly	ing ceuse given i	n Part i.	24a, WAS AMPERFO	RMED?	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION DF CAUSE F DEATH?  YES 2 NO
AN: N	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (	Sheek only on				
YSICI	1 YES 2 NO	HOSPITAL:		OTHER: 4 Nursing F	ome 5 - Residenc	8 🗆 Other	(Specify)			
BY PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY	NJURY AT WORK? YES 2 NO	28d. DES	CRIBE HOW	INJURY OCCUR	IED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	' — At home, farm,	street, factory, o	ffice	28f. LOC	ATION (Street or Town, State	and Number or : )	Rurel Rou	te Number,
COMPLETED	(Chieck Only & -	ER: On the basis of examination							auso(a) a	nd manner as stated.
TO BE		telou, M.				695		▶ 3.	-31	lonth, Day, Year)
Ĕ	30. NAME AND ADDRESS OF PERSON WI ABDALLAH J., F	HELOU, M. J	, CHU	RCH +	OSPITAL	, BAZ	Timas	E, M.	Do	21231
	APR 3 1991	32. REGISTRAR'S SIGN								



1 - REGISTRAR		CERTIFIC	ATE OF	DEATH	RI	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last	FANT SH.	Culschul	Z		2. DATE OF D	EATH DAY -	YEAR 3	720p
4. SOCIAL SECURITY NUMBER 215-03-7381	1½ M 2 □ F 7	9 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		7, 1911	Country) Ma	LACE (State or Foreign aryland
9a. FACILITY NAME (If not institution, give Dulaney Towsor RESIDENCE OF DECEDENT	n Nursing Hom		L CITY, TOWN (	SON	EATH		altimo	
10a. STATE 10b. COUN	Baltimor		TOW:					Od. INSIDE CITY LIMITS? YES 2 X NO
100. STREET AND NUMBER 204 E. Jopp	oa Road		10	1. ZIP CODE 21204		10g. Ci		S.A.
11. MARITAL STATUS  1  Never Married 2 X Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR	3 2 NO	If yes, sp	CENDENT OF HISPA Healty, Cuben, Maxico 2 PNO Special	an, Puarto Rican	ecify Yes or No	Black,	- American Indian, White, atc. White
15. DECEDENT'S EI (Specify only highest gra	ide completed)	18a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during me	ON ost of working	16b. KINI	D OF BUSINESS/IN	DUSTRY	
15. DECEDENT'S EI (Specify only highest gra  Elementary/Secondary (0-12)  12  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Service	Manag			land Re	frige	cation
William	Schulz			Lill		Byard		
Pa. INFORMANT'S NAME (Type/Print) Naomi S. Schulz			DRESS (Street AS #10	and Number or Rural	Route Number, C	ity or Town, State, Z	ip Code)	
20e. METHOD OF DISPOSITION 1. Burlal 2 Cremetton 3 Re 4 Donation 8 Other (Specify)	1 2	ob. PLACE ANO DATE Di of cemetary, crematory or ulaney Val	FOISPDSITIDA		OATE	20c. LOCATION -	-	
4 <sup>f</sup> Donation 8 Other (Specify)		uraney var		M. Gards		T TIMO:	nium,	Maryland
→ Wallace	S. Brook	de Dr.	Ruck	Towson : York Ro	Funeral	Home,	Inc.	14
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CONG	A CONSEQUENCE OF):	SHRVI HE	HIVE ART F	LUNC	a Dis	EAS	+
PART II. Other significent conditi	ions contributing to death	but not resulting in	the underlyin	ig ceuse given in	i .	PERFORMED?		WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
×					_			1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (C		andhe)		
EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation	28s. DATE OF INJUR (Month, Day, Year	Y 28b, TIME C	OF 28c. IN	JURY AT ORK? YES 2 ND	1	BE HOW INJURY O	CCURED	
3 Suicide 8 Could not to detarmined	28e. PLACE OF INJU- building, atc. (S)	RY — At home, farm, stre pecify)	et, factory, offi	CS	281. LOCATIO City or To	N (Street and Numb wn, State)	er or Rumi Ro	ute Number,
S Onel -	YSICIAN: To the best of my known iNER: On the beals of axeminate							and manner as state
296. SIGNATURE AND TITLE OF SERVIN	mud Ms			29c. LICENSE NU	MBER 27 ·	29d. D/	ATE SIGNEO (	Month, Day, Year)
Jamshid Hame		DEATH (ITEM 27) (Type, Pi $4$ E. Joppa		Towson.	Marvla	nd 2120	4	



STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

213-10-5708

1. DECEDENT'S NAME (First, Middle, Last)

JOHN SETTIMO SERRA

5. SEX

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VIIAL HECOHDS, P.O. BOX 13146	The state of the s
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ur en fing bhysician. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR VA MEDICAL CENTER FORT HOWARD RESIDENCE OF DECEDENT 10c. CITY TOWN OR LOCATION 10a, STATE 10b. COUNTY BALTIMORE DUNDALK FUNERAL 10a STREET AND NUMBER 10f ZIP CODE 1953 FRAMES ROAD 21222 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) FORCES? 1 YES 2 1 Never Married 1 YES 2 NO Specify: 3 X Widowed 4 Divorced B WW II COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) AIRCRAFT MANAGER 10th 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) H SETTIMO SERRA GINEVRA RUTNI H notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1953 Frames Road Baltimore, Md. 21222 JOHN M. SERRA (SON) be 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20a. METHOD OF DISPOSITION
1 (X) Buriat 2 Cremation 3 Removal from State must Sacred Heart of Jesus 4-4-1991 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE T DOG'T Bride 7922 Wise Avenue Baltimore, Md. 21222 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, shock, or heert fellure. List only one ceuse on each line IMMEDIATE CAUSE (Finel the disesse or condition . CARCINOMA OF LUNG WITH METASTASIS resulting in deeth) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): prior to burial, CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): ending physician a Hygiene prior to if any, leading to immediate . Enter UNDERLYING CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 d by the atten-PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL any COPD signed the Shows been t, of PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item certificate I HOSPITAL: OTHER: 1X Inpatient 2 - ER/Outpatient 3 - DOA 1 - YES 2 NO ing Home 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a, DATE OF INJURY 26b. TIME OF 26c. INJURY AT WORK? marked. this 1 X Natural 5 Pending M 1 YES 2 NO BY After 1 Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be datermined 60 L DR ATTEND L DIRECTOR: / hours after d ETED 4 Homicide 28 Tem 29a CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL C = TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE NE M

dio

32. REGISTRAR'S SIGNATURE has Davidson-pandalls

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CAROLINA CUSTODIO,

APR 3 1991

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

M.D., VA MEDICAL CENTER, FORT HOWARD, MARYLAND

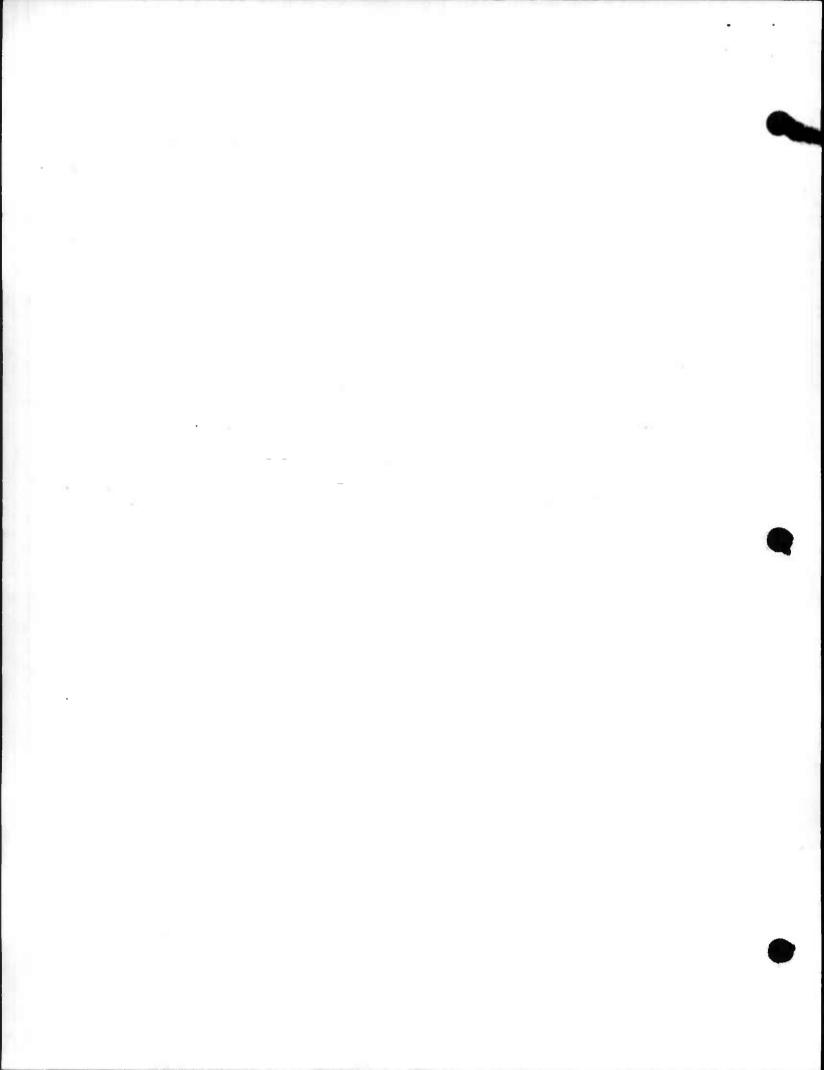
HOURS

6. AGE (In vrs. lest birthdev)

YRS.

08605

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE BEG NO 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR APRII 1991 2:20 p 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year MD. 08-10-18 BALTIMORE, 9c. COUNTY OF DEATH BALTIMORE 10d. INSIDE CITY 1 YES 2 ME NO 10g, CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Spec#WHITE 16b. KIND OF BUSINESS/INDUSTRY **AEROSPACE** 20c. LOCATION - City or Town, State Baltimore. Maryland 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. Approximate interval Between Onset and Death 2 YEARS 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 261, LOCATION (Street and Number or Rural Route Number, City or Rown, State) 29d. DATE SIGNED (Month, Day, Year)



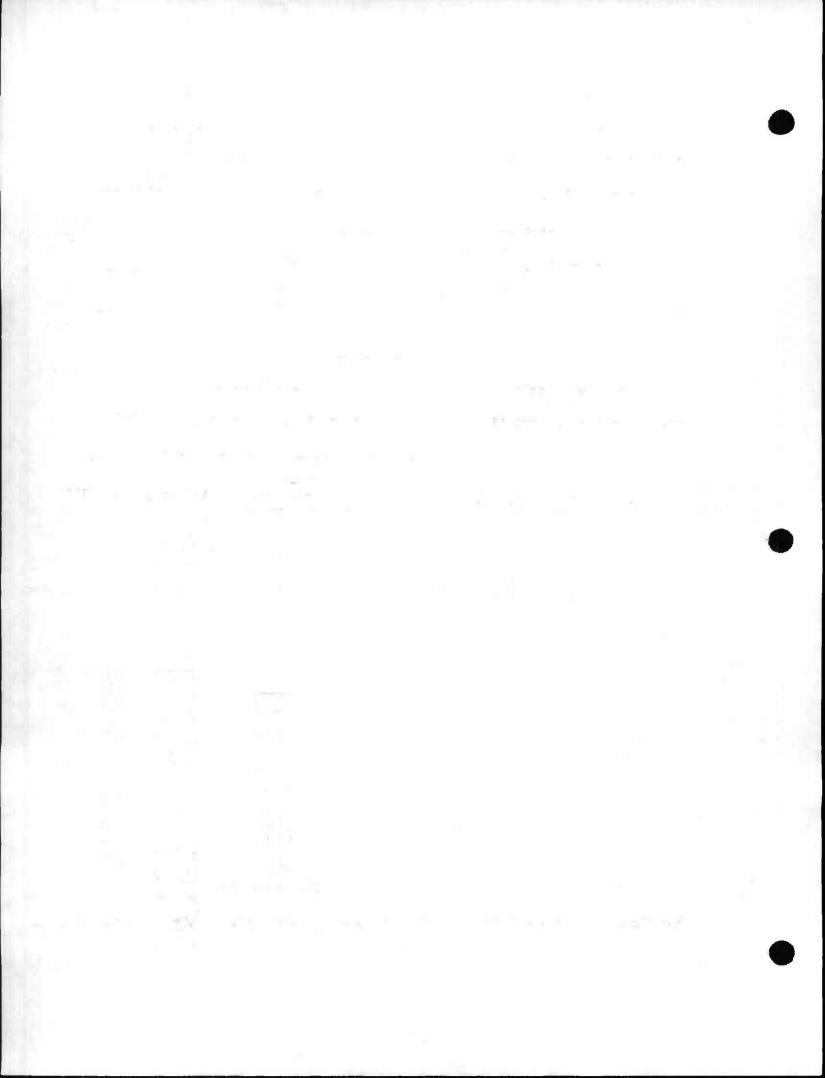
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CI	EKIIF	ICAL	: OF	DEA	H	REG. N	0.			
	1. DECEDENT'S NAME (First, Middle, Last) Louise S. Simpson  2. DATE OF DEATH MONTH MONTH March 31, 1991  YEAR										3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 214 74 1021	5. SEX 6. AGE (In yrs 1 M 2 K F 96		st birthday) YRS.	IF UNDER	1		24 HRS. MIN.	7. DATE OF BIRTH (Month, Pay, Year) 7/2/94		6. BIRTHI Country	PLACE (State or Foreign ) MD	
OR	99. FACILITY NAME (If not institution, give street and number) 509 Goucher Blvd.					9b. CITY, TOWN OR LOCATION OF DEATH TOWSON					%c. COUNTY OF DEATH Baltimore		
ĔΙ	RESIDENCE OF DECEDENT												
BY FUNERAL DIRECTOR	MD 10b. COUNT	10c. CIT	10c. CITY, TOWN OR LOCATION TOWSON							10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	509 Goucher B		10f. ZIP CODE 2					10g. CT			HAT COUNTRY?		
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Wildowed 4 Divorced			NO If yes, specify C				DENT OF HISPANIC ORIGIN? (Specify Yearly Cuben, Mexicen, Puerto Rican, etc.)  NO Specify:			e or No.— 14. RACE — American Indien, Black, White, etc. Specify: White		
0	15. DECEDENT'S EDU	USUAL O	OOLIBATI	201		16b. KIND OF	VIONIEGO III	·					
COMPLETED	(Specify only highest grade			(Give kind of work done during life. Do NOT use retired.)  Homemake			st of worki	ng	TOD. KIND OF I	JUSINESS/II	NUOSTRI		
Σ													
BE CO	17. FATHER'S NAME (First, Middle, Last) Domenick M		16. MOTHER'S NAME (First, Middle, Maiden Surname) Rosa Yaccarina										
TO B	190. INFORMANT'S NAME (Type/Print) Mrs. Catharine S.	509	Gou	Goucher Blvd. Towson, Md. 21204									
	20e. METHOD OF DISPOSITION  1	ANO OAT	e of bise	other placel ack Cemetery 4/2/91 Baltimore, Md.									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY MITCHELL—WIEDEFELD HOME, INC. 6500 York Road Baltimore, Md. 21212												
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on asch line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):												
H		d											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Cutture lies the Cardiovasulta Disease  1 yes 2 Dio  24b. WERE AUTOPSY FINDINGS AMRIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO												
A	25. WAS CASE REFERRED TO MEDICAL										_		
5	EXAMINER?	HOSPITAL:			OTHE	_	LACE OF 1	PEATH (Ch	eck only one)				
S	1 TES 2 NO	1 Inpetient 2	ER/Outpatient	3 🗆 DOA			ns 5 DER	esidence	6 Other (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, E	26b. TII	ME OF JURY M									
	3 Suicide 8 Could not be 4 Homicide determined	street, factory, office 28f. LOCATION (Street and Number or Run City or Town, State)					ber or Rural R	loute Number,					
COMPLETED	20a. CERTIFIER (Check only one)												
BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (MONTH, Day, Year)  1 APRIL (991)												
2	296. SIGNATURE AND TITLE OF CERTIFIER  Wabler 7. Welgans MD  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  WALTER R- WELZANT, MD - 6100 York R4  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  JUNE DAVIDSON—PORTALES												
	31. DATE FILED (Morith, Day, Year) APR 3 199	32. REGISTRA	Davidson-	Pandal	2/		,				1		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It liem 28 is marked, or tiem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF MARYLAND	/ DEPARTMEN	IT OF HEALTH AND	MENTAL HYGIEN	9	08607						
	1 - STATE REGISTRAR		CERTIFICAT	E OF DEATH	REG. NO								
	1. DECEDENT'S NAME (First, Middle, Last)	Susan Elsie S	chemm		3-27-91	3. TIME OF DEATH							
	Schemm 5 USan 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign												
	213-42-2861	□M25 48	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	12	Country) MD						
TOR	98. FACILITY NAME (If not institution, give street and number),  ST TOSEPH HOSPITAL  RESIDENCE OF DECEMENT  TOUSON  96. COUNTY OF DEATH (  BOLL TY, TOWN OR LOCATION OF DEATH  TOUSON  BOLL TIME OF DECEMENT												
DIRECTOR	10a. STATE 10b. COUNTY	more County	Baltin				10d. INSIDE CITY LIMITS?						
FUNERAL	10e. STREET AND NUMBER 258 Rodgers Forge Road 21212 U.S.												
ŽΙ		2. WAS DECEDENT EVER IN U.S.	ARMED 1:	3. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Ve		14. RACE — American Indian,						
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES		If yes, specify Cuban, Maxic 1 YES 2 X NO Speci	en, Puerto Rican, atc.)		Specify: White						
	15. DECEDENT'S EDUCAT	TION 16a.	DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BL	SINESS/INDUS	THY						
	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of work don life. Do NOT use retired	e during most of working									
립	12 years		Secretary		Acco	Accounting							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N.	AME (First, Middle, Maider	Surname)							
	Harvey E. Schemm			Martha	a C. Dunty								
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRE	SS (Street and Number or Rural		vn, State, Zip Co	de)						
임	Robert Lovell		65 Burkle	eigh Road, To	owson, Mar	yland 2	1204						
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State												
	1 Burlel 2 M Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) Green Mount Cemetery 3/28/91 Baltimore, Maryland												
	21. SIGNATURE OF FUNERAL SERVICE DICENSEE  22. NAME AND ADDRESS OF FACILITY MITCHELL—Wiedefeld Home												
. 1	De De	orge of Ferra											
	George J. Ferrarse 6500 York Rd. Baltimore, Maryland 21212  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory street, Approximate												
		mplications that caused the at only one cause on each l		er the mode of dying, au	ch as cardiec or resp	Piretory scress	Approximete interval Between						
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	BRAIN STEM HEMORPHAGE  DUE TO (OR AS A CONSEQUENCE OF):  ACUTE ANTERIOR MYOCARDIAL INFARCTION											
	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	If any, leading to immediate ceuse, Enter UNDERLYING CAUSE (Disease or injury  C.  DUE TO (OR AS A CONSEQUENCE OF):												
5													
Ē	thet initieted events resulting in death) LAST												
	d.												
	PART II. Other significant conditions	contributing to deeth but no	ot resulting in the	underlying cause given is	Part I. 24e. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO						
5			COMPLETION OF CAUSI OF DEATH?										
밀													
2		1 YES 2 NO											
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
မ္ဟု ၂	EXAMINER?  1 YES 2 NO  1 Input Input Inc.   1 Input Input Inc.   1 Input												
ΞÏ	27. MANNER OF-DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED						
	1 Natural 5 Pending	1-311-113-2	LOCATION (Street and Number or Rural Route Number, City or Town, State)										
B	2 Accident Investigation 3 Suicide & Could not be	28f. LOCATION (Street											
	4 Homicide detarmined												
ш	29a. CERTIFIER												
COMPLETED	(Check only 1 Frisidan: lo the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												
Ö	2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.												
BEC	286 AIGNATURE AND TITLE OF CERTIFIER	0		29c. LICENSE N		29d. DATE S	IGNED (Month, Day, Year)						
0 8	KAUSELL ; HOUSE	PHYSILIAN		D 40	390	13/	27/91						
<b>⊆</b>	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLED OF DEATH #				- +							

the state of the state of the state of

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the nospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE     REGISTRAR  1. DECEOENT'S NAME (First, Middle, Las.)	STATE UF MA			ICATE					REG. NO.			3. TIME OF DEATH
	FRANK	J.		Sì	HTIN				монтн О 3	2	8	YEAR 1	M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last b	irthday)	IF UNDER 1		IF UNDER		7. OATE OF (Month, D		147	a. BIRTHPLACE (S Country) Md COUNTY OF OEATH  TOOL INS LIM 1XX. YE CITIZEN OF WHAT COU USA  14. RACE — Amari Black, White, a Specify: BL  S/INDUSTRY  A Zip Code) Md 21229 N—City or Town, State GS Mills, WABASH y arreat, Ap Int Or  A Zip Code	PLACE (State or Foreign
	212-44-4736	212-44-4736 xx M 2 D F					IOURA	MIN.	5-2	1-19	48		
OR	9a. FACILITY NAME (If not institution, give 707 WILDWOOD			96. CITY, 1 BAI	TIM					9c. COL	JNTY OF O	EATH	
5	RESIDENCE OF DECEDENT  10e, STATE 10b, COUN	1											
AL DIRECTOR	Md			timor	е							1XX YES 2 NO	
FUNERAL	707 Wildwood P			101. ZIP CODE 10g. CI									
COMPLETED BY FUR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced				ASMEO 13. WAS DECEMBENT OF HISPAI (NO II yes, specify Cuben, Maxicu 1  YES 2  NO Specif								- American Indian, t, White, atc.
	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	(Glve	to the kind of work done during most of working to NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY  Lord Baltimore Hotel									re Hotel	
MO	17. FATHER'S NAME (First, Middle, Last)			_			16. MOTI	HER'S NA	ME (First, Mide			O THING	1, 110021
BE C	Madison Smith Bessie Martin												
5	196. INFORMANT'S NAME (Type/Print)  Vera Smith												1229
	206. METHOD OF DISPOSITION 1 (A Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  206. PLACE AND DATE OF DISPOSITION (Name of college								yn, State 15, Md				
T.	21. SIGNATURE OF FORMAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY												
	WM.C. MARCH F.H. 4300 WABASH AVENUE												
	IMMEDIATE CAUSE (Finel Onset and De											Interval Between Onset and Death	
z	- Acquired Immunodeficiency Syndrom											2 months	
SATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST												
	PART II. Other algnificent conditi	one contributing to de	eath but not ree	euitina	In the unc	lerivina	cause	given in	Part I. 24	la. WAS AN	AUTOPSY	r 24b	WERE AUTOPSY FINGINGS
W: MEDICAL	Thrombay to penia, ITP, Hypersplenism, S/n Splenes tury 1 yes 2 2000 OF DEATH?											AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					_	CE OF D	EATH (C	neck only one)				
SIC	1 VES 2 NO	HOSPITAL: 1   Inpatient 2   E	R/Outpetient 3	DOA	OTHER		5 EA	esidence	6 🗆 Other (S	Specify)			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending Investigatio	28a. DATE OF IN (Month, Day,		28b. TIR	ME OF JURY M	28c. INJUI WOR 1 YE	RY AT K? S 2	□ NO	28d. DEŞCRIBE HOW INJURY OCCURED				
	2 Accident investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									Route Number,			
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
E CO	29b. SKINATURE AND TITLE OF CERTIF			29c. LICENSE NU				UMBER 29d. DA			ATE SIGNED (Month, Day, Year)		
00	+AUVILLE MA				D383				398 1 4-1			-91	
10	Joel E. Go	WHO COMPLETED CAUSE	Inforti	NIK	1795.1	es B			100 Joh	ins He	pkin	of 21	spilous Saltinure, M
	APR 0 3	199 Julia	SIGNATURE O	fand	J.								



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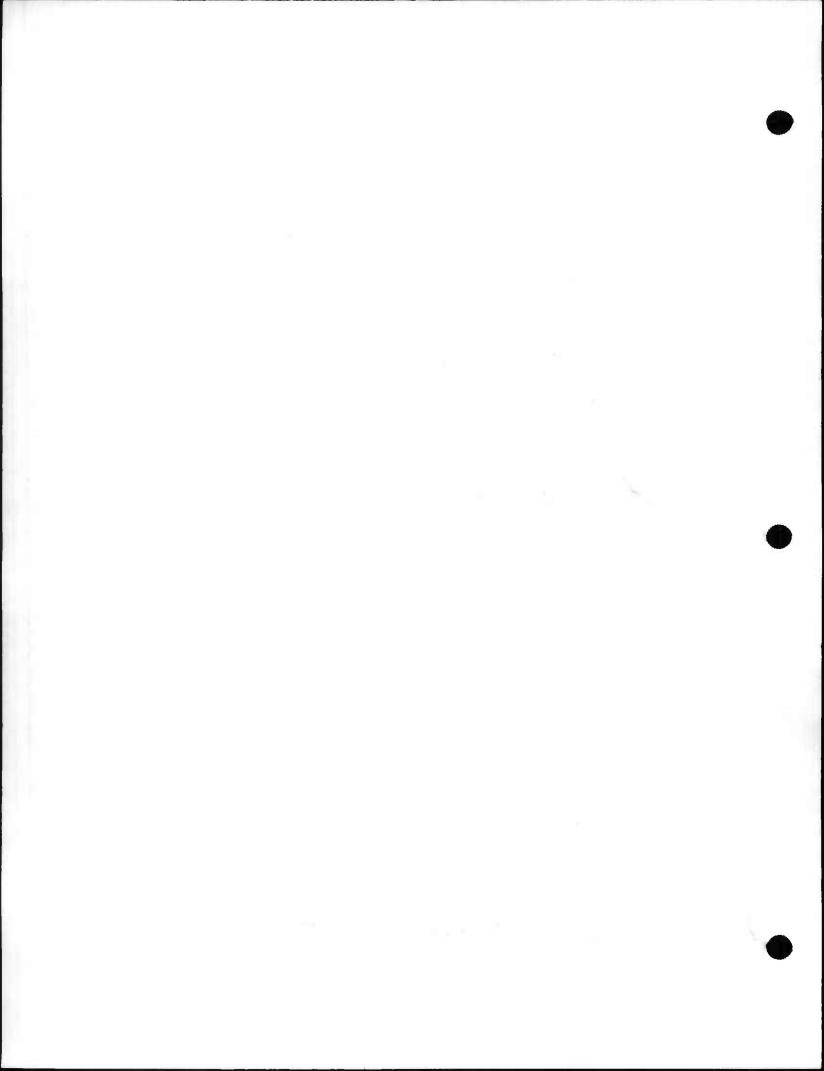
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jurs after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trant be filled within 72 hours after death with the State beyt. Of Heantl Mental Hygiere prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	SICIAN: The law requires that the death certificate be executed within 2. Just after death. Page 6 may be retained by the hospital or attending physician.  certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be 5 should be 6 state. Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	natic event, the medical examiner must be notified at once.	ON TO BE COMPLETED BY FUNERAL DIRECTOR	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
D THE HOSPITAL OR ATTENDING PHYSI THE FUNERAL DIRECTOR: After this c filed within 72 hours after death with MPORTANT: If Item 28 is marked, BE COMPLETED BY PH	SICIAN: The law requires that the death certificate be executed within a construction of certificate has been signed by the attending physician and completely filled in by the fifthe State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or Item 23 shows any injury, or other trauma	IYSICIAN: MEDICAL CERTIFICATIO	
THE HOS THE FUN WPORTAN	PITAL OR ATTENDING PHYSIC ERAL DIRECTOR: After this ce n 72 hours after death with the	T: If Item 28 Is marked,	OMPLETED BY PH	
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STATE OF	MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF	DEAT	Ή		REG. NO.

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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENI REG. NO.	E	91	086	09
	1. DECEDENT'S NAME (First, Middle, Last) Will:	(Willi Lam Saunder	am C. Sa	under	s)	2. OATE O			/EAR	12:46	Ам
	4. SOCIAL SECURITY NUMBER  577-18-9564  96. FACILITY NAME (If not institution, give:	1½ M 2 □ F 8 □	YRS. MO	UNDER 1 YEAR NTHS DAYS  D. CITY, TOWN O	HOURS MIN.	10	DE BIRTH Day, Year)		Country) Vir	ACE (State or Fore) Tinia TH	gn
CTOR	Maryland Gene	eral Hospital		Ba1t	imore					-	
AL DIRECTOR	Maryland  10e. STREET AND NUMBER				on re City ZIP CODE			10g. CITIZE	12	INSIDE CITY LIMITS?  LYES 2 NO AT COUNTRY?	5
FUNERAL	1907 Futaw Pla 11. MARITAL STATUS 1 Never Married 2 Merried	#D2  12. WAS DECEDENT EVER I FORCES? 1   ves	IN U.S. ARMED	If yes, spe	21217  INDENT OF HISPAN city Cuben, Mexice 2 NO Specify	n, Puerto R		USA or No-		- American Indian, White, etc.	$\dashv$
COMPLETED BY	3 Wildowed 4 Olvorced  15. DECEDENT'S EDL (Specify only highest grade Elementery/Secondary (0-12)	ICATION	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	UAL OCCUPATIO	N .		KIND OF BUS	INESS/INDUS	]	Black	$\dashv$
MPL		Conege (1-4 or 5+)	Ship Fi	tter							
	17. FATHER'S NAME (First, Middle, Last)  William H. Sa	undoro			Jennie			- '			
TO BE	190. INFORMANT'S NAME (Type/Print)  Shirley Saunde		1		P1. #D2	Route Numb	oer, City or Town	n, State, Zip C		21217 vland	
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremetton 3 Ren  4 Donetton 5 Other (Specify)	noval from State	b. PLACE OF DISPOSITION other place)	ON (Name of cerr	etery, cremetory or		20c. LO	CATION — CH	ty or Town		
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AN	man-Hai	CILITY	F/H	1701 Balt	Mc(	Culloh	St 212
	23. PART I. Enter the diseases or shock, br heart failure.  IMMEDIATE CAUSE (Final disease br condition resulting in death)	Hypoxic			de of dying, auc	h ea cerd	liec or reepi	ratory arres	nt,	Approximat Interval Bet Onset and	Ween
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	Myocardi	ial Infact:	ion							
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST		A CONSEQUENCE OF): Intestinal	Bleed							
A	PART II. Other algnificant condition	ns contributing to deeth	but not reaulting in t	the underlying	cause given in	Part i.	24a. WAS AN PERFOR	MED?	C	/ERE AUTOPSY FINIMALABLE PRIOR TO COMPLETION OF CA F DEATH?	USE
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only on	ne)		<u> </u>		
HYSI	1 VES 2 NO	1 □ Inpatient 2 □ ER/Out 26e. DATE OF INJURY	tpetlent 3 DOA 4	☐ Nursing Hom	5 🗆 Residence		r (Specify)	NJURY OCCU	IRED		$\dashv$
₽	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 🗆 1	RK? ES 2 NO		ATION (Street			de Alicebea	$\Box$
TED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spi	ecify)	et, factory, office			or Town, State)		r nurair not	ne Number,	
COMPLET	(Orlock Orly)	SICIAN: To the best of my know IER: On the basis of examinati								and menner ee ste	ted.
8	296. SIGNATURE AND TITLE OF	M250 17A	CHKHAC I	10	29c. LICENSE NU	MBER		29d. DATE	SIGNEO (A	Aonth, Day, Year)	$\exists$
٩	30. NAME AND ADDRESS OF PERSON W									1!	$\dashv$
	31. DATE FILED (Month, Poy, Year)	hkhas C/O Ma	aryland Ger	neral H	ospital	827	Linde	<u>Aven</u>	we		$\dashv$



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frous after death. Page 6 may be retained by the hospital or aftending physician and completely filled in by the funeral director, page 5 should be detached for usit as the burial-gransit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

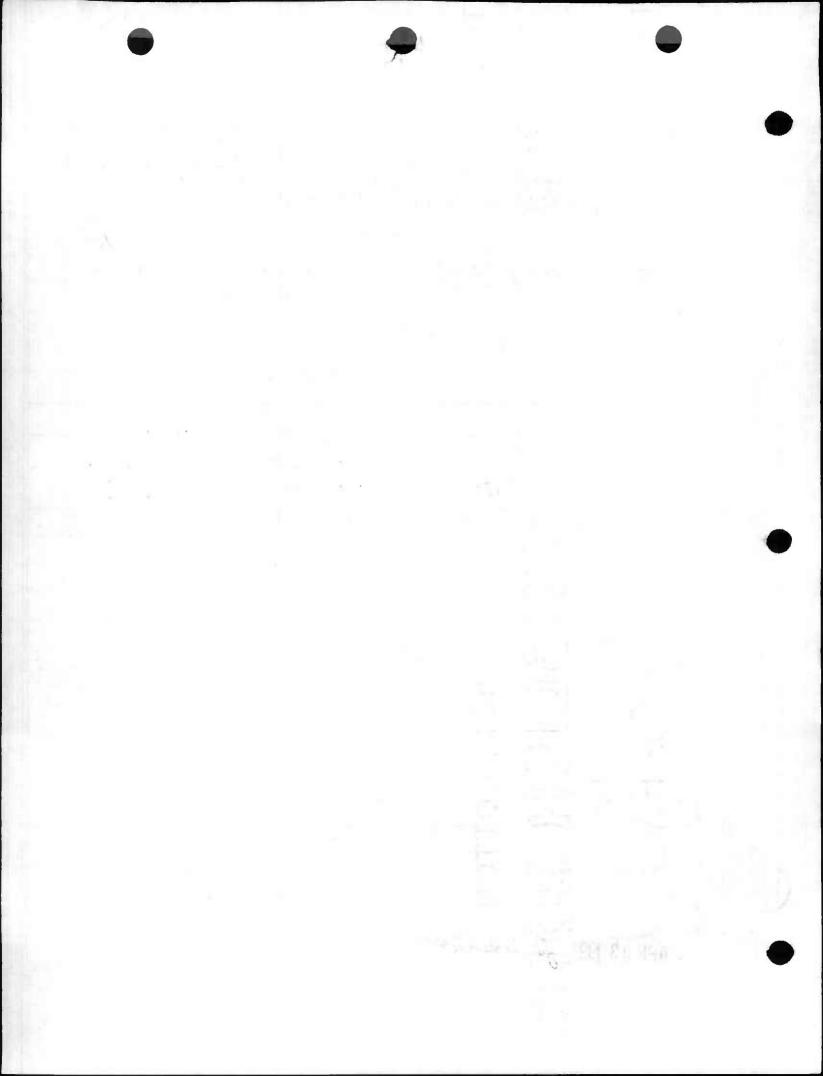
1. DECEDENT'S NAME (Firs	TERESA		LOUISE STRICKLAND				2. DATE OF DEATH		25	9EAR	3. TIME 0 9:24			
4. SOCIAL SECURITY NUM	BER				24 HRS.	7. DATE (Monti	OF BIRTH		8. BIRT Coun	HPLACE (Sta	ite or Foreign			
228-96-3964		1 □ M 2 🔀 F	28	YRS.	MONTHS	DAYS	HOURS		Nov.	18,	1962		YORI	K
9a. FACILITY NAME (# not !) UNIVERSITY	/SHOCK						ORE (		EATH		9c. COU	INTY OF	DEATH	
RESIDENCE OF DE	CEDENT 10b. COUNT	Υ		10c. C/1	TY, TOWN O	OR LOCAT	ION						10d. INSIC	DE CITY
MARYLAND	HOWA	ARD	COLUMBIA							LIMIT	2 X NO			
10e. STREET AND NUMBER			10f. ZIP CODE					10g. CIT	IZEN OF	WHAT COUN				
9163 HELAI	MLET WAY	21045						UNI	TED	STATE	ES			
11. MARITAL STATUS  1. Never Married 2   3 Widowed 4 Div		FORCES?	IT EVER IN U.S. AR YES 2 XIII WAR OR DATES	RMED	- 1	If yes, sp		n, Maxica	n, Puerto I	f? (Specify Ye Rican, atc.)	es or No-	Blee	E — Americ ck, White, ste	C.
	CEDENT'S EDI nly highest grad (0-12)		+) (G	ilve kind of	work done of use retired.)  Ele Eng	during mo	ical	ng	T	KIND OF BURNIT	Y ALU	IMNI	Watki	D Finns
17. FATHER'S NAME (First, I		LAND					1367314		ME (First, I	Middle, Maider	n Surname)			
19a. INFORMANT'S NAME										ber, City or Tox				
HENRY E. S	TRICKI	AND	30	035 H	HOLME	S RU	IN RD	. FA	LLS	CHURC	H, VI	RGI	VIA 22	2042
20a. METHOD OF DISPOSI	TION Ion 3 🗆 Rer	noval from State	20b. PLACE of cemetary	AND DAT	TE OF DISP	OSITION	(Name		DAT		OCATION -			- 7
4 Donation 5 Othe		C.	ARLINC	MOLE					<u>-</u> 1–9	1 AR	LINGI	ON,	VIRG	INIA
21. SIDNATURE OF FUNER	AL SERVICE,	CENSEE						SS OF FA	CILITY 🦳	TIMO TO	אד ביו	TATE OF T		-
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		EDDIE L. TAYLOR		2.	MON 03 - DAY	30-91 12:00 P M
9		244 34 6387 1×1120 6	yrs. last birthday) IF UNDER 1 YEA MONTHS DAY	B HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 124124	a. BIRTHPLACE (State or Foreign N. Carolina
2, 3 should	TOR	On versity of mary and the Residence of Decement	1050. Bo	n pri location of death		c. COUNTY OF DEATH
nit, Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY	Ballio	CATION MOVE		10d. INSIDE CITY LIMITS? 1 YES 2 \( \sum \) NO
nsit permit.	FUNERAL	1928 W. Savatogg Stre	et	101. ZIP CODE 2 1 2 2	3	og. CITIZEN OF WHAT COUNTRY?
5-0020 nding physician. as the burlal-transit	B	11. MARITAL STATUS  1 Never Merried 2 Married  1 Never Merried 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIYE WAR OR DATE	2 NO If yes,	DECENDENT OF HISPANIC specify Cuban, Mexican, P (ES 2 ND Specify:		No- 14. RACE - American Indian, Black, White, etc. Specify: Black
or afte	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	100. DECEDENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use retired.)  Retired	ATIDN most of working	Spar	rows Point
ARYLAND 2 lained by the hospital should be detached to liftled at once.	TO BE	17. FATHER'S NAME (First, Middle, Leel)  Albert Taylor		16. MOTHER'S NAME Ma:	(First, Middle, Malden Sur	mame)
Z 2 2		190. INFORMANT'S NAME (Type/Print)  Denise Taylor	753 Len			, MD . 21217
ORE e 6 may ector, pa		20a, METHOD OF DISPOSITION 1 DXBurial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	PLACE AND DATE DF DISPOSITI PART DUCUS OF METERS	. Park4-4	-91   Arl	OUTUS, MD.
. 92		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	#281 E. L.	Phillips		21-27 N.Monroe lto.,MD. 21217
760, ed within 2* nours aft ompietely filled in by II, cremation, or remo event, the medica	7	23. PART I. Enter the diseases, pr complications that caused shock, pr heart failure. List only one cause on ee IMMEDIATE CAUSE (Final disease pr condition resulting in deeth)  3. DUE TO (OR AS A BY QUE TO	ch line,  CONSEQUENCE DF):		s cardiec or respiret	Approximate Interval Between Onset and Death
certificate be ding physician bygiene prior traus	CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CALLER (Disease or Injury	CONSEQUENCE OF):	/ Séizeir	ev	100
requires that the deat seen signed by the att. of Health and Menta shows any injury,	: MEDICAL	PART II. Other significent conditions contributing to death but		0		D? AVAILABLE PRIOR TO
OF VITAL R HYSICIAN: The law ri his certificate has bei with the State Dept., et	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO NO Impattent 2 ER/Output	OTHER:	PLACE OF DEATH (Check		
○を指達る	ву РНУ	27. MANNER OF DEATH    28e. DATE OF INJURY (Month, Day, Year)   2	28b. TIME OF 28c.		Bd. DESCRIBE HOW INJU	JRY OCCURED
DIVISION OR ATTENDING F DIRECTOR: After thours after death Item 28 is mar	ETED I	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY building, etc. (Specif	— At home, farm, street, factory, o	office 2	8f. LOCATION (Street end City or Town, State)	Number or Rural Route Number,
世 本 本 本	COMPLE	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basic of examination				
TO THE FUNER TO THE FUNER THE FIRM WHIN	O BE	296. SIGNATURE AND TITLE DF CERTIFICATION OF THE SECOND OF		29c. LICENSE NUMBE	R 2	9d. DATE SIGNED (Morith, Day, Year)  3/30/91
1		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Print)	nd Hosp	2256	veene St. Balt.
160		31. DATE FILED (MONTH, DBY, YBB) 32. REGISTRAR'S SIGN 31. DATE FILED (MONTH, DBY, YBB) 32. REGISTRAR'S SIGN 31. DATE FILED (MONTH, DBY, YBB)	TURE OF			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



TO THE HOSPITAL OF THE FUNERAL CORP FILED WITHIN 72 HOUSE MADERIAN TO THE MADERIAN TO THE MEDITAL TO THE MEDITA

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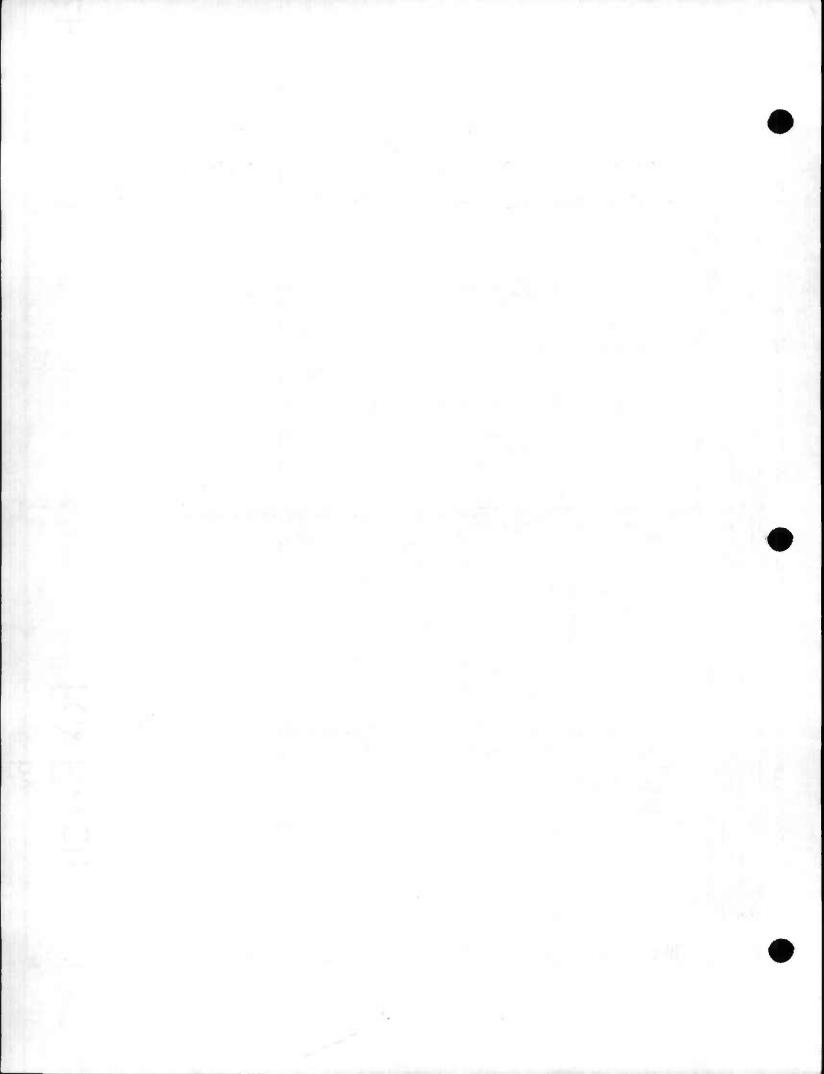
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DATE MONTH 3. TIME OF DEATH MARIE 9 ENZ 29 PM 7. DATE OF BIRTH 5. SEX 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. Perry Hall, Md. 1 M 2 X F 9b, CITY. 9c. COUNTY OF DEATH TOWN OR LOCATION OF DEATH ARFORT DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Freeland 1 YES 2 XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21202 Ridge Road 21053 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 — YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married Spec White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Cleaner Kingsville Cleaners yrs. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Zimmerer Barbara BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21202 Ridge Rd. Freeland, Md. Mrs. Carol Marzullo 21053 20a. METHOD OF DISPOSITION

| Source | 2 | Cremetion | 3 | Red
4 | Donetion | 5 | Other (Specify) | 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, Steta 4/2/9 Trinity Luth. Church Cem. Joppa.Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E.F.Lassahn Funeral Home E. F. Lassahn 11750 Belair Rd.Kingsville,Md. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on sech lina. Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daeth) LAST PART II. Other eignificent conditions contributing to death but not requiting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL . OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF OFATH 26a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the is of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and me 29b. SIGNATURE AND TITLE OF CER 29 CUCENSE NUMBER 29d. DATE SIGNEO (Month. Day, Year) BE 1016444 3-30-91 2

21047

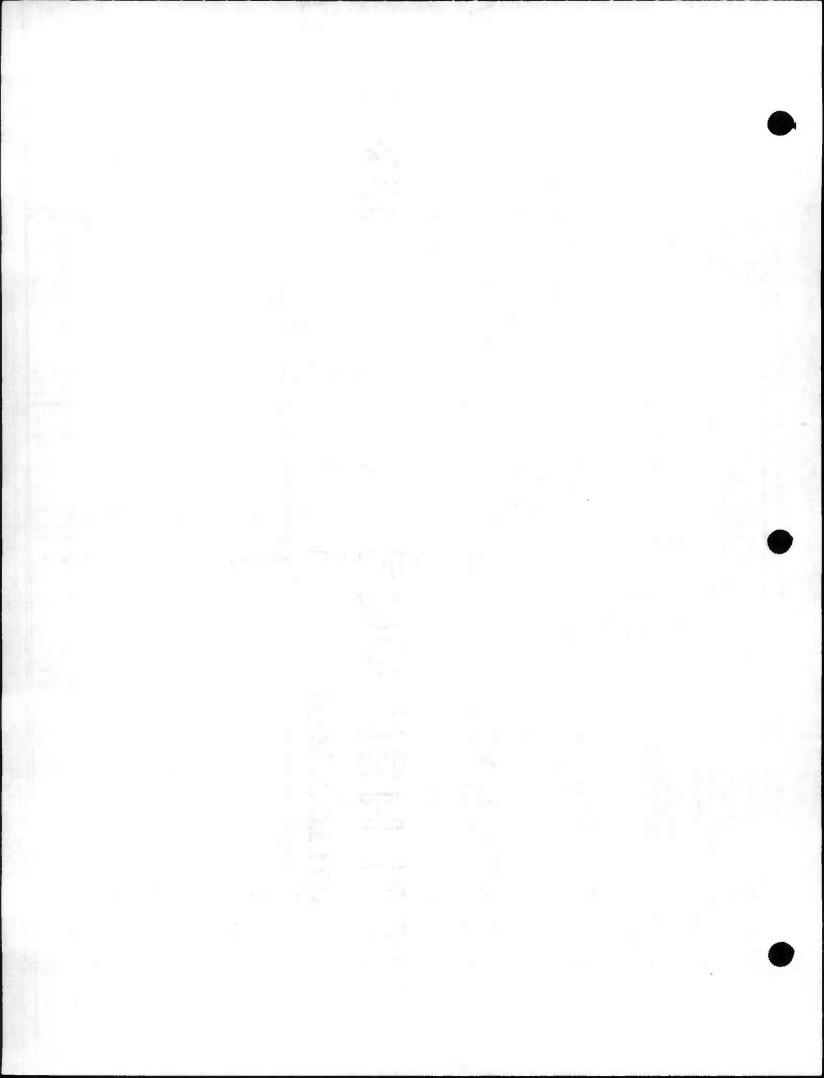
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
V.S.Nair M.D. 2112 Belair Rd. Fallston, Md.

32. REGISTRAR'S SIGNATURE DO



1 - STATE REGISTRAR	STATE OF MAR				EALTH AND I	MENTAL	HYGIEN REG. NO		08613
1. DECEDENT'S NAME (First, Middle, Last) FREDERICK	HENRY WITZKE						ch 31°	, 1991	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-05-3350	12K M 2   F	GE (In yrs. lest birthda 98 YRS	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.		16, 16 (1)	893 M	BIRTHPLACE (State or Foreign Country) aryland
90. FACILITY NAME (If not institution, give s 2111 W. Joppa Roa RESIDENCE OF DECEDENT				therv	ille	EATH		Balt.	imere
2111 W. Joppa Rose RESIDENCE OF DECEDENT 100. STATE 100. COUNT Maryland Balti			Luthe:						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER 2111 W. Joppa Ros 11. MARITAL STATUS	ıd				ZIP CODE 1093			U.S.	OF WHAT COUNTRY?
3∑ Widowed 4 □ Divorced	12. WAS DECEDENT EV FORCES? 1 % 1 % 1 % 1 % 1 % 1 % 1 % 1 % 1 % 1	YES 2 NO	13		INDENT OF HISPAL city Cuben, Mexica 2 NO Specif	ın, Puerto R			. RACE — American Indien, Bleck, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 4 17. FATHER'S NAME (First, Middle, Last)	CATION completed) College (1-4 or 5+)	16a. DECEDEN (Give kind life. Do NO	of work done T use retired.	during mos	t of working	1199		siness/indus	TRY
17. FATHER'S NAME (First, Middle, Last) Frederick	Wi	tzke			18. MOTHER'S NA Bertha	AME (First, M	fiddle, Maider	Shee	1
19a. INFORMANT'S NAME (Type/Print) Mrs. Beth Barnes					nd Number or Rurel - #10f	Route Numb	er, City or Tov	vn, State, Zip Co	ode)
20e. METHOD OF DISPOSITION  1X Burlel 2 Cremetion 3 Per 4 Donation 5 Graph (Speed)	noval from State	of cemetary, cremate Moreland	tory or other	place)		DATE 4-91			y or Town, State . Maryland
Ernset L. Fe	st III		R	uck I	owson F	unera			nd 21204
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Liet only one couse i			4	t fa			piratory arres	t, Approximate interval Betwee Onset and Dea
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR	AS A CONSEQUENCE	E OF):	2					
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	E OF):						
PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	ns contributing to dec	oth but not resulting	ng in the i	underlying	ceuse given in	Part I.	24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-	ОТН	ER:	ACE OF DEATH (C		-	•	
	1 Inpatient 2 ER  28e. DATE OF INJ (Month, Day, 1)	URY 28b.	TIME OF INJURY	28c. INJI	e 5 Residence URY AT RK7 /ES 2 NO	_	* * * * * * * * * * * * * * * * * * * *	INJURY OCCU	RED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, atc.	JURY — At home, far (Specify)	m, street, fa				ATION (Street or Yown, State		Rural Route Number,
(Crieck only	BICIAN: To the best of my								cause(e) end manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	Paseu	lierani	0		29c. LICENSE NO.			29d. DATE 5	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W Bruce Rosenbe		1134 York	ALCOHOLD ST.	Luth	erville	, Md.	2109	3	

DHMH-18 Rev 1/89



George

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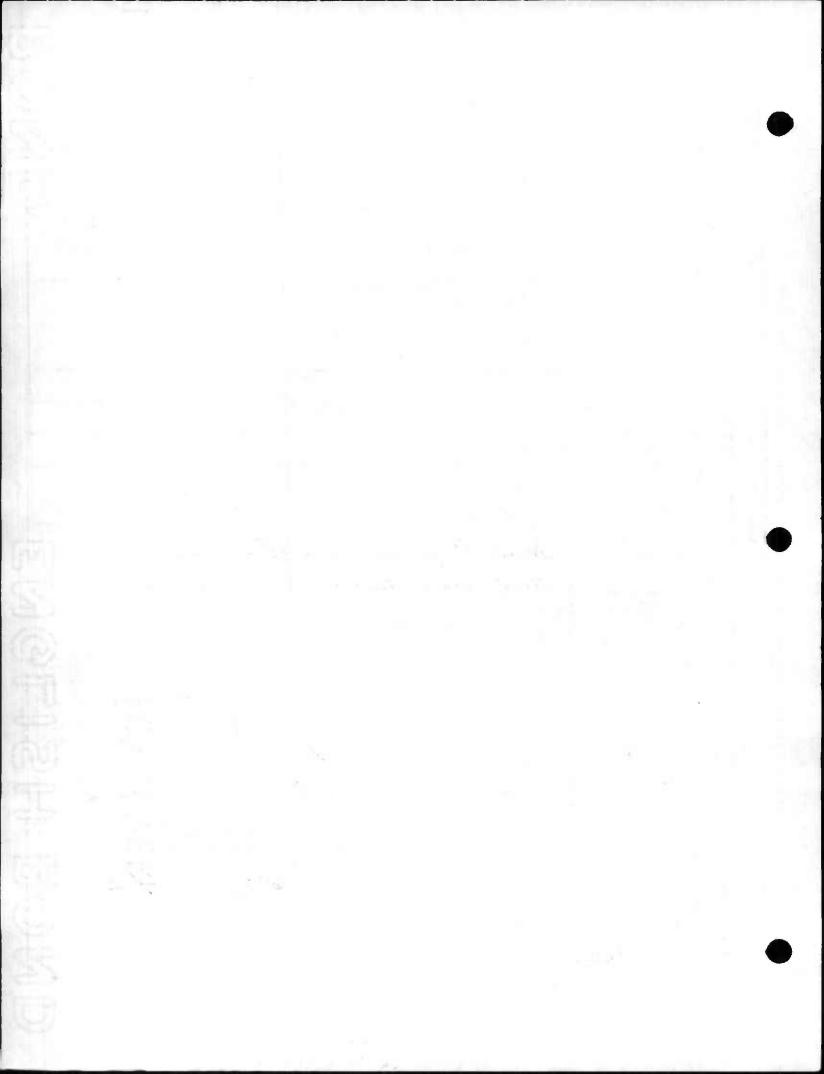
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1991 Julia Davidson-Randelle

Osler

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIEN REG. NO		6
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH	DAY Y	3. TIME OF OEATH
	G. STANLEY WILLIAMS	April 2,	1991	М
	4. SOCIAL SECURITY NUMBER 212-14-2463  5. SEX 1 M 2 F 67  1 F UNDER 1 YEAR  6. AGE (In yrs. last birthday) F UNDER 1 YEAR   IF UNDER 24 HRS.    MONTHS DAYS HOURS MIN.	July 4,19	923	BIRTNPLACE (State or Foreign Country) MCI •
5	96. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF  6408 Alta Avenue  Baltimore	DEATH	9c. COUNTY City	
DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION  Maryland Baltimore			10d. INSIDE CITY LIMITS?  1  YES 2 NO
	10e, STREET AND NUMBER 10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
È	6408 Alta Avenue 21206		IIS	Δ
BI FUNERAL	11. MARITAL STATUS  1  Never Merried  2  Merried  3  Widowed 4  Divorced  12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES  13. WAS DECENDENT OF HISP IN YES, SPECIFIC Cuben, Meximal Processing Company of the Yes, SPECIFIC Cuben, Meximal Processing Company of the Yes, GIVE WAR OR OATES	can, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify:
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BO	USINESS/INDUS	112.00
N L	12 Dental Technician			
BE CO	17. FATHER'S NAME (First, Middle, Last) Aja Williams Ruth E	. Hale	n Surname)	
2	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Run	al Route Number, City or To	wn, State, Zip Co	de)
1	Theresa N. Williams 6408 Alta Avenue Raltimor			
	20s. METHOD OF OISPOSITION  1 Burlel 2 Cremetion 3 homoval from State  4 Donation 5 Other (Specify).		timore,	
	21. SIGNATURE OF FUNCTIAL BENVIOLE LICENSEE / 22. NAME AND ADDRESS OF			
	▶ Ennothing	Ruck, In	C.	. Md. 21214
	23. PART I. Enter the diseases of complications that caused the death. Do not enter the mode of dying, se ehock, or heart fellure. List only one cause on each line.	uch ea cardlec or rea	piratory arrea	t, Approximate Interval Between
	MMEDIATE CAUSE (Final disease Dr condition resulting in death)  Sequentially list conditions,	Function	N	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	oscielan d	13 eas	•
	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):			
	resulting in desth) LAST	100 to the control of		
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given	In Part I. 24e. WAS A PERFO	NAUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
-				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inpution 2 ER/Outpatient 3 DOA 4 Nursing Home Chesidence	Check only one)		
BY PHY	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF NJURY AT WORK?  M 1 VES 2 NO	28d. DESCRIBE NOW	INJURY OCCU	RED
	3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281. LOCATION (Street City or Town, Stell		Rural Route Number,
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and cone)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the same of the basis of examination end/or investigation.			
	290. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE 2	III III III III III III III III III II	Tood DATE (	SIGNEO (Month, Day, Year)

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last)

R	EG.	NO.	

2. DATE OF DEATH MONTH DAY 2 9TA 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1/25/1902 Maryland 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF CEATH ore City

	Hospital	Baltim
ENCE OF	DECEDENT	
E	10b. COUNTY	10c. CITY, TOWN OR LOCATION

8. AGE (In yrs. last birthday)

89

10d. INSIDE CITY LIMITS? Baltimore

1 TYES 2 NO 10g. CITIZEN OF WHAT COUNTRY?

USA

2516 Cylbur	n Avenue
11. MARITAL STATUS	12. WAS OECE
1 Never Married 2 Marrie	FORCES?

15. DECEDENT'S EDUCATION

BANKS

9e. FACILITY NAME (If not institution, give street and number)

BEATRICE WILSON

5. SEX

1 M 2 KF

DENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify:

21215

14. RACE — American Indien, Black, White, etc. Specify: Black

(Specify only highest	
Elementary/Secondery (0-12)	College (1-4 or 5+)

16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)

IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS

101. ZIP CODE

18b. KIND OF BUSINESS/INDUSTRY

17. FATHER'S	NAME	(First,	Middle,	Last)	
--------------	------	---------	---------	-------	--

4. SOCIAL SECURITY NUMBER

219-22-8832

Maryland

10s. STREET AND NUMBER

3 Widowed 4 Divorced

18. MOTHER'S NAME (First, Middle, Maiden Surname)

DATE

## JOHN SNEED

BESSIE SNEED

21215

19a. INFORMANT'S NAME (Type/Print)

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) CUTHBERT AVE BALTIMORE, MD 5370

20c, LOCATION - City or Town, State ARBUTUS, MARYLAND

		DISPOSITION					Π
Burlel 2	2	Cremetion	3		Removal	from	S
Donation	1 1	5 Other (Sp	ec.	Hy)			

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) ARBUTUS MEMORIAL PARK 4/6 22. NAME AND ADDRESS OF FACILITY

LEROY O. DYETT & SON FUNERAL HOME

4600 LIBERTY HEIGHTS Enter the diseases, or complications that cause shock, or heart failure. List only one cause on a CAUSE (Final or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, to. List only one cause on each line. IMMEDIATE CAUSE (Final

**AVENUE** 21207 arvai Bety

disease or condition resulting in dasth)

DUE TO (OR AS A CONSEQUENCE OF): Atlenosclerons

Jang Tenous

OUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY 1 YES 2 HNO

28d. OESCRIBE HOW INJURY OCCURED

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO

Onset and Death

12 ms

25. WAS CASE REFERRED TO MEDICAL 1 YES 2 NO

26. PLACE OF DEATH (Check only one) OTHER: 1 Impatient 2 - ER/Outpetient 3 - DOA ng Home 5 - Rasidenca 6 - Other (Specify) 4 🗌 Nı

27, MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident

3 Suicide

28a, DATE OF INJURY 28b. TIME OF INJURY

(Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO
28e. PLACE OF INJURY — At I building, etc. (Specify)	iome, farm, street, fac	tory, office

281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

8 Could not be determined 4 Homicide 29e. CERTIFIER

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year) 9

Man mos 30. NAME AND ADDR PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SHANE

SINAI

Bellinose

31. DATE FILED (Month, Day, 3 1991

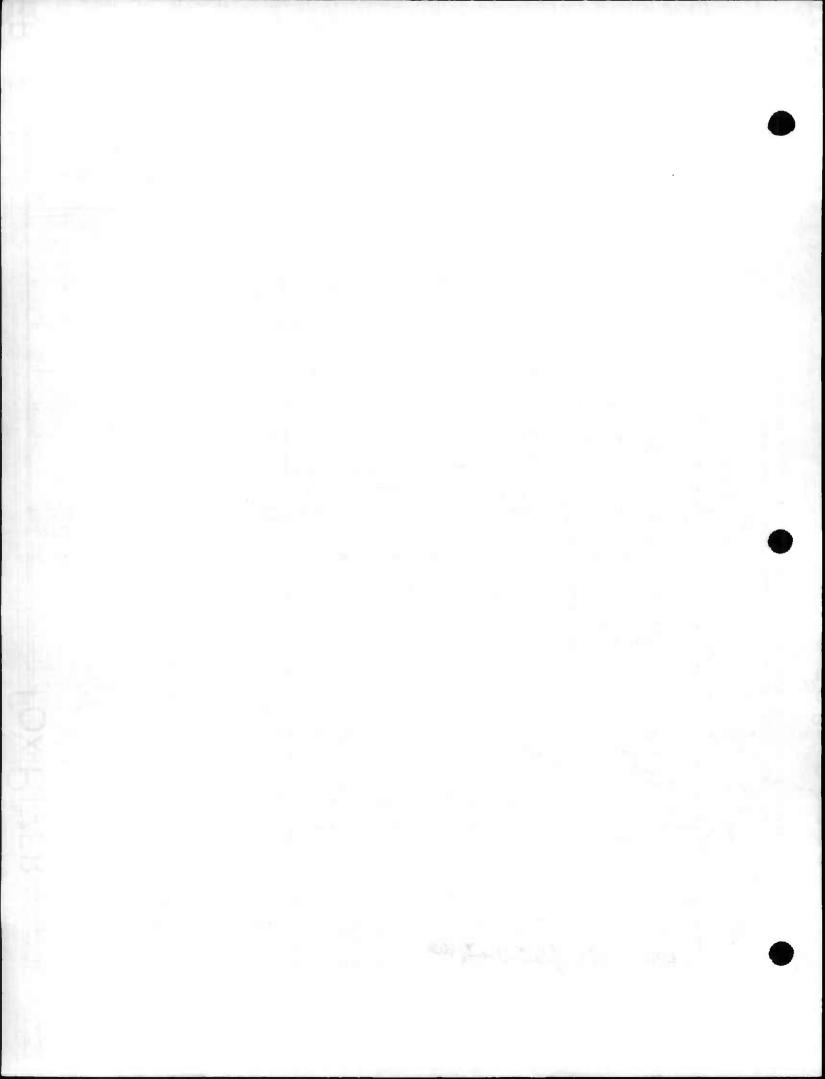
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32. REGISTRAR'S SIGNATURE Davidson-Randall

LYDON

**OHMH-16 Rev 1/89** 

TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death w IMPORTANT: It Item 28 is marke



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lirector,		r mus
TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det		28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
n by the	after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	edicai
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SOUND SOUND TO MEMORY IN A SECTION OF THE PROPERTY OF THE PROP		1. DECEDENT'S NAME (First, Middle, Last)	1/4	DY AGNITIC	Prac	NIED.					v		3. TIME OF DEATH
220—24—9352		Mary Wagner	MA	RY AGNES	WAC	INER				3 2	7	91	9:15 P. M.
THE PARTY LAND SECONDAY OF SEATH OF SEA			1111		birthday)		+	7	7. €	Month, Day, Year)		8. BIRTHE Country	PLACE (State or Foreign
DUTION MEMORIAL Extended Care Unit Baltimore    Maintain   Maintai	ıį.		7.7	70	YRS.	wonths bars	nouns						
BALLIMORE  SOLUTION  NA USCOUNTY  MD  No. THECH AND QUARTER  SOLUTION  NA USCOUNTY	_			1.0									ATH
SOUTH HALLY A VENUE  SOUTH HALLY A VENUE  1. MANTAL STRUE   0		Extende	ed Care	Un	l C	ва	TCT		re	N	/ A		
SOUTH HALLY A VENUE  SOUTH HALLY A VENUE  1. MANTAL STRUE   IREC	10a. STATE 10b. COUNTY			10c, CIT								LIMITS?	
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White    Continue   Co	5	and the second s	12. WAS DECEDENT	T EVER IN U.S. AR	MED	13. WAS DE	CENDENT	OF HISPAI	NIC O	RIGIN? (Specify Yea	or No-	14. RACE Black,	- American Indian, White, etc.
St. DECERDATE SEQUENCY   SEQUENCY   SEQUENCE (PST)   SEQUENCE SEQUENCE SEQUENCE (PST)   SEQUENCE SEQ			IF YES, GIVE W	AR OR DATES						,		Specif	White
Patrick Morris  18th Monard Name (Popularian)  Joseph C. Wagner  18th Monard Name (Popularian)  Joseph C. Wagner  18th Monard Name (Popularian)  Joseph C. Wagner  18th Monard Name (Popularian)  18th Name (Popularia		15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OCCUPAT	ON			18b. KIND OF BUS	INFSS/INDI	USTRY	
Patrick Morris  18th Monard Name (Popularian)  Joseph C. Wagner  18th Monard Name (Popularian)  Joseph C. Wagner  18th Monard Name (Popularian)  Joseph C. Wagner  18th Monard Name (Popularian)  18th Name (Popularia		(Specify only highest grade	completed)	(Gi	ve kind of	work done during rr	ost of work	ing					
Patrick Morris  18th Monard Name (Popularian)  Joseph C. Wagner  18th Monard Name (Popularian)  Joseph C. Wagner  18th Monard Name (Popularian)  Joseph C. Wagner  18th Monard Name (Popularian)  18th Name (Popularia	7	and the same of th	4	<b>'</b>	Nurs	se				Hos	spita	1	
Patrick Morris  18th Monard Name (Popularian)  Joseph C. Wagner  18th Monard Name (Popularian)  Joseph C. Wagner  18th Monard Name (Popularian)  Joseph C. Wagner  18th Monard Name (Popularian)  18th Name (Popularia	Š	17. FATHER'S NAME (First, Middle, Last)					18. MO1	THER'S NA	ME (	First, Middle, Malden	Surname)		
JOSEPH C. Wagner  JOSEPH C. Wagner  Sold Halwyn Avenue Baltimore Maryland 21212  20. METHOD OF DEPOSITION  AND METHOD OF DEPOSITION  BEAR AND ADDRESS OF PACILITY  MITCHELL WILL BE CONTINUED AND ADDRESS OF PACILITY  MITCHELL WATER AND ADDRESS OF PACILITY  Approximate  BEALT ACTUAL AND ADDRESS OF PACILITY  Approximate  ADDRESS OF PACILITY  Approximate  ADDRESS OF PACILITY  Approximate  ADDRESS OF PACILITY  A	m	Patrick Morr	is				C	hris	st:	ina Hob	an		
28a. METHOD OF DISPOSITION  27a. NAME AND ADDRESS OF SACILITY  AND AUGUST A CONSTRUCTION OF THE STATE AND ADDRESS OF SACILITY  AND AUGUST A CONSTRUCTION OF THE STATE AND ADDRESS OF SACILITY  AND AUGUST A CONSTRUCTION OF THE STATE AND ADDRESS OF SACILITY  AND AUGUST A CONSTRUCTION OF THE STATE AND ADDRESS OF SACILITY  AND AUGUST A CONSTRUCTION OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE SACILITY OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE SACILITY OF THE STATE AND ADDRESS OF SACILITY  MITCHARL SERVING DESCRIPTION OF THE SACILITY OF THE SACIL													
Valuation   Colone	-		Г			-			alt				
The bioleast of Facility  William Scenario Towns 12 Name and address of Facility  Mitchell-Wiedefeld Home  6500 York Road Baltimore, Maryland 21212  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory areat.  Interval Between the conditions are considered the conditions of the conditions		XX Burial 2 Cremation 3 Rem	oval from State	other pla	(ce)		metery, cre	matory or					
Dennis Stepken Xenakins  6500 York Road Baltimore, Maryland 21212  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest.  IMMEDIATE CAUSE (Fine)  Interval Battween Onset and Death Interval Battween Interval Batt			ENSEE //	Park	WPOD		ND ADDR	ESS OF EA	ACII IT	Par	kvil	le, I	Maryland
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart felture. List only one cause on each line.  MMEDIATE CAUSE (Final Indext)  JOUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, in death) Last  JOUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF		Wanne W	extrem!	X ena	20					Mitchell			
AND CAUSE (Inter INDERLYING CAUSE (Plasees or injury that Intitated events resulting in deeth)   DUE TO (OR AS A CONSCOUENCE OF):  That Intitated events resulting in deeth) LAST  DUE TO (OR AS A CONSCOUENCE OF):  DUE TO (OR AS A CONSCOUENCE OF):  DUE TO (OR AS A CONSCOUENCE OF):  That Intitated events resulting in deeth) LAST  A.  DUE TO (OR AS A CONSCOUENCE OF):  DUE TO (OR AS A CONSCOUENCE OF):  That Intitated events resulting in deeth) LAST  A.  DUE TO (OR AS A CONSCOUENCE OF):  That Intitated events resulting in deeth) LAST  A.  DUE TO (OR AS A CONSCOUENCE OF):  That Intitated events resulting in deeth) LAST  A.  DUE TO (OR AS A CONSCOUENCE OF):  That Intitated events resulting in deeth) LAST  A.  DUE TO (OR AS A CONSCOUENCE OF):  That Intitated events resulting in deeth) LAST  A.  DUE TO (OR AS A CONSCOUENCE OF):  That Intitated events resulting in deeth) LAST  A.  DUE TO (OR AS A CONSCOUENCE OF):  That Intitated events resulting in deeth) LAST  A.  DUE TO (OR AS A CONSCOUENCE OF):  That Intitated events resulting in deeth) LAST  A.  DUE TO (OR AS A CONSCOUENCE OF):  That Intitated events resulting in deeth) LAST  A.  DUE TO (OR AS A CONSCOUENCE OF):  That Intitated events resulting in deeth) LAST  A.  DUE TO (OR AS A CONSCOUENCE OF):  That Intitated events resulting in deeth) LAST  A.  DUE TO (OR AS A CONSCOUENCE OF):  That Intitated events resulting in deeth) LAST  A.  DUE TO (OR AS A CONSCOUENCE OF):  That Intitated events resulting in deeth) LAST  A.  DUE TO (OR AS A CONSCOUENCE OF):  That Intitated events resulting in deeth) LAST  A.  DUE TO (OR AS A CONSCOUENCE OF):  That Intitated events resulting in deeth last in				kis									
NETASTAIC   CANCEL   1/4   CANCEL						not enter the m	ode of d	ying, auc	ch aa	cerdiac or reapi	ratory arr	eat,	interval Between
DUE TO (OR AS A CONSCOUENCE OF):    Sequentially list conditions, if any, leeding to immediate CAUSE (Disease or Injury Intelligible Conditions)			A.4			•				10.1			
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  The initiated events resulting in deeth LAST  DUE TO (OR AS A CONSEQUENCE OF):  The initiated events resulting in deeth LAST  DUE TO (OR AS A CONSEQUENCE OF):  The initiated events resulting in deeth LAST  DUE TO (OR AS A CONSEQUENCE OF):  The initiated events resulting in deeth LAST  DUE TO (OR AS A CONSEQUENCE OF):  The initiated events resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PRIDINGS MANUAL RESPONS TO CAUSE OF DEATH?  1   YES 2   NO  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1   YES 2   NO  26. WAS CASE REFERRED TO MEDICAL EXAMINERY  1   YES 2   NO  27. MANNER OF DEATH  1   Matural   S   Pending Investigation is a pending Investigation in the Underlying and Manual Responsibility of Pending Investigation is death of the County of North Manual Responsibility of North Number of Rural Rooms Number (Rooms) (Roo			a. DUS TO	CRAST	HI	1 C	ND	OM	5	MITT	CF	HUC	The Tyear.
PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing in the underlying cause given in Part I.   Part II. Other eignificent can be performed.   Part II. Other eignificent can			DUE 10	(OH AS A CONSE	JUENCE (	)F):							
PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing in the underlying cause given in Part I.   Part II. Other eignificent can be performed.   Part II. Other eignificent can	ō.	Sequentially list conditions,	bDUE TO	(OR AS A CONSE	DUENCE (	OF):							1-
PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing in the underlying cause given in Part I.   Part II. Other eignificent can be performed.   Part II. Other eignificent can	\§	cause. Enter UNDERLYING	C.										
PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing in the underlying cause given in Part I.   Part II. Other eignificent can be performed.   Part II. Other eignificent can	Ē	that initiated events	DUE TO	(OR AS A CONSE	DUENCE (	OF):							
PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other eignificent conditions contributing in the underlying cause given in Part I.   Part II. Other eignificent can be performed.   Part II. Other eignificent can	E	resulting in deeth) LAST	d										
COMPLETION OF CAUSE OF PEATH?    YES 2 NO     NO   NO   NO   NO   NO   NO	1	PART II, Other eignificent condition	s contributing to	death but not r	esulting	in the underlyi	ng cause	given in	Pari			24b.	
28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	2	MALNO	TRITI	'ON.							1		COMPLETION OF CAUSE
28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	副												
2   Accident   Investigation   2   Accident   2   Accident   3   Sulcide   Could not be detarmined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   29a. CERTIFIER (Check only one)   2   Accident   CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and manner as stated.   29b. SIGNATURE AND TRUE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29b. SIGNATURE AND TRUE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29d.						_							
2   Accident   Investigation   2   Accident   2   Accident   3   Sulcide   Could not be detarmined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   29a. CERTIFIER (Check only one)   2   Accident   CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and manner as stated.   29b. SIGNATURE AND TRUE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29b. SIGNATURE AND TRUE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29d.	N.		110051711				LACE OF	DEATH (C	heck c	only one)			
2   Accident   Investigation   2   Accident   2   Accident   3   Sulcide   Could not be detarmined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   29a. CERTIFIER (Check only one)   2   Accident   CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and manner as stated.   29b. SIGNATURE AND TRUE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29b. SIGNATURE AND TRUE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21218   31. DATE FILED (Month, Day, Year)   31. DATE FILED (Month, Day, Year)   32. REGISTRAR'S SIGNATURE   33. REGISTRAR'S SIGNATURE   34. Date And Dat	Si			ER/Outpatient 3	□ DOA		me 5 🗆 f	Raaldence	e 🗆	Other (Specify)			
2   Accident   Investigation   2   Accident   2   Accident   3   Sulcide   Could not be detarmined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   29a. CERTIFIER (Check only one)   2   Accident   CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and manner as stated.   29b. SIGNATURE AND TRUE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29b. SIGNATURE AND TRUE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   21c. April 28c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29d.	F				26b. TII	JURY	ORK?		26	d. DEŞCRIBE HOW I	NJURY OCC	CURED	
3   Sulcide   Could not be detarmined   298. PLACE OF INJUST — At home, farm, street, factory, office   298. LOCATION (Street and Number of Pural House Number, City of Town, Strate)   298. CERTIFIER   CERTIFIER   CERTIFIER   CERTIFIER   CERTIFIER   CERTIFIER   CONC. only   2   DEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  290. SIGNATURE AND TITLE OF CERTIFIER   290. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29d. DATE SI								□ NO	<u> </u>				
296. SIGNATURE AND THUE OF CEATIFIER  296. SIGNATURE AND THUE OF CEATIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Morith, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typic Sym)  FI (AN PO) S A! NJ Ce (a CVESTA, 20 (E. UN!V), PARKWAY, BALTIMOPLE MI) 21 218  31. DATE FILED (Morith, Day, Year)  31. DATE FILED (Morith, Day, Year)  31. DATE FILED (Morith, Day, Year)  32. REGISTRAR'S SIGNATURE (  33. 1991 Subjection - Randalle	ED	_ Outld flot be	building,	atc. (Specify)	me, tarm,	street, factory, of	ce		281	City or Town, State)	and Number	or Hural H	loute Number,
296. SIGNATURE AND THUE OF CEATIFIER  296. SIGNATURE AND THUE OF CEATIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Morith, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typic Sym)  FI (AN PO) S A! NJ Ce (a CVESTA, 20 (E. UN!V), PARKWAY, BALTIMOPLE MI) 21 218  31. DATE FILED (Morith, Day, Year)  31. DATE FILED (Morith, Day, Year)  31. DATE FILED (Morith, Day, Year)  32. REGISTRAR'S SIGNATURE (  33. 1991 Subjection - Randalle	빌		ICIAN: To the best of	l my knowledge, de	ath occur	red at the time, da	e and plac	ce, and du	a to t	he cause(a) and ma	nner ae stat	ed.	
296. SIGNATURE AND THUE OF CEATIFIER  296. SIGNATURE AND THUE OF CEATIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Morith, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typic Sym)  FI (AN PO) S A! NJ Ce (a CVESTA, 20 (E. UN!V), PARKWAY, BALTIMOPLE MI) 21 218  31. DATE FILED (Morith, Day, Year)  31. DATE FILED (Morith, Day, Year)  31. DATE FILED (Morith, Day, Year)  32. REGISTRAR'S SIGNATURE (  33. 1991 Subjection - Randalle	8	and and	ER: On the basis of e	xamination and/or	Investigat	lon, in my opinion,	death occ	ured at the	e time	, date and place, ar	d due to th	e cause(s	) and manner as stated.
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Girl)  PICANPO SAIND De LA CUESTA, 201E. UNIV. PARKWAY BALTIMORE MID 21218  31. DATE FILED (Morfn, Day, Year)  3-28-91. ADD 3 1991 Julia Saidan Bandalle		296. SIGNATURE AND TITLE OF CENTIFIE	R D	w 00			29c. LI	CENSE NU	IMBE	R	29d. DAT	E SIGNED	(Month, Day, Year)
FICALPO/SAINS de la CVESTA, 201E. UNIV. PARKWAY, BALTIMORE MI) 21218  31. DATE FILED (MOTTO, DOV. YOU) 1111 32. REGISTRATS SIGNATURE ( 3-28-91. App. 3 1991 Sulis Savidnon-Bandalle	m	MIN	6,120	THY							•		
3-28-91. Apr 3 1991 Julia Savidron-Randelle	٢	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Typ	e, erint)							
3-28-91. Apr 3 1991 Julia Savidron-Randelle		KICARDO/ SAINS	dela C	NESTA	, 20	le. UNI	1. PA	RKW	4	1 BALTI	More	E N	10 21218
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	Ш	2-78-41.	PR 3 19	491 4	cha D	evidron-Ra	nder						DHMH-18 Rev 1/89

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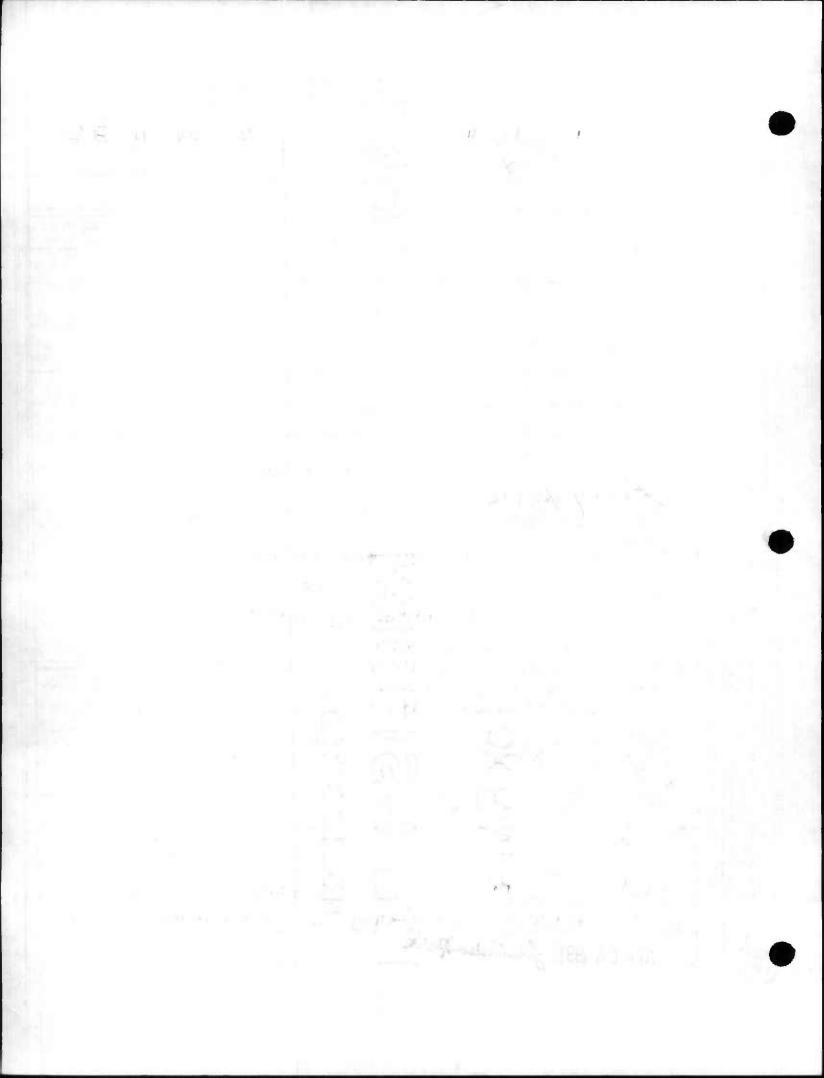
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

FYM REGISTRAR		CERTIFICA	ATE OF	DEATH	R	EG. NO.					
1. DECEDENT'S NAME (First, Middle, Leat)	va hous	e <sup>A. Woo</sup>	dhous	е	2. DATE OF C	DEATH DAY 29	YEAR	3. TIME OF GEATH			
210 03 0266	SEX 6. AGE (III	VDS MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De)		Count	PPLACE (State or Foreign ry)			
9a. FACILITY NAME (# not institution, give street and number)  9b. CTY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF GEATH  Baltimore  RESIDENCE OF DECEDENT											
10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION	-			10d. INSIDE CITY LIMITS?			
Maryland 10e. STREET AND NUMBER			timor	ZIP CODE		10g. C	TIZEN OF	1 VES 2 NO			
501 Dolphin Str				21217			JSA				
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	ES 2 NO If yes, specify Cuban, Mexican					Blec	ACE — American Indian, lack, Whita, etc. pecify:			
15. OECEOENT'S EOUCAT (Specify only highest grade cor		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done durina ma	DN st of working	16b. KIN	D OF BUSINESS/	INDUSTRY	BLack			
Elementary/Secondary (0-12)	College (1-4 or 5+)		·	perator							
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		e, Maiden Surname	)				
William H. E:	ops	19b. MAILING ADD	PRESS (Street a	LUCY		City or Town, State,	Zip Code)				
Thomas Ruffin  20a. METHOD OF DISPOSITION 1 Q.Burlel 2 Cremetton 3 Remove		317 Ly	DISPOSITION	t St. F	Baltim	20c. LOCATION					
4 Donation 5 Other (Specify)	ма	ryland	Vat M 22. NAME AI	OM PK	CILITÝ			Marylan			
· Berry of	borris		Ob = 1.					Culloh S			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. — Les Pitary & Filure  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):											
resulting in death) LAST	Rena	1 failu	re								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  — PREMICE OF SERVICE CONS	poly b	acteria		g cause given in		e. WAS AN AUTOP! PERFORMED? YES 2 NO	SY 24	D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Ch	eck only one)						
	OSPITAL: Inpatient 2 ER/Outp. 28a. DATE OF INJURY (Month, Day, Year)		28c. IN.	URY AT PRICE 2 NO		BE HOW INJURY	OCCURED				
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, streety)		281. LOCATION (Street and Number or Rural Route Number, City or Rwm, State)							
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER:	AN: To the best of my knowl							a) and manner as stated.			
29b. SIGNATURE AND TITLE OF CERTIFIER	mo			29c. LICENSE NUI		29d. (	TATE SIGNE	9 9			
30. NAME AND ADDRESS OF PERSON WHO		100 LI 600 Pri		HUTS O	BRIT	· j· ma	> 3	1215			
31. DATE FILED (Month, Day, Year)  APR 0.3 1991	32. REGISTRAR'S SIGN	Jones M.									

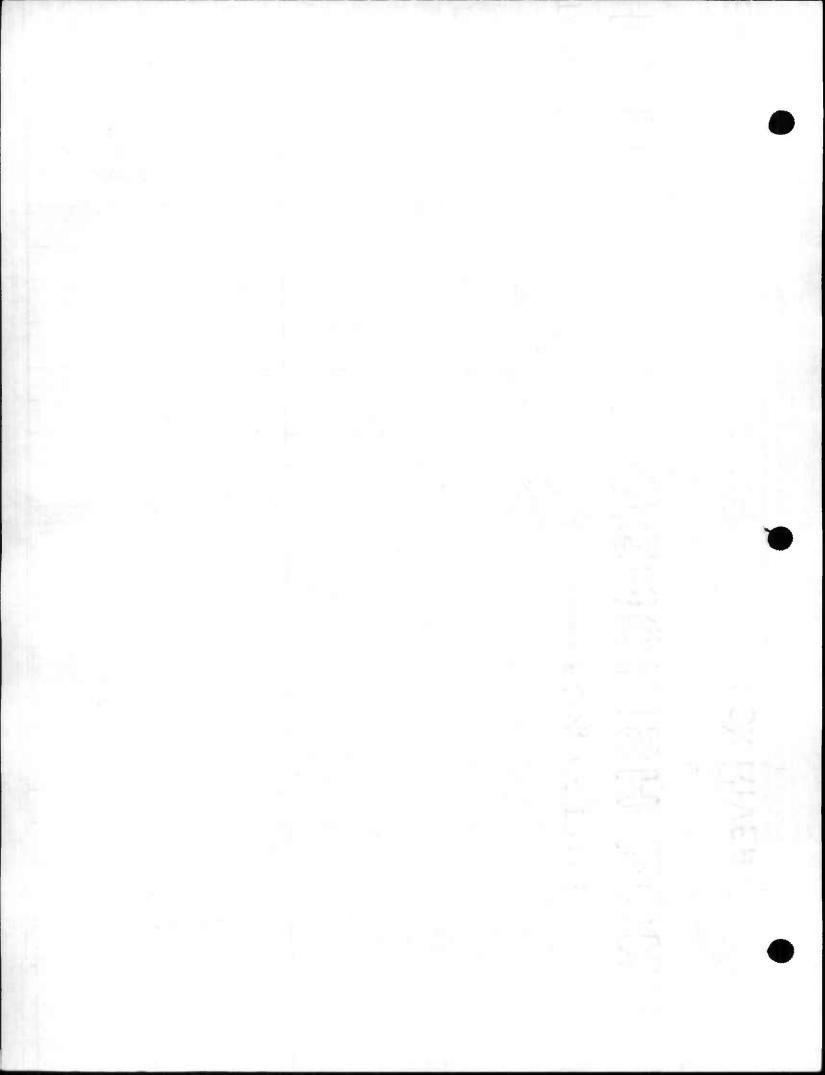




IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1517 FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)		OLITI	IFICALE	OF DEATH		REG. NO.					
(, 101, 1010)					2. DATE	OF DEATH DAY	VEAR	3. TIME OF DEATH			
MARY	Ε.			WEES	03	31	1991 YEAR	8:10 P			
4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birthd	(ay) IF UNDER 1	YEAR IF UNDER 24 HR		OF BIRTH	8. BIRT	HPLACE (State or Foreign			
217-24-1153	1 M 2 X F	61 YR	S. MONTHS	DAYS HOURS MIN	Menth	01-29	Cour	N.C.			
9e. FACILITY NAME (If not institution, give str		01	9h CITY	TOWN OR LOCATION OF							
1202 NORTH CURLEY				ALTIMORE C			30. 000HTT 01	o LATT			
RESIDENCE OF DECEDENT	1 SIKEEI		DE	LITHORE C	TII						
10e. STATE 10b. COUNTY	-	10c.	CITY, TOWN OF	R LOCATION				10d. INSIDE CITY			
MD		100	ALTIM					LIMITS?			
10e. STREET AND NUMBER		D	ALIIM					1)(_)(YES 2 _ NO			
				101. ZIP CODE				WHAT COUNTRY?			
1202 N. C	URLEY	STREET		212	13		USA				
11. MARITAL STATUS	12. WAS DECEDENT I	YES 2 NO		AS DECENDENT OF HIS yes, specify Cuben, Me			r No- 14. RAI	CE — American Indian, ck, While, etc.			
1 Never Married 2 Merried	IF YES, GIVE WAR			TES 2 NO Sp		irceit, etc.)		ic/ly:			
3 💢 Widowed 4 🗌 Divorced								BLACK			
15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDEN	T'S USUAL OC	CUPATION	18b.	KIND OF BUSIN	NESS/INDUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	OT use retired.)	uring most of working							
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (9-12) 1 2 t h  16a. DECEDENT'S USUAL OCCUPATION (Glive kind of work done during most of working life. Do NOT use retired.)  HOUSEWIFE  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surnam											
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surname)											
WILLIAM LEEELIZABETH JOHNSON											
19e. INFORMANT'S NAME (Type/Print)			, mo								
	<b>5</b>			(Street and Number or Ru			- In-control of the control				
BARBARA GRE	EN				VE./B			D. 21205			
20e, METHOD OF DISPOSITION	wel from State	20b. PLACE AND	DATE OF OISPO	SITION (Name	OAT	E 20c. LOCA	ITION — City or	Town, State			
4 Donation 5 Other (Specify)	THE STATE	BALTIMO	RECE	METERY	1	BAL.	TIMORE	, MD			
21. SIGNATURE OF FUNERAL SERVICE LIC	ENȘEE			AME AND ADDRESS OF	FACILITY			,			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH F. H. 1101 E. NOR											
acum -		Mario	MIN	. C. MARC	н г.н	. 110.	I E. N	UKIH AVE			
resulting in death)	OUE TO (C	R AS A CONSEQUENC	E OF):								
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (C	OR AS A CONSEQUENCE	CE OF):								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (C	OR AS A CONSEQUENC	CE OF):								
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (C	OR AS A CONSEQUENC	CE OF):	derlying cause giver	n in Part I.	24e. WAS AN A					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEQUENC	CE OF):	derlying cause giver	ı in Part I.	PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUS			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEQUENC	CE OF):	derlying cause giver	n in Part I.		ED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEQUENC	CE OF):	derlying cause giver	i in Part I.	PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUS			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificent condition	DUE TO (C	OR AS A CONSEQUENC	CE OF):			PERFORM 1 () YES 2 (	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (C	OR AS A CONSEQUENC	CE OF):	26. PLACE OF DEATH		PERFORM 1 () YES 2 (	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL	DUE TO (C	OR AS A CONSEQUENC	DE OF):	26. PLACE OF DEATH	(Check only or	PERFORM 1 [] YES 2 [	ED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (C) DUE TO (C) d. a contributing to d  HOSPITAL: 1   Inpution 2   0	PR AS A CONSEQUENCE  Consequenc	OTHER	28. PLACE OF DEATH 1: Ing Home XX Resider 28c. INJURY AT	(Check only or	PERFORM 1 [] YES 2 [	NO	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (C	PR AS A CONSEQUENCE  Consequenc	OTHER	26. PLACE OF DEATH I: sing Home XX Resides	(Check only or	PERFORM 1 (Q_MES 2 (	NO	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (C) DUE TO (C)  DUE TO (C)  a contributing to d  HOSPITAL: 1   Inpatient 2   (28e. DATE OF 18 (Month, Day)  28e. PLACE OF	PR AS A CONSEQUENCE  PR AS A C	OTHER	26. PLACE OF DEATH 1: Ing Home XX Resider 28c. INJURY AT WORK? 1 YES 2 NO	(Check only or	PERFORM  1 (L) VES 2 (L)  1 (Specify)  SCRIBE HOW IN.	NO	MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  YES 2 NO			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Netural 5 Pending	DUE TO (C) DUE TO (C)  DUE TO (C)  a contributing to d  HOSPITAL: 1   Inpatient 2   (28e. DATE OF 18 (Month, Day)  28e. PLACE OF	PR AS A CONSEQUENCE  PR AS A C	OTHER	26. PLACE OF DEATH 1: Ing Home XX Resider 28c. INJURY AT WORK? 1 YES 2 NO	(Check only or	PERFORM  1 (1) YES 2 [  NO (1) (Specify)  GCRIBE HOW IN.	JURY OCCURED	MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  YES 2 NO			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Naturel 5 Pending Investigation  2 Naturel 5 Could not be determined	DUE TO (C) DUE TO (C)  DUE TO (C)  a contributing to d  HOSPITAL: 1   Inpatient 2   (28e. DATE OF 18 (Month, Day)  28e. PLACE OF	PR AS A CONSEQUENCE  PR AS A C	OTHER	26. PLACE OF DEATH 1: Ing Home XX Resider 28c. INJURY AT WORK? 1 YES 2 NO	(Check only or	PERFORM  1 (L) VES 2 (L)  1 (Specify)  SCRIBE HOW IN.	JURY OCCURED	MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  YES 2 NO			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Natural 5 Pending Investigation  2 Natural 5 Could not be determined  2 Certifier (Check only) CERTIFYING PHYSIC	DUE TO (C. DUE TO (C. DUE TO (C. D. D. D. DUE TO (C. D.	PR AS A CONSEQUENCE  PR AS A C	OTHER OA 4 Nurs  Nurs Nurs Nurs Nurs Nurs Nurs Nurs	26. PLACE OF DEATH 1: Ing Home XX Resider 28c. INJURY AT WORK? 1 YES 2 NO	(Check only or	PERFORM  1 (L) YES 2 [  or (Specify)  SCRIBE HOW IN.  EATION (Street en or Town, State)	JURY OCCURED	MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  YES 2 NO			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1 Netural   5 Pending Investigation   1 Netural   2 Necident   1 Netural   1 Netural   1 Netural   2 Necident   1 Netural   1 Netur	DUE TO (C.	PR AS A CONSEQUENCE  PR AS A CONSEQUENCE  PRACTICAL PROPERTY C	OTHER DA 4 Nurs  Nurse of INJURY M	26. PLACE OF DEATH 1: sing Home	(Check only or note 6  Other 28d. Det	PERFORM  1 ( ) YES 2 (  ON (Specify)  SCRIBE HOW IN.  CATION (Street en or Town, State)	JURY OCCURED  d Number or Rura	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  YES 2 NO			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  **EXAMINER?**  **PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  **PART II. Other algnificent condition  26. WAS CASE REFERRED TO MEDICAL EXAMINER  27. MANNER OF DEATH  1	DUE TO (C.	PR AS A CONSEQUENCE  PR AS A CONSEQUENCE  PRACTICAL PROPERTY C	OTHER DA 4 Nurs  Nurse of INJURY M	26. PLACE OF DEATH I: Ing Home XX Resider 26c. INJURY AT WORK? 1 YES 2 NO ory, office The date and place, end pinion, death occured at	(Check only or nee 6 Other 28d. DE:	PERFORM  1 (L) YES 2 (L)  or (Specify)  SCRIBE HOW IN.  ATION (Street enor Town, State)  use(e) end mann  and place, and	JURY OCCURED  d Number or Runt  or se stated, due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  YES 2 NO  A Floure Number,  (e) and manner as state-			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  12. WAS CASE REFERRED TO MEDICAL EXAMINER?  12. WAS CASE REFERRED TO MEDICAL EXAMINER?  13. Was CASE REFERRED TO MEDICAL EXAMINER?  14. Natural 5 Pending Investigation  15. Valcident Suicident Could not be determined	DUE TO (C.	PR AS A CONSEQUENCE  PR AS A CONSEQUENCE  PRACTICAL PROPERTY C	OTHER DA 4 Nurs  Nurse of INJURY M	26. PLACE OF DEATH 1: sing Home	(Check only or nee 6 Other 28d. DE:	PERFORM  1 (L) YES 2 (L)  or (Specify)  SCRIBE HOW IN.  ATION (Street enor Town, State)  use(e) end mann  and place, and	JURY OCCURED  d Number or Runt  or se stated, due to the cause	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  YES 2 NO			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Natural   5   Pending Investigation   1   Natural   1   Natural   2   Accident   1   Certifying Physic Check only   2   MEDICAL EXAMINER	DUE TO (C.	PR AS A CONSEQUENCE  PR AS A CONSEQUENCE  PRACTICAL PROPERTY C	OTHER DA 4 Nurs  Nurse of INJURY M	26. PLACE OF DEATH 1: dring Home XX Resider 28c. INJURY AT WORK? 1 YES 2 NO ony, office The, date and place, end pinion, death occurred at	(Check only or nee 6 Other 28d. DE:	PERFORM  1 (L) YES 2 (L)  or (Specify)  SCRIBE HOW IN.  ATION (Street enor Town, State)  use(e) end mann  and place, and	JURY OCCURED  d Number or Runt  or se stated, due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  YES 2 NO  A Fourie Number,  (a) and manner as stated			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Natural 5 Pending Investigation 1 Natural 5 Could not be determined  29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29. CERTIFIER 1 CERTIFYING PHYSICAL EXAMINER  2015 OF PERSON WH	DUE TO (C.	eath but not result  ER/Outpatient 3 DO  SURTY  Year)  INJURY — Al home, fa  Ic. (Specify)  Thy knowledge, death or  minetion and/or investi	OTHER OA 4 Nurs  Norm, street, factoring at the tiligation, in my o	26. PLACE OF DEATH 1: dring Home XX Resider 28c. INJURY AT WORK? 1 YES 2 NO ony, office The, date and place, end pinion, death occurred at	(Check only or noce 6 Other 28d. Det	PERFORM  1 (L) YES 2 (L)  or (Specify)  SCRIBE HOW IN.  ATION (Street enor Town, State)  use(e) end mann  and place, and	JURY OCCURED  IN NO  JURY OCCURED  In No Province Season of Rura  And Number or Rura  In the cause of the cau	COMPLETION OF CAUS OF DEATH?  YES 2 NO  No Provide Number,  No Pro			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Natural 5 Pending Investigation 1 Natural 5 Could not be determined  29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29. CERTIFIER 1 CERTIFYING PHYSICAL EXAMINER  2015 OF PERSON WH	DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. D. D. D. D. DUE TO (C. D.	eath but not result  ER/Outpatient 3 DO  SURTY  Year)  INJURY — Al home, fa  Ic. (Specify)  Thy knowledge, death or  minetion and/or investi	OTHER OA OTHER OA I Murr  TIME OF INJURY M  Securred at the ti digation, in my o	26. PLACE OF DEATH 1: dring Home XX Resider 28c. INJURY AT WORK? 1 YES 2 NO ony, office The, date and place, end pinion, death occurred at	281. LOC City due to the car Ihe Ilma, date NUMBER	PERFORM  1 (L) YES 2 (L)  or (Specify)  SCRIBE HOW IN.  ATION (Street enor Town, State)  use(e) end mann  and place, and	JURY OCCURED  If Number or Runs  or se stated, due to the cause  29d, DATE SIGN	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  VES 2 NO  All Route Number,  (e) and manner as stated  ED (Month, Day, Year)			



DONALD G.

91-1745-510					9	0861
FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.		
1. OECEDENT'S NAME (First, Middle, Last)			250.16	2. DATE OF DEATH MONTH DAY	YEAR 3	. TIME OF DEATN
Clara Bell	5. SEX 6. AGE (In yrs. I	lliams	DER 1 YEAR   IF UNDER 24 HRS.	03 30 7. DATE OF BIRTN		9:32 ACE (State or Foreign
	1 D M 2 X F 69	YRS. MONTH		(Month, Day, Mar) 19	21 Country)	NC
9a. FACILITY NAME (If not institution, give atre	The state of the s	9b. C	TY, TOWN OR LOCATION OF		c. COUNTY OF OEA	TH
Maryland General Union Memorial Residence of Decement	Hospital Ospital	] B	altimore Cit	y		
10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION		1	Od. INSIDE CITY
MD		Balti				X YES 2 NO
100. STREET AND NUMBER 1104 Stoddard	Ct		21201	.10	USA	AT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	RMED	I3. WAS DECENDENT OF NISP	ANIC ORIGIN? (Specify Yes or	No. 14. RACE -	- American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES 2 X	NO	If yes, specify Cuben, Maxie 1 YES 2 NO Spec	can, Puarto Rican, etc.)	Black, \ Specify:	White, etc.
15. OECEOENT'S EOUCA	TION 16a C	DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUSINE	EGS/INDI ISTRY	Diack
(Specify only highest grade co	college (1-4 or 5+)	(Give kind of work do le. Do NOT use retired	ne during most of working d.)	ISS. NIVO OF BUSINE	-commoding	
		unempl	oyed			
7. FATHER'S NAME (First, Middle, Last) Junious Bass				AME (First, Middle, Meiden Sun Bell Neal	name)	
19s. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRI	ESS (Street and Number or Rura		State Zin Code)	
Albert Bass			Garrison			21215
20g: METNOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remov	20b. PLAC	E AND DATE OF DI		1	TION — City or Town	
4 Donation 5 Other (Specify)	Wes		ar Cemeter		onsvill	e, MD
21. SIGNATURE OF FUNERAL SERVICE LICEI	A GAO		Joseph H.	Brown Jr.	P.A.	
Marione	D. Pour		1913 W. Ba			
23. PART I. Enter the diseases, or co shock, or heart failure. Li	mplications that caused the at only one cause on each li		tar tha mode of dying, su	ich se cardiac or respirat	ory arrest,	Approximate Interval Batw
IMMEDIATE CAUSE (Final disease or condition	Arteriosclero	tio Card	iowagaular D	100000		Onset and De
resulting in death) a.	DUE TO (OR AS A CONS		iovasculai D	Isease		
Sequentially list conditions, b.						-
If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONS	EOUENCE OF):				
CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONS	EQUENCE OF):				1
resulting in death) LAST			NOTIFIC TO SERVICE			
PART II. Other significant conditions	contributing to death but no	t resulting in the	underlying cause given i			VERE AUTOPSY FINDI
Coronary Artery	y Disease			PERFORME 1 □ YES 2\(\frac{1}{2}\)	140	WAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
				Inquir		☐ YES 2 ☐ÃNO
	HOSPITAL:	ОТН				
1 YES 2 NO 27. MANNER OF DEATN	1 ☐ Inpatient 2 ※ ER/Outpatient 28s. DATE OF INJURY	28b. TIME OF	Nursing Nome 5 - Residence 28c. INJURY AT WORK?	e 6 ☐ Other (Specify)  28d. DESCRIBE NOW INJU	URY OCCURED	
1 Natural 5 Pending investigation	(Month, Day, Year)	INJURY				
3 Suicide 6 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street,	factory, office	28f. LOCATION (Street and City or Town, State)	Number or Rural Ro	ute Number,
4 Nomicide detarmined						
const. Orny	AN: To the best of my knowledge,					
2 MEDICAL EXAMINER:	On the besis of examination and/	or investigation, in n	ny opinion, death occured at 1	he time, data and place, and d	dus to the cause(s)	and manner as state
296. SIGNATURE AND TITLE OF CERTIFIER	1. 200		29c. LICENSE N	UMBER 2	19d. DATE SIGNED (	Month, Day, Year)

PLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

111 Penn Street, Baltimore Maryland 21201

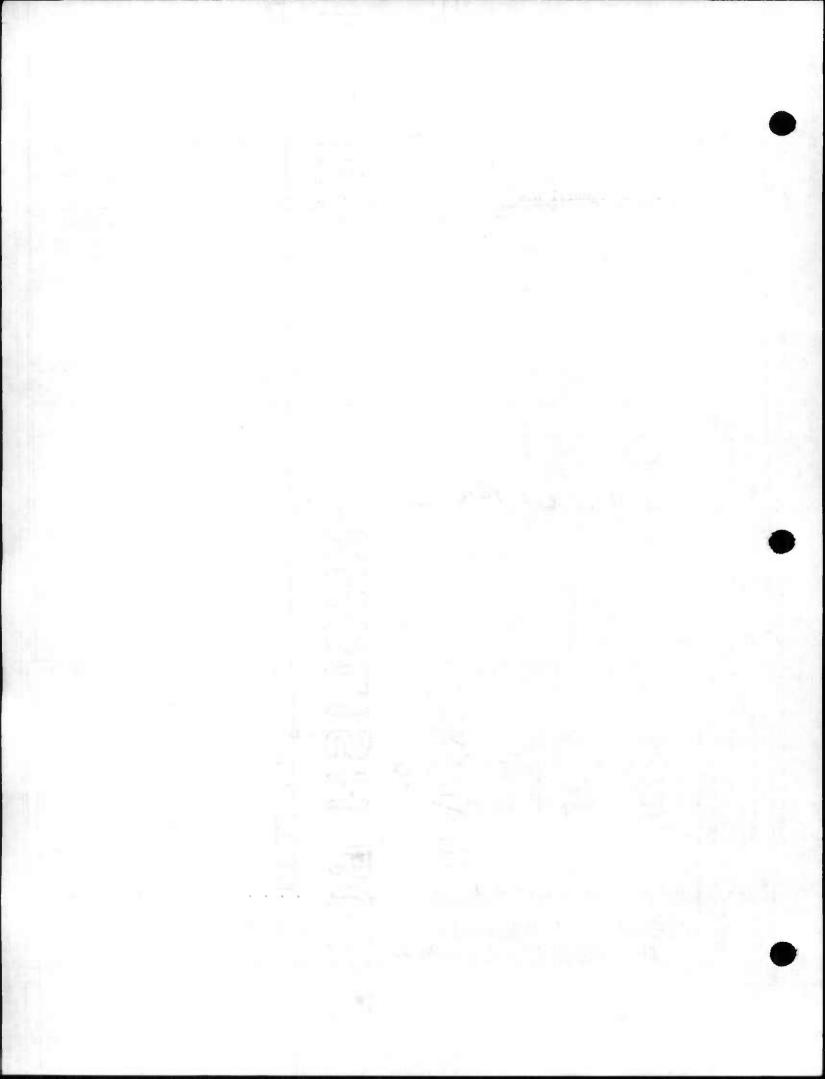
O.C.M.E

31. DATE FILED (Month, Day, Year) relia Veridon 3 APR 199

MO

DEME

1991



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Leat)  To ha & Weinstein (JON).  4. SOCIAL SECURITY NUMBER  220-54-1965  1 DO M 2 D F  25 YRS							
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthda	AH WE	INSTEIN	)	2. DATE OF DEATH DO NONTH DATE OF DEATH DATE OF DATE OF DATE OF DEATH DATE OF DATE	-	YEAR 2	time of Death
220-54-1965 1 ☑ M 2 □ F 25 YRS			ER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPI	LACE (State or Foreign
	MONTHS	DAYS HOURS	MIN.	(Month, Day, Year) 12/16/19	65	Country)	MARYLAND
9e. FACILITY NAME (If not institution, give street and number)	9b. CITY	, TOWN DR LOCA	TION OF OE			NTY OF DEA	
UNION HOSPITAL		ELKTON	1				
RESIDENCE OF DECEDENT		CLKIO	V			CECIL	
	CITY, TOWN C	OR LOCATION				1	od. INSIDE CITY
NEW JERSEX		LAKEW	XXX			١.	LIMITS? YES 2 NO
10e. STREET AND NUMBER		10f, ZIP CO	DE		10- CITI		AT COUNTRY?
418 7th ST., APT. G-26		101, 211 00	0870	17			AI COONTRIT
						JSA	
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 YES  2 JND				IC DRIGIN? (Specify Yes	or No—	14. RACE -	- American Indian, White, atc.
1 Never Married 2 Married IF YES, GIVE WAR OR DATES A		1 - YES 2 - N				Specify:	
3X Middwed 4 Divorced		Λ					WHITE
15. DECEDENT'S EDUCATION 16a. DECEDENT (Specify only highest grade completed) (Give kind		CCUPATION during most of wor	kina	16b. KIND OF BUS	SINESS/INC	DUSTRY	
	T use retired.)	ourng most or wo	rung				
12	TIDENT	1		YESI	AVIH		
17. FATHER'S NAME (First, Middle, Last)	THE APART		THER'S NA	ME (First, Middle, Maiden	Surname)		
ISRAEL WEINSTEIN		1		FAY KATZ			
196. INFORMANT'S NAME (Type/Print) 19b. MAJLI		- m					
				noute Number, City or Tow			
301				BALTO., N	AID.	21215	
20e. METHOD OF DISPOSITION  1 Removal from State other place)	POSITION (Na	ame of cemetery, c	201771 0/0	20c. LO	CATION -	City or Town	n, State
4 Donation 5 Other (Sectify) CHE		IAVAS CE	, ,	-	RAND	ALLSI	OWN, MD
21. SIGNATURE DE FUNERAL SERVICE LICENSEE	22.	NAME AND ADD	ESS DF FA	& BROS, IN			
m Had I .							
( may / / fluis	6	OIO REI	STERS	TOWN RD.	BALT	O.,ME	21215
Sequentially list conditions, Due TO (DR AS A CONSEDUENCE	E OF):						
if any, leeding to immediate cause. Enter UNDERLYING	E OF):						
if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury							
if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury							
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events							
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	E OF):	nderlying caus	e given in				
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use, as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

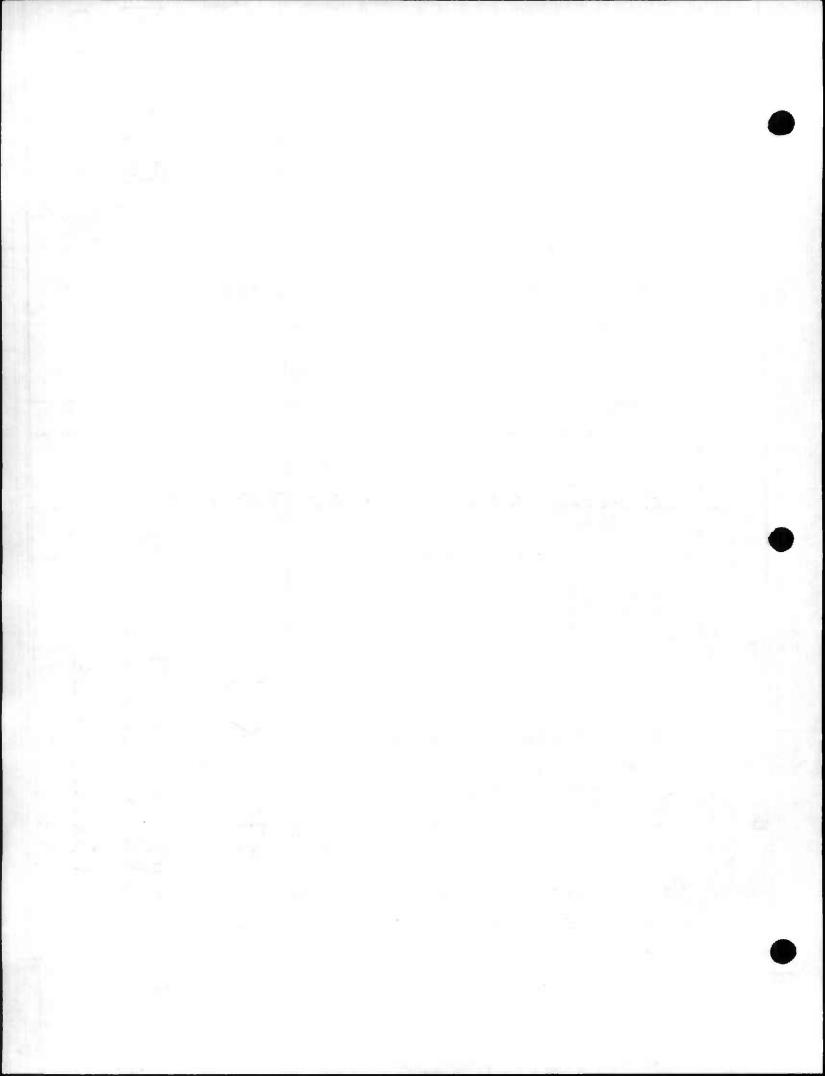
91-1737-015 FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

91

REGISTRAR											
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH			3. TIME OF	DEATH
Yehudis		Weins	stein			3 монтн	29 DAY	1991	YEAR	6:30	р
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthd		1 YEAR IF U	NOER 24 HRS.	7. DATE OF	BIRTH		I. BIRTH	DI ACE /Cinh	as Familia
	1 🗆 M 2 🔀 F	21 YR	MONTHS	DAYS HOU		12/8	71969	1.1	Countr	NEW Y	ORK
9a. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY,	TOWN OR LO	CATION OF D	EATH		9c. COUNT	ry OF D	EATH	
UNION HOSPITAL			ELK	TON				CEC	IL		
RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		100	CITY, TOWN O	B I OCATION						10d, INSIDE	CITY
NEW JERSEY			OD					LIMITS?			
10e. STREET AND NUMBER				10f. ZIP				10g. CITIZI	EN OF W	VHAT COUNTE	RY?
418 7th ST., A	PT. G-26				08710	)		U	JSA		
11. MARITAL STATUS 1 Never Married 2 Married 3 Whowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 X NO	н	MAS DECENDE f yes, specify (	Cuban, Maxic	in, Puerto Ric		or No- 1	14. RACE Black Speci	— American k, White, etc. Hy: WHIT	
15. DECEDENT'S EDUC			IT'S USUAL OC		The Ch	16b. F	UND OF BUSI	NESS/INDU	STRY		
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind life. Do NO	d of work done d OT use retired.)	luring most of v	vorking	1000	Henry	DEK. 0	10110	.0.	
, , , , , , , , , , , , , , , , , , , ,	2		TEACHE	R			HEB	REW S	CHU	OL	
17. FATHER'S NAME (First, Middle, Last)				16.	MOTHER'S NA	ME (First, Mic	ddle, Maiden S	iumame)			
17. FATHER'S NAME (First, Middle, Last) RABBI RAPHAEL	OPPENHEIM						IAL INO				
19a. INFORMANT'S NAME (Type/Print)		105 1441	LING ADDRESS	(Street and M.					Code1	_	_
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RADDI RAPHALL OF						1	1	ATION C	_	Paul Paul	
1X Buriel 2 ☐ Cremation 3 ☐ Remo	oval from State	CHEVRA				DATE	11111111111				
4 Donation 5 Other (Specify)	1	CHEVRA		S CHES		/1/91	_KAND	ALLSI	LOWN	, MD	
				COL	T EVITN	ONT O	DDOC	TATES			
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DHMH-18 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING, PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: Attenting confincate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death from the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE	STATE OF M							MENTAL HYGIEN	E	08622
REGISTRAR  1. OECEDENT'S NAME (First, Middle, Last)	HENRY	L. WIL	COX		OF I	DEA	ТН	REG. NO  2. DATE OF DEATH MONTH D	AY	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 1	VEAR	IF UNDER	24 HDS	7. DATE OF BIRTH	28	BIRTHPLACE (State of Follon
449 36 8714	1 M 2 F	64		-	-	HOURS	MIN.	(Month, Day, Year)	1.	SEGUIN TEXAS
PA. FACILITY, NAME (If not institution, give s	street and number)	10501	HAL (	PI, DITY, T	OWN OF	LOCATI	ION OF DI			TY OF OEATH OPPOSE
RESIDENCE OF DECEDENT  106. STATE  106. COUNT	Y		10c. CITY,	TOWN OR	LOCATIO	ON				10d. INSIDE CITY
DC 1	NONE		WASH	HINGT	ON	DC				LIMITS?
De. STREET AND NUMBER					101.	ZIP COD				EN OF WHAT COUNTRY?
21 HAREWOOD							0011			TED STATES
MARITAL STATUS  Never Married 2XX Merried  Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1) IF YES, GIVE WA	YES 2		if y	res, spec	ity Cube		NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	s or No—	44. RACE — American Indien, Black, White, etc. Specific BLACK
15. DECEDENT'S EDU (Specify only highest grade		16a. I	ECEDENT'S U	SUAL OCC	UPATION	N N and a complete		16b. KINO OF BU	SINESS/INDU	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	_	SECUE	retired.)	ng most	O WORK	ny	US	GOVERN	MENT
7. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)	
COLLIE WILC	COX					Al	NGEL	IA JEFFER	SON	
De. INFORMANT'S NAME (Type/Print)  LEONAS V WILCO	)V							Route Number, City or Tow 202 SUITLA		
LEUNAS V WILCO	JX	7 00h DI 40	E ANO DATE			_	/ E # .			ZU / 4 b
□ Buriel 2 □ Cremetion 3\(\times\)Rem □ Donation 5 □ Other (Specify)	noval from State		ER MOI			Ivame		14.	UIN TH	•
ahock, or heart fellure.  MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	a. M. DUE TO	Single Si	respond on	i c	lo	y de	ar	rest exculor.	dia	interval Batwe Onset and Dei
CAUSE (Disease or injury hat initiated events esuiting in death) LAST	DUE TO (	OR AS A CONS	EOUENCE OF)	:				1/2		
PART II. Other algnificent condition	alcohi	death but no	t reaulting in	the und	erlying	cause	given in	Part I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINOIN ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						0				1 TES 2 NO
S. WAS CASE REFERRED TO MEDICAL				07115		ACE OF	DEATH (C	heck only one)		1   YE\$ 2   NO
	HOSPITAL:	ER/Outpatient		OTHER:	ww.			heck only one)  6  Other (Specify)		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpetient 2   28e. DATE OF (Morath, De	INJURY		4 Nursir	ng Home 18c. INJU WOF	5 🗆 F	lesidence		INJURY OCC	
S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  70  7. MANNER OF DEATH  1  Retural 5  Pending	HOSPITAL: 1   Inpetient 2   28e. DATE OF (Month, De 28e. PLACE OF 28e. P	INJURY	28b. TIME	OF 2	ng Home tec. INJU WOF 1   Y	FOR STATE OF	lesidence	6 Other (Specify)	end Number	URED
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  17. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined.  19. CERTIFIER (Check only)	HOSPITAL: 1   Inpetient 2   28e. DATE OF (Month, De building, of building, of building)	INJURY By. Year)  F INJURY — At etc. (Specify)  my knowledge,	3 DOA 28b. TiME INJU home, farm, st	4 Nursing Property M. Preet, factor	1 Y Y, office	5 F RIPY AT RK?	NO No	6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State  e to the cause(s) end ma	end Number (	URED or Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  17. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined.  19. CERTIFIER (Check only)	HOSPITAL: 1   Inpatient 2   28e. DATE OF (Morath, De building, SICIAN: To the best of exercise of exercise to the busile o	INJURY ny. Year)  FINJURY — At etc. (Specify)  my knowledge, tamination end/	3 DOA 28b. TIME INJU	4 Nursing Property M. Preet, factor	1 Y Y, office	s   R	NO No	6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State  e to the cause(e) end mu e time, date end place, e	end Number (	URED  or Rural Route Number,

31. DATE FILED TRIM 03 3 1991

Jaz REGISTRAN'S SIGNATURE

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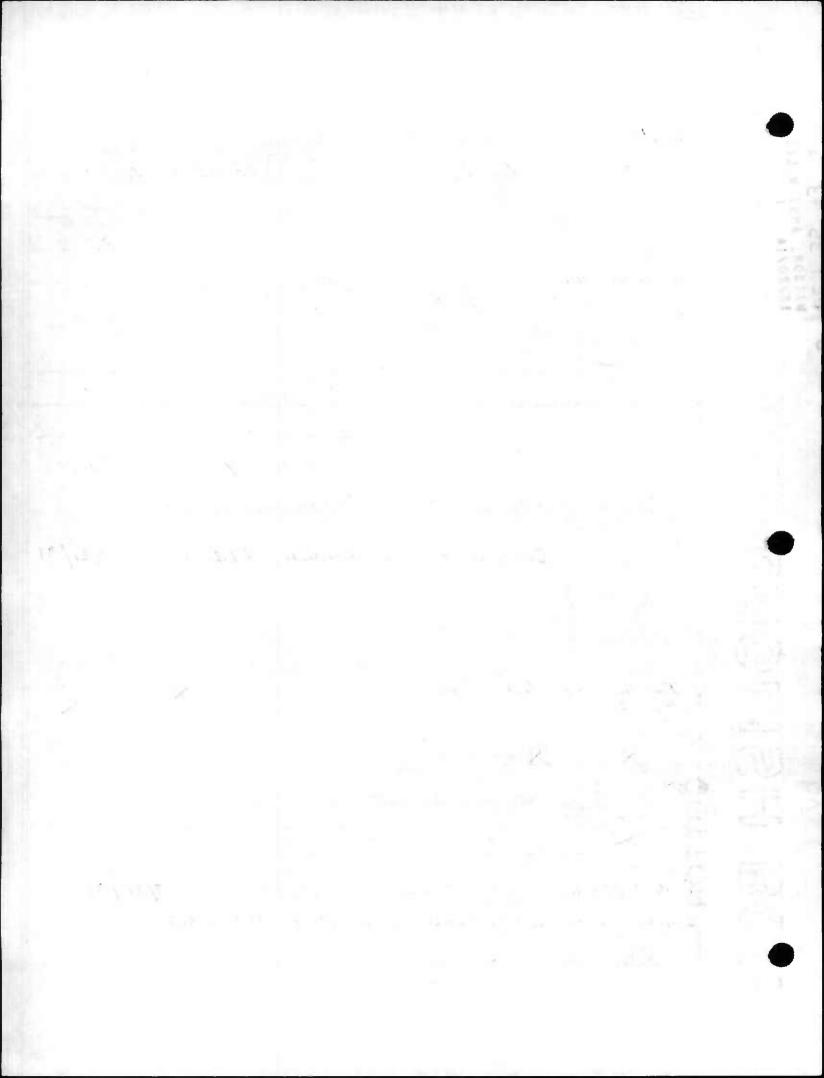
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be the most part of the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 met. Peffached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hybride prior to bridge provided.
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BALTIMORE, MARYLAND 21215-0020 201

08623 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	STATE OF MARYL	CERTIFICATE		REG. NO.	210	0020
1. DECEOENT'S NAME (First, Mick*** 1-4	An	nie Willin	. / ./ M	ATE OF OEATH DAY	YEAR 3. T	4:10 P
4. SOCIAL SECURITY NUMBER  237-269837  9a. FACILITY NAME (If not institution, give THE JOHNS HOPK)	1 M 2 F 7				COUNTY OF DEATH	CE (State or Foreign
RESIDENCE OF DECEDENT  10e. STATE  10b. COU		10c. CITY, TOWN O		[ B	ALTIMORE	CITY INSIDE CITY
M / 3		BA	40-		1)	YES 2 NO
903 Bonaparte Ave.			101. ZIP CODE 21218	109	CITIZEN OF WHAT	S
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO I	NAS DECENDENT OF HISPANIC OF IT yes, specify Cuben, Maxican, Pur YES 2 NO Specify:		14. RACE — A Black, Wh Specify:	imerican indien, ite, atc.
15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S USUAL OF (Give kind of work done of Me. Do NOT use retired.)	CCUPATION fluring most of working	16b. KINO OF BUSINES	SS/INOUSTRY 7	
17. FATHER'S NAME (First, Middle, Last)  MOSC BU	Hock		18. MOTHER'S NAME (F	Bull D	ame)	
19a. INFORMANT'S NAME (Type/Print)	ilthe	19b. MAILING ADDRESS	(Street and Number or Rural Route		ne, Zip Code)	1. 220
20e. METHOD OF DISPOSITION  1 A Burlel 2 Cremation 3 Re 4 Donation 6 Other (Specify)		b. PLACE ANO OATE OF OISPO cemetary, grematory or other po		DATE 20c. LOCATH	ON - City or Town,	Blota Rem. VK
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE - Unenal	22.1	NAME AND ADDRESS OF FACILITY			
Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	bDUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	Accidents, i	b, laters!		721/1
resulting in death) LAST  PART II. Other significent condit	d.	but not resulting in the un	deriving cause given in Part	I. 24s. WAS AN AUTI	ODEY OAL WE	RE AUTOPSY FINDIN
		1 sets	derlying couse given in Part	PERFORMED	NO OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:	OTHER				
EXAMINER?	1 Inpatient 2 ER/Out			Other (Specify)		
1 VES 2 NO 27. MANNER OF OEATH 1 Naturat 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. \$NJURY AT	. OESCRIBE HOW INJUI	RY OCCURED	
1 TYES 2 NO 27. MANNER OF GEATH	(Month, Day, Year) on 28e. PLACE OF INJUR building, etc. (Sp.	28b. TIME OF INJURY M	28c. thJURY AT WORK? 1 YES 2 NO	OESCRIBE HOW INJURE LOCATION (Street and No City or Yourn, State)		Number,
1 YES 2 NO  27. MANNER OF OEATH  1 Returnt 5 Pending Investigation 3 Suicide 6 Could not a determined  29e. CERTIFIER Check only  1 YES 2 NO 27. MANNER OF OEATH  1 Note of the could not a determined of the could not	(Month, Day, Year)  28e. PLACE OF INJUR building, etc. (Spe  (YSICIAN: To the best of my known)	28b. TIME OF INJURY M  Y — At home, farm, street, fact softly)  wiedge, death occurred at the t	28c. thJURY AT WORK? 1 YES 2 NO	LOCATION (Street and N City or Town, State)	lumber or Rural Route	
1 YES 2 NO  27. MANNER OF OEATH  1 Neturat 5 Pending Investigation 3 Suicide 6 Could not in determined  290. CERTIFIER (Check only one) 2 MEDICAL EXAM  290. SIGNATURE AND TITLE OF CERTIFIER  3 Suicide 1 Could not in determined  290. SIGNATURE AND TITLE OF CERTIFIER  3 Suicide 1 Could not in determined	(Month, Day, Year)  28e. PLACE OF INJUR be building, etc. (Spo	28b. TIME OF INJURY M  Y — At home, farm, street, fact softy)  wiedge, death occurred at the ton and/or investigation, in my of the softy of the sof	28c. tNJURY AT WORK?  1 YES 2 NO  Ory, office  281.	LOCATION (Street and N City or Town, State) e cause(a) and manner date end place, end du	lumber or Rural Route	d manner as stated
1 YES 2 NO  27. MANNER OF OEATH  1 Neturat 5 Pending Investigation 3 Suicide 6 Could not determined  29e. CERTIFIER Check only 2 MEDICAL EXAM  29b. SIGNATURE AND TITLE OF CERTIF	(Month, Day, Year)  28e. PLACE OF INJUR be building, etc. (Spo	28b. TIME OF INJURY M  Y — At home, farm, street, fact softy)  Wiedge, death occurred at the tron and/or investigation, in my of the softy of the so	28c. tNJURY AT WORK?  1 YES 2 NO  Ory, office  281.  Ime, date end place, end due to the plnion, death occured at the time.  29c. LICENSE NUMBER	LOCATION (Street and In City or Town, State)  e cause(a) and manner date end place, end du	as stated.  to the cause(e) and d. OATE SIGNED (Mo	d manner as stated



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CERTIFICATION

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31. DATE FILED (Mg

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32. REGISTRAR'S SIGNATURE

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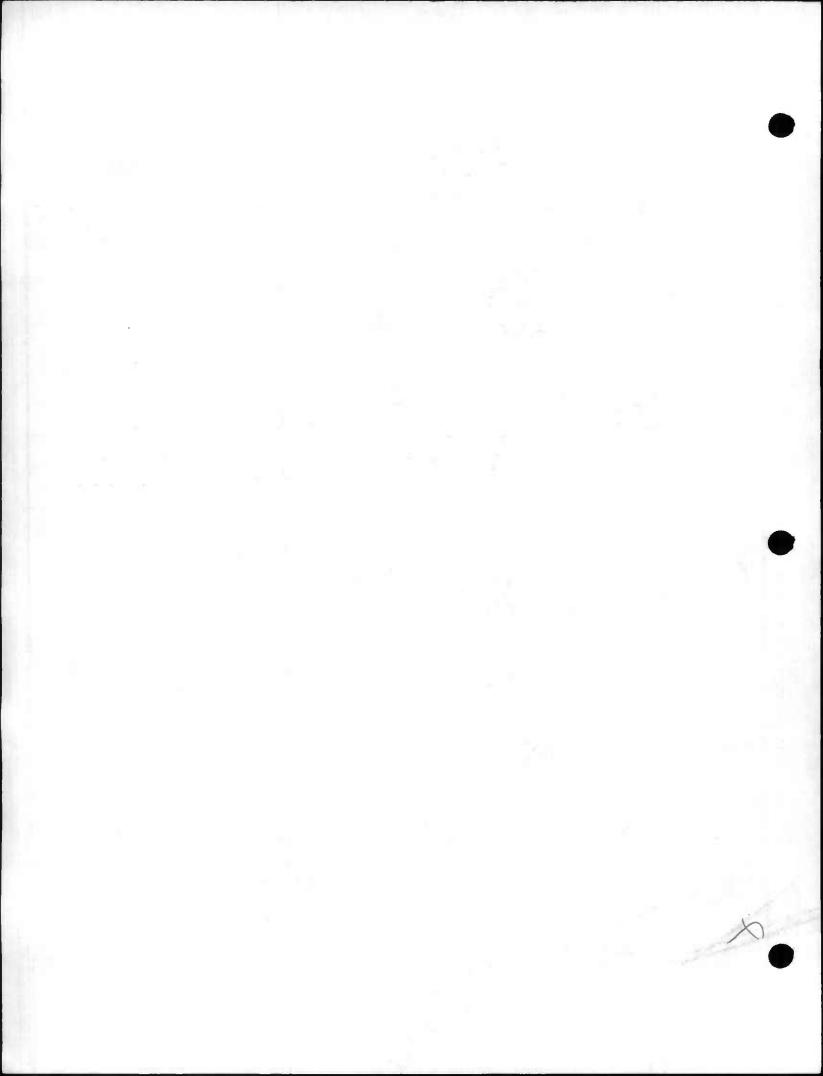
after death. Page 6 may be retained by the hospital or attending physician. n by the funeral director, page 5 should be detached removal. notified 99 must examiner medicai filled in by 0 tion, the the and completely fi buris., tio executed within event. traumatic has been signed by the attending physician ar Dept. of Health and Mental Hyglene prior to 1 n 23 shows any injury, or other trauma HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be THE FUNERAL DIRECTOR: After this certificate he field within 72 hours after death with the State C IMPORTANT: If Nem 28 Is marked, or Nem install the second 67/45, 2-40, 318 4011-03-11-91 # COSY 01-31-25 8,8 (4)34

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH SHADIR 13.12 AM 12:45 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 1 2 F 66 DAYS 219-06-5317 YRS Jan 30,1925 India 9a. FACILITY NAME (If not institution, give 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Montgomor Tank WASh RESIDENCE OF takom 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY 1 XYES 2 NO Maryland Prince George Langley Park 10g CITIZEN OF WHAT COUNTRY?
Pernament 10e. STREET AND NUMBER 101, ZIP CODE 1436 Ruatan Street 20783 Resident 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Married Specify: Indian 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade comp Elementary/Secondary (0-12) 1/12 College (1-4 pr 5+) Retail Cashier Southland Corp. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mansa Ram Amar Unobtainable 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1436 Ruatan Street Langley Park, Md. Lata Amar 20s. METHOD OF DISPOSITION
1 □ Burisi 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE/OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Ft. Lincoln Crematory Brentwood, Md. 22 NAME AND ADDRESS OF FACILITY Hines/Rinaldi 11800 New Hamp. Ave. S. S. Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE son 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate shock, or heart fellure. List on; one cause on each Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate 118h cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other alguificant conditions contino was to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? remone 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO atlent 2 ER/Outpatient 3 DOA 4 🗌 Nursi ing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED Natural 6 Pending investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND THELE OF CERTIFIER 29c. LICENSE NUMBER 037002 LETED CAUSE OF DEATH (ITEM ETT (Appe, Print) JEAN

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

9

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILEO (Month, Day, Year)

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE
Julia Davidson Randson

Leatherwood,

FOR	STATE OF M	MADVIAND /	DEDARTM	ENT OF U	EALTH AND I	MENTAL L	VCIENE	91	086	20
- STATE REGISTRAR		CI	ERTIFICA	TE OF	DEATH		EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) Mabel T. Ahlst	MARE	I. THER	ESA AH	ILSTRO	)M	2. DATE OF I	DEATH	YEAR	3. TIME OF DEATH	н
	rom			LID I ICC		03	22	9.1	10:30	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday) IF U	NOER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	HRTH V. Ybar)	Cour	THPLACE (State or For	reign
065-24-2124	1 🗌 M 2 🔀 F	60	YRS.	THO DAYS	noons min.	(Month, De	5 31	Ne	w York	
9e. FACILITY NAME (If not institution, give a			9b.	-	R LOCATION OF DE		90	COUNTY OF	DEATH	
Route 6 ,Rt.#	1, Box	1318 E		Port	Tobac	co		Charl	es	
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	Y		10c. CITY TO	WN OR LOCATI	ION				10d. INSIDE CITY	
MD Chai				t Tob					LIMITS?	
10e. STREET AND NUMBER	. 100		1 101		ZIP CODE		10	a. CITIZEN OF	WHAT COUNTRY?	10
Star Rt 1 Box	1318E			1	20677		"	U.S.		
11. MARITAL STATUS	12 WAS DECEMEN	T EVER IN U.S. AF	MED	13. WAS DECI	ENDENT OF HISPAI	NIC ORIGIN? (S	pecify Yes or I		CE — American India	in.
1 Never Merried 2 Merried	FORCES? 1	YES 2 X	NO	If yes, spe	cify Cuben, Mexico	en, Puerto Ricer	n, atc.)	Ble	ick, White, etc.	
3 Widowed 4 Divorced	IF TES, GIVE W	MU OU DUIES \$7		1   123	2X NO Specif	у.		3,0	White	
15. DECEOENT'S EDU		16a. DE	CEDENT'S USU	AL OCCUPATIO	N et un differ	16b. KIN	D OF BUSINE	SS/INDUSTRY		
(Specify only highest grade	College (1-4 or 5 +	Life.	ive kind of work of Do NOT use reti	red.)	st or working		U.S.	Gover	ment	
12			udget	Analy	rst ,	De	pt. c	of Def	ense	
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First, Middl	e, Melden Surr	name)		
Fredrick Walt	er Bush				Alice	Ther	esa C	)'Hara	i	
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING ADD	RESS (Street as	nd Number or Rural	Route Number, C	City or Town, St	tete, Zip Code)		
Albin A. Ahlst	rom		Route	#1,Bc	ox 1318	E,P	ort T	obaco	co, Md. 2	2067
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem				N (Name of cen	netery, cremetory or		20c. LOCATI	ION — City or	Town, State	
4 Donetton 5 Other (Specify)	ioval from State	Sacr	ed Hea	ert Ce	emetery	,	La F	lata,	, Maryla	and
21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- 4	0.0047	22. NAME AN	art Fun	ACILITY 1	Lomo	Tno		
1 2/1/	10 +	0	0		Box 56				1. 20646	•
23. PART I. Enter the diseases, or	complications the	Caused the de	ath Do not e						Approxima	
shock, or heart fellure.									Interval Be	etween
IMMEDIATE CAUSE (Final disease or condition									Oliset and	Death
resulting in deeth)	. Metas	STATIC OR AS A CONSE	Cance	r of	the Co	lon				
									j	
Sequentially list conditions,	Live:	COR AS A CONSE	LT C					-	<del>-  </del>	
If any, leading to immediate cause. Enter UNDERLYING			osmire but							
CAUSE (Disease or Injury that initiated events	c. DUE TO	(OR AS A CONSE	QUENCE OF):						_	
resulting in death) LAST										
	d									
PART II. Other algnificent condition	ne contributing to	deeth but not	resulting in th	e underlying	g ceuae given in	Part I. 24	PERFORME		4b. WERE AUTOPSY FI AVAILABLE PRIOR	TO
						11	YES 2	NO	OF DEATH?	AUSE
									1 TYES 2 T	NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1~	26. PL	ACE OF OEATH (C	heck only one)				
1 TES 2 NO	1 Inpetient 2		DOA 4	Nursing Hom	e 5. Reeldence	6 Other (S	pecify)			
27. MANNER OF OEATH	28a. DATE OF (Month, D	F INJURY Day, Year)	26b. TIME OF INJURY	28c. INJ WO	URY AT	28d. DESCRI	BE HOW INJU	IRY OCCURED		
1 Natural 5 Pending 2 Accident Investigation			1, 1,115.4		YES 2 NO					
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE C building,	OF INJURY — At h., etc. (Specify)	ome, farm, stree	t, factory, offic	• 1		ON (Street end own, State)	Number or Rura	al Route Number,	
			v							
(Check only 1 K CERTIFYING PHYS	ICIAN: To the best of	f my knowledge, d	eath occurred at	the time, date	end place, end du	e to the cause(	e) end menner	ee stated.		
one) 2 MEDICAL EXAMIN	ER: On the basis of e	examination end/or	Investigation, In	my opinion, d	leath occured at the	e time, date end	t place, and d	ue 10 the cause	e(e) end manner ee s	tated.

29c. LICENSE NUMBER

D21031

PO BOX 249 Waldorf MD

29d. DATE SIGNED (Month, Day, Year) 3-22-91

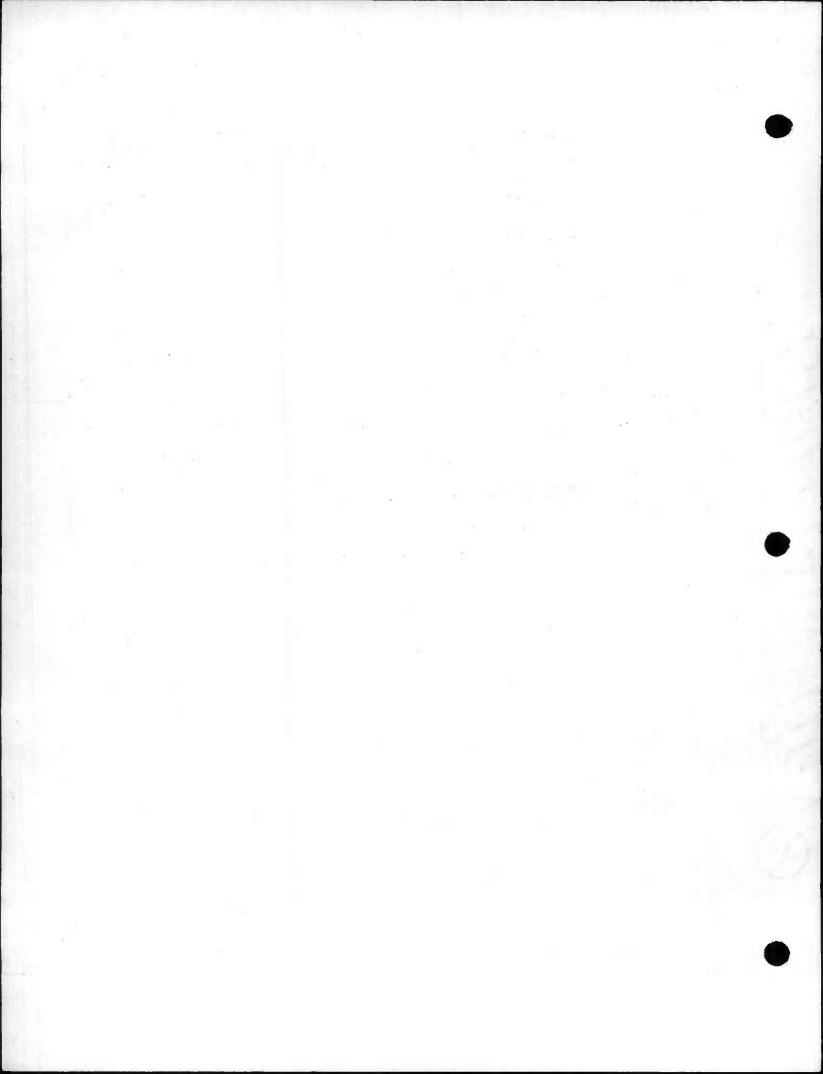
	Pages		
TO THE CHIEF ANTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burkal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DING P	: After th	death w	s mark
ATTEN	RECTOR:	irs after	m 28 i
Ž	RAL DIF	72 hou	If Ite
1	FUNER	within	TANT
TO TIE	TO THE	be filed	IMPO

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1, 2, 3 should

	NEGIOTRAN		01	-IVIII	ICAIL	- 01	DEA	111	n	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Charles William	DECEDENT'S NAME (First, Middle, Last)  Charles William Anthony  2. DATE OF DE MONTH March						DA		YEAR	3. TIME OF DEATH 6:00 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	HTRI	8. BIRTHPLACE (State of Country)		PLACE (State or Foreign
	215-12-9620	1 🔀 M 2 🗆 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day Apr.	, Year)			γ)
	9a. FACILITY NAME (If not institution, give st	reet and number)		96. CITY, TOWN OR LOCATION OF DEATH					ATH		9c. COU	NTY OF D	EATH
OR	Washington County	y Hospit	al			Hage	rsto	wn			Wa	shin	gton
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY												
DIRECTOR	Maryland Wash:	10c. CITY, TOWN OR LOCATION Williamsport									10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
RAL	100. STREET AND NUMBER 2750 Virginia AV	2750 Virginia AVe., Cottage 182  MARITAL STATUS  Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 [FYES. GIVE WAR OR DATES				182   10f. ZIP CODE 21795					10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married					AS DECEDENT EVER IN U.S. ARMED  AS DECEDENT EVER IN U.S. ARMED  BRCES? 1 YES 2 NO  If yes, specify Cuben, Maxican, Pue						14. RACE	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	WW II						opcomy					ite
0	15. DECEDENT'S EDUC	CATION	16a. DI	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIN	D OF BUS	INESS/INI	DUSTRY	
H	(Specify only highest grade		(0	Sive kind of b. Do NOT u	work done o			ng					
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 6	+)		Dire	ctor			E	duca	tion	i	
M	17. FATHER'S NAME (First, Middle, Last)												
8		+1					2/22		ME (First, Middle		Sumama)		
BE	I. S. William An	cnony					1		Kneisl	-			
10	19a. INFORMANT'S NAME (Type/Print)		19						Route Number, C				
F	Charlotte Anthon	У		2750	) Vir	gin:	ia Av	7e.,	Willia	amspo	ort,	Md.	21795
	20e, METHOD OF DISPOSITION 1 General Burlet 2 K Cremetton 3 General 4 Donation 6 Other (Specify)	oval from Stata	20b. PLACE other p Sm1	20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Smithsburg Crematory					20c. LOCATION — City or Town, State Smithsburg, Maryland			7.555	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					ND ADDRE		CHITY	01.	L CIII	JUGIE	, Haryrana
	Scott	200	enné	ch	M	INN:	ICH I	FUNE	RAL HOM		igers	stown	, Md. 21740
	23. PART 1. Enter the disease, or on shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ce	use on each line	e. I gun	shot					or reepi	ratory sr	rest,	Approximate Interval Between Onset end Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c		AS A CONSEQUENCE OF):									
	PART II. Other significent condition	e contributing t	a death but not	no outilities	In the se	ada da la	- A-1100	alven le	Part I 04	1000 004	AUTOPSY	240	WERE AUTOPSY FINDINGS
¥.									Part 1. 244	PERFOR		240	AVAILABLE PRIOR TO
MEDICAL	History of chron	irc arco	nolism a	ind M	ajor	рер	ress	ion	1[	YES 2	ХХио	T	OF DEATH?  1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	DEATH (Ch	eck only one)				
200	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	- C DOA	OTHE								
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE O		1	_			asidence	6 Other (Sp		N III DW OC	NOUNED.	
ВУ РН	1 Natural 5 Pending 2 Accident Investigation		Day, Year)		JURY P M	W	ORK? YES 2	₩ мо		flict ad	ed gu	inshot	wound to
COMPLETED E	3 X Suicide 6 Could not be 4 Homicide determined	building	of injury — At h i, etc. (Specify) ng lot at			tory, offic	e e		281. LOCATIO City or To Hagersto	wn, State)	2750	Virgi	Aoute Number, inia Avenue
삗	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat	d my knowledne d	aeth onour	and at the t	los det	and place	a and due					
ОМР	(Check only one) 2 MEDICAL EXAMINE												s) and manner ea stated.
	296. BIGGATURE AND TITLE OF CERTIFIER	0				-	29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
O BE	Idenula	DIA	the	_	>			1062					19, 1991
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	USE OF DEATH (ITI	ER. 27) (Typ	e, Print)								
	Edward W. Ditto, I			est I	Washi	ingt	on S	tree	t, Hage	erst	own,	Mary	yland 21740
	MAR 20 '91	32. REGISTR	MA DAY door	n-Man	dell								

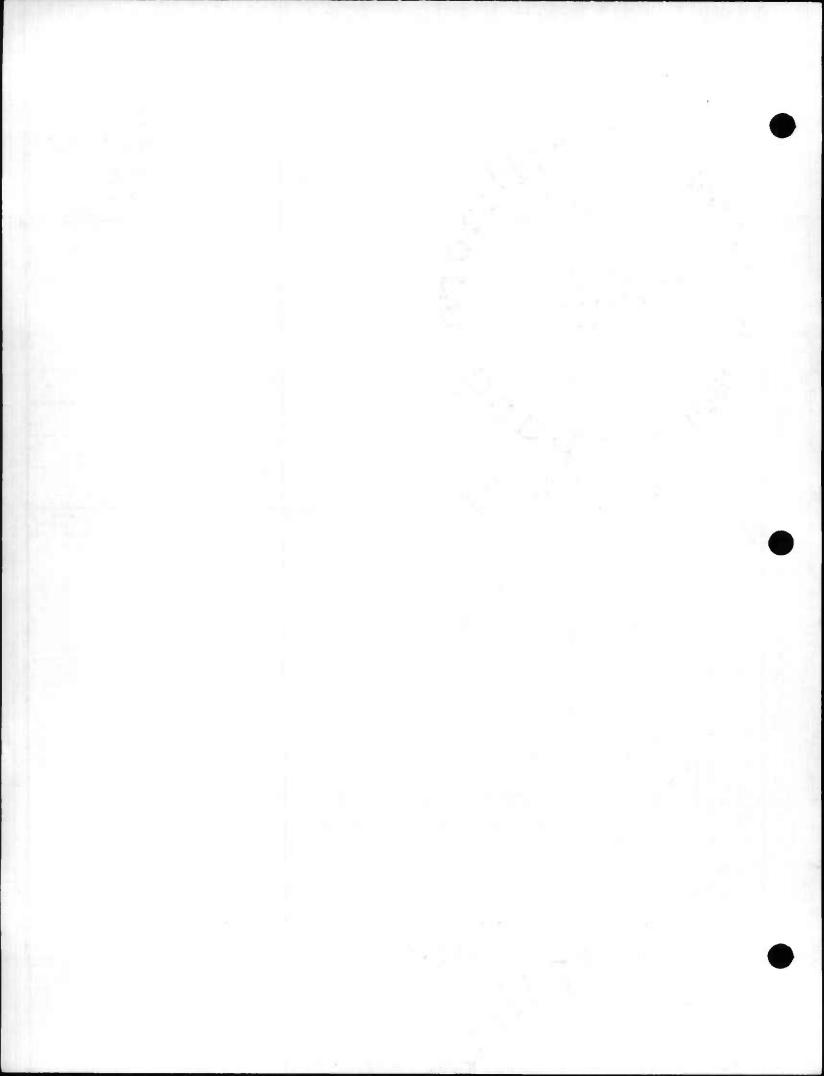


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## DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146	BING PHYSICIAN: The law requires that the death certificate be executed within 🗸 Jours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 fash, with the State Dent, or Health and Mental Hollene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ON OF VITAL RECORDS, P.O. BOX 13146,	xecuted with	and complete burial, crem	atic event
BOX	tificate be ex	g physician a	ther traum
S, P.O.	e death cer	he attending Wental Hvol	ury, or o
CORDS	rires that the	signed by the	ws any in
IL RE	he law regi	has been Dent, of	n 23 sho
F VITA	SICIAN: TI	certificate	d, or iter
ONC	ING PHY	After this	market
IVISIO	Santan Santan	RECTOR	PORTANT: If Item 28 Is
0	STATE	NEPP D	NT: If h
*	TO THE HO	TO THE FU	IMPORTA

. 1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI	ENT OF HI	EALTH AND M DEATH	ENTAL HYGIEN REG. NO	E	00020
	1. DECEDENT'S NAME (First, Middle, Leat) Amie C.	Anderson				2. DATE OF DEATH DATE OF DEATH DATE DATE DATE DATE DATE DATE DATE DATE	1991	3. TIME OF DEATH 6:46 p. M
	4. SOCIAL SECURITY NUMBER 220-09-2886 90. FACILITY NAME (If not institution, give st	1 □ M 2 🛣 7	8 YRS. MONT		IF UNDER 24 HRS. HOURS MIN.			BIRTHPLACE (State or Foreign Country) [ARYLAND
TOR	Physicians Memor			LaP				rles
	10e. STATE 10b. COUNTY MARYLAND CHA	y RLES	POMF	WN OR LOCATI RET	ON			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	P.O. BOX 177			2	ZIP CODE 0675		UNITE	CD STATES
à l	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYPES GIVE WAR OR D	2 X NO	If yes, spe	endent of Hispanii city Cuban, Mexican, 2 X NO Specify:	C ORIGIN? (Specify Ye , Puerto Rican, etc.)	ı or No 14.	RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 8TH GRADE N		16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during mos		186. KIND OF BU		TRY
NO.	17. FATHER'S NAME (First, Middle, Lest)	0112	00011			E (First, Middle, Maiden	Surname)	
H HE	JAMES HILL					TH WASHING		
2	19a. INFORMANT'S NAME (Type/Print) INA JOHNSON	10.79				MARYLAND	n, State, Zip Co.	
	20a. METHOD OF DISPOSITION  1 Spuriel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	noval from State	b. PLACE OF DISPOSITIO other place) 'RINITY MEM					or Town, State MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIN	shouth &	sheen		TON'S FUI		E, POMO	ONKEY, MARYLAN
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to (OR AS b. Due to (OR AS c.		and a series	asch asch	218	retory arreat	Approximate Interval Batweel Onset and Deat
MEDICAL		ns contributing to death	Difeax	ne underlying	g cause given in i	Part I. 24a. WAS A. PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ck only one)		
is i	1 YES 2 NO	1.20 Inpatient 2 - ER/Out	tpatient 3 DOA 4	Nursing Hom	e 5 - Residence	8 Other (Specify) 28d. DESCRIBE HOW	IN HIDY OCCU	050
ВУ РН	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)		WC	YES 2 NO	28d. DESCRIBE NOW	INJUNY OCCU	AEU
	3 Suicide 6 Could not be 4 Homicide determined	<pre>IY — At home, farm, stree ecity)</pre>	t, fectory, offic	•	261. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLETED	(Check only	SICIAN: To the best of my kno IER: On the basis of examinati						cause(a) and mariner as stated.
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIE	to (Alka	1	tician)	29c. LICENSE NUM D12587			rch 15,1991
	Girija Shankar I	Rath, M.D. 70	C Post Offi		. Waldorf	, MD.2060	1	
į	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	MATURE Jandelle					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the feath. Page 6 may be retained by the hospital or attenting physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner myst be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR CERTIFICATE OF DEATH REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)  SAMUEL BERNSTEIN  2. DATE OF DEATH MONTH ON 15 19 YEAR  ON 15 19 YEAR	3. TIME OF DEATH
MONTHS DAYS HOURS MIN (Month, Day) Year) Country	PLACE (State or Foreign Y) HUANIA
9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DE	EATH
RESIDENCE OF DECEDENT	GOMERY
10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION ROCKVILLE	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
106. STREET AND NUMBER  107. ZIP CODE  109. CITIZEN OF W	YHAT COUNTRY?
6121 MONTROSE ROAD  1. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE	— American Indian,
1 Never Merried 2 Married   FORCES? 1 YES 2 NO   If yes, specify Cuben, Maxicen, Puerto Rican, etc.)   Black, Specify:	t, White, atc.
15. OECEDENT'S EDUCATION (Specify only highest grade completed)  16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	
Elementary/Secondary (0-12) College (1-4 or 5 +) BOOKKEEPER WHOLESALE DAIRY	
17. FATHER'S NAME (First, Middle, Lest)  16. MOTHER'S NAME (First, Middle, Meiden Surname)	
LEIB BERNSTEIN  RACHEL DUBINCKE  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
SOPHIE GREENBLATT (DAUGHTER) 9002 GLENVILLE ROAD, SILVER SPRING, MD	20901
20a. METHOD OF DISPOSITION  20b. PLACE OF CISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Townsteen.	wn, State
4 Donation 5 Other (Specify) SUBURBAN CREMATORY SILVER SPRIN	G, MARYLAND
21. SIGNATURE OF TUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  DANZANSKY-GOLDBERG MEMORIAL CHAIL  1170. POCKMALLE DAYS  DANZANSKY-GOLDBERG MEMORIAL CHAIL  DAYS  DA	
1170 ROCKVILLE PIKE, ROCKVILLE,	MI) 7(1)×57
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,	
ahock, or heart fallure. List only one cause on each line.	Approximate interval Between Onset and Death
ahock, or heart fallure. List only one cause on each line.	Approximata interval Between
ahock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  a. CHRONIC HEART FAIURE  DUE TO (OR AS A CONSEQUENCE OF):	Approximate interval Between Onset and Death
ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CHRONIC HEART FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions,  CHRONIC HEART FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  CHETO (OR AS A CONSEQUENCE OF):	Approximate interval Between Onset and Death
ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE)	Approximate interval Between Onset and Death
ahock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CHRONIC HEART FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  LSCHEMIC CARDIOMY OF APHY  OUE TO (OR AS A CONSEQUENCE OF):	Approximate interval Between Onset and Death
ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  A CHRONIC HEART FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	Approximata interval Between Onset and Dasth Many Years
ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CHRONIC HART CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  246. WAS AN AUTOPSY PERFORMED?	Approximata interval Between Onset and Death Mcury Fears  WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE
ahock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CHRONIC HEART FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):	Approximata interval Between Onset and Dasth MCWY Years  WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ahock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CHRONIC HEART FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  LSCHEMIC CARDIO MY OF APHY  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	Approximata interval Between Onset and Death Mcury Fells  WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ahock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  But TO (OR AS A CONSEQUENCE OF):  LSUHEMUC CARDIO MY PAPHY  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSE	Approximata interval Between Onset and Death Mcury Fells  WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  But To (OR AS A CONSEQUENCE OF):  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF)	Approximata interval Between Onset and Death Mcury Fells  WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF)	Approximata interval Between Onset and Death Mcury Fells  WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ahock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition) resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF	Approximata interval Between Onset and Death Mcury Fears  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ahock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  But to (OR AS A CONSEQUENCE OF):  Sequenticity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  24b. WAS CASE REFERENCE TO MEDICAL EXAMINER?  1	Approximata interval Between Onset and Dauth Mcury Fears  WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO
abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  CARDIOMY APA  Due to (or as a consequence of):  CARDIOMY APA  Due to (or as a consequence of):  Due to (or as a consequ	Approximate interval Between Onset and Death Mcury Fells  WERE AUTOPSY FINDINGS AMAILED PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ahock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DU	Approximate interval Between Onset and Death Mcury Fells  WERE AUTOPSY FINDINGS AMAILED PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CARDIO MY OF APATH  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A C	Approximate interval Between Onset and Death Mcury Fells  WERE AUTOPSY FINDINGS AMAILED PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

SAME TENSON STATES - SINAS

			1. DECEDENT'S NAME (First,	Middle, Last)	atti	UDIT	I ANI	N BR	YAN	By	- 4	AN	2. DATE OF MONTH	DEATH	Y _
-	7	1	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (	in yrs. lest	birthday)	IF UNDER	DAYS	IF UNDER		7. DATE OF (Month, D		
(	B H	)	326-44-7064		1 G M 2 7F	42		YRS.	AL OFFI	. TOWN!	OR LOCATI	ON OF BE	DEC. 9	194	
		de l											AIH		9c. CO
	N	0	12608 PENTE	EDENT	E STREET				SI	LVER	SPR	ING			MON
E About	ğ -	뿐	a 10a. STATE	10b. COUNT				10c. CIT	Y, TOWN	OR LOCAT	TION				
	F 1	ō	MARYLAND	MON	TGOMERY				SILV	_	PRIN				
	8	4AL	10e. STREET AND NUMBER								. ZIP COD	E			10g. C
8		FUNERAL	12608 PENTEN	VILLE	~						0904				
	: the burna-transit	BY	11. MARITAL STATUS 1 Never Married 2 3 Divo		12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 N		100	If yes, sp		in, Mexica	IIC ORIGIN? (S n, Puerto Rica /:		of No-
.03-31 attending	nse ag	G3.		EDENT'S EDU			16e. DE0	CEDENT'S	USUAL O	CCUPATIO	ON ast of workl	na	16b. KI	ND OF BUS	SINESS/I
212	ğ		Elementary/Secondary (0		College (1-4 or 5	+)					ast of world				
	detached once.	COMPL			4		SYS	rems	ENG:	INEE					
A	be detach at once.		17. FATHER'S NAME (First, M.										ME (First, Mide		Sumame
34 Pe	at pe	BE	ANTHONY J.				1	24 2 14 12 12					MORMAN		A
AARY retained	5 should notified	2	RICHARD R.		/IIIICD AI	(ID)							Route Number,		
2 8 A	8 8				(HUSBAI	_					TLLE metery, cres		EET SI		SPE
			20e. METHOD OF DISPOSITE 1 △ Burlel 2 ☐ Crematic 4 ☐ Donetion 5 ☐ Other		noval from State	100	other ple	ice)			TERY	natory or		BREN'	
M Sec			21. SIGNATURE OF FUNERA		ICENSEE	~	,	321101	22.	NAME A	ND ADDRE	SS OF FA	CILITY		
ALT death.	tuneral dir 1. examiner		· Mul	200	11/2	-11							LLINS		
_ =	or removal.  medical e		23. PART I. Enter the d	leases or	complications th	a)	d the de	oth Do					Y BLVD		
X 13146, be executed within	ysician and completely fille prior to burial, cremation, raumatic event, the	CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition reaulting in death)  Sequentially list condit if eny, leeding to immeceuse. Enter UNDERLY CAUSE (Disease or Inju	lons, diete	b. DUE TO	CO (OR AS A	A CONSEC	DUENCE O	P):	An		06		20	ea?
	B T B	SERTIF	that initiated events reaulting in death) LAS		d.	D (OR AS A	CONSE	DUENCE C	NF):						
RECORDS requires that the	signed by the Health and Mei ws any Injur	MEDICAL	PART II. Other eignifice	ent conditio	ne contributing t	o deeth b	out not r	esuiting	In the u	nderlyin	g ceuse	given in		PERFOR	RMED?
L I	23 pep 23	AN	25. WAS CASE REFERRED T	O MEDICAL		_				26, P	LACE OF I	DEATH (C	neck only one)		
TT W	State D	Sic	EXAMINER?		HOSPITAL:	☐ ER/Out	patient 3	□ DOA	OTHE 4 - Nu		~		6 Other (	Specify)	
5 €	the will be	BY PHYSICIAN:	27. MANNER OF DEATH	Pending Investigation	28a. DATE C (Month,			28b. TIR		28c. IN	JURY AT	□ NO	28d. DESCR		INJURY (
DIVISION OR ATTENDING	after d	ETED B	a D Bulata	Could not be determined	28e. PLACE building	OF INJURY I, etc. (Spe		me, farm,	street, fac	ctory, offi	CO .		28f. LOCATI City or	ION (Street Town, State)	
	= 25	COMPLE	CONSCR ONLY		SICIAN: To the best										
	TO THE FUNER be filed within IMPORTANT:	TO BE	29b. SIGNATURE AND TITLE		Dar	e e			~	9	29c. LIC	CENSE NU	MBER	46	29d. 0
6	25	F	30. NAME AND ADDRESS O	4	Tau b	USE OF DE	ATH (ITE	M 27) (Typ		5	थरड	0	220	Au	ve
			31. DATE FILED (Month, Day, MAR 1 8	'91		Davids		ndell							

CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 | 3. TIME OF DEATH BIRTNPLACE (State or Foreign Country) MISSOURI 9c. COUNTY OF DEATH MONTGOMERY 10d, INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, atc. Yee or No-Specify: WHITE BUSINESS/INDUSTRY iden Sumame) Town, State, Zip Code) ER SPRING MD. 20904 . LOCATION - City or Town, State ENTWOOD, MARYLAND NERAL HOME, INC. W. SIL.SPR.,MD.20901 Approximete Interval Between eapiretory arrest, Onset end Deeth reast S AN AUTOPSY RFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO OW INJURY OCCURED treet and Number or Rural Route Number, State) d manner as stated. ce, end due to the cause(e) end menner ee stated. 29d. DATE SIGNED (Month, Day, Year)

3-15-91

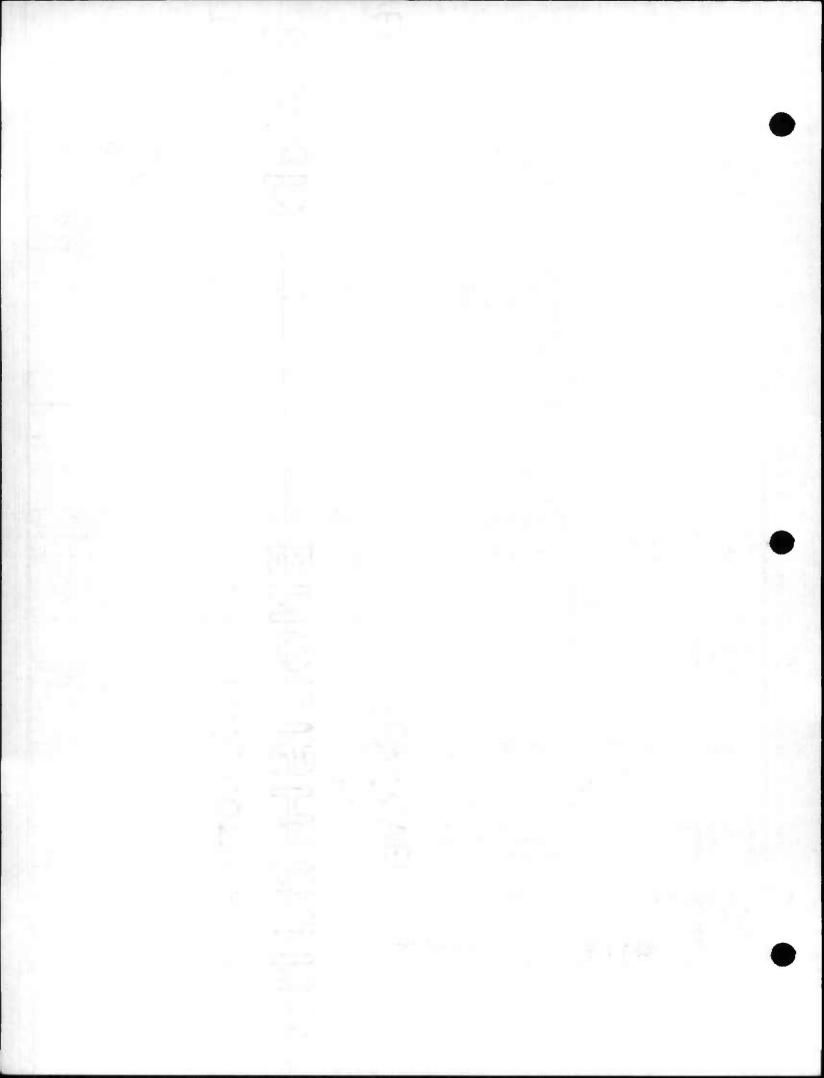
32 Thasla

Daniel March Control of the Board of The March

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIEN	_	. 00001
1. DECEDENT'S NAME (First, Middle, Lest) Felipe	Jesus Ber	nitez			2. DATE OF DEATH MONTH DATCH 18.		3. TIME OF DEATH 6:00 A M
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
214-15-2245	1)( M 2   F	27 YRS.	MONTHS DAY	S HOURS MIN.	(Month, Day, Year) Feb. 5, 19	964 E	Country) 1 Salvador
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	N OR LOCATION OF O			Y OF DEATH
413 Southampton	Drive		Silve	r Spring		Mon	tgomery
RESIDENCE OF DECEDENT	TV.	10.000	Y, TOWN OR LO				Tax more even
			ver Sp				10d. INSIDE CITY LIMITS?
Maryland MO	ntgomery	1 211	rver sh	T.TIIA		100 CITIZE	1 YES 2/17 NO
413 Southampton	Drive			111111111111111111111111111111111111111	20903		alvador
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS (		NIC ORIGIN? (Specify Yes		Black, White, etc.
1)XXNever Married 2  Married 3  Widowed 4 Divorced	FORCES? 1 YES		1 (3(1	, specify Cuben, Maxico res 2 □ NO Specif El Salvado	ly:		Specify: Hispanic
15. OECEDENT'S ED (Specify only highest grad		16a. OECEDENT'S	USUAL OCCUP	ATION most of working	16b. KIND OF BUS	SINESS/INDUS	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	e retired.)	most of working			
6		Labor	er		Const	ructio	n
17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Surname)	
Juan Benitez					a Bomilla		
19a. INFORMANT'S NAME (Type/Print) Lidia Lopez		Same		et and Number or Rural	Route Number, City or Tow	n, Stata, Zip Co	ode)
20a. METHOD OF DISPOSITION 1  Surial 2  Cremation 3  Rei 4  Donation 6  Other (Specify)		206. PLACE AND DATE of cometary, crematory CEMETERIO					y or Town, State El Salvador
21. SIGNATURE OF FUNERAL SERVICE L			22. NAME	AND ADDRESS OF F	ACILITY		
23. PART I. Enter the diseases, or	N. Ray	RP	933	Gist Aver		r Spri	ng, MD 20910
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	PARAPARES	SEPSIS S A CONSEQUENCE OF S A CONSEQUENCE OF	FI: TO TUM	IOR IN S	PINAL COR		Interval Between Onset and Daath NIA 1-2 WC  1 MO
CAUSE (Disease or injury that initiated events resulting in death) LAST		S A CONSEQUENCE OF					
PART II. Other algoliticant condition	na contributing to deat	but not resulting i	In the underl	ying cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
							OF DEATH?  1  YES 2 NO
		100					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inputient 2   ER/O	estructions 3 🗆 DOA	OTHER:	B. PLACE OF DEATH (C			120
27. MANNER OF DEATH	26s. DATE OF INJUS	TY 28h Till		INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED
1 Natural 5 Pending	(Month, Dwy, Yea	r) INJ		WORK?			
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a PLACE OF INJ	IRY At home, farm, specify)	street, factory, o	office	281. LOCATION (Street City or Town, State)		Rural Route Number,
(Crieck only 71	SICIAN: To the best of my kr						l. cause(s) and manner so stated.
29b. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	Ation	OFATH (ITEM 27) /5	Print)	D39	- (445)	1	signed (Month, Day, Year) rch 18, 1991
Daniel Atienza	M. D., 380	O Reservo:	ir Road	d, NW, Was	shington, D	C 200	007
31, DATE FILED (Month, Pay, Year) MAR 1 9 91	32 MEDISTRATS &	GNATURED TO SEE	•				

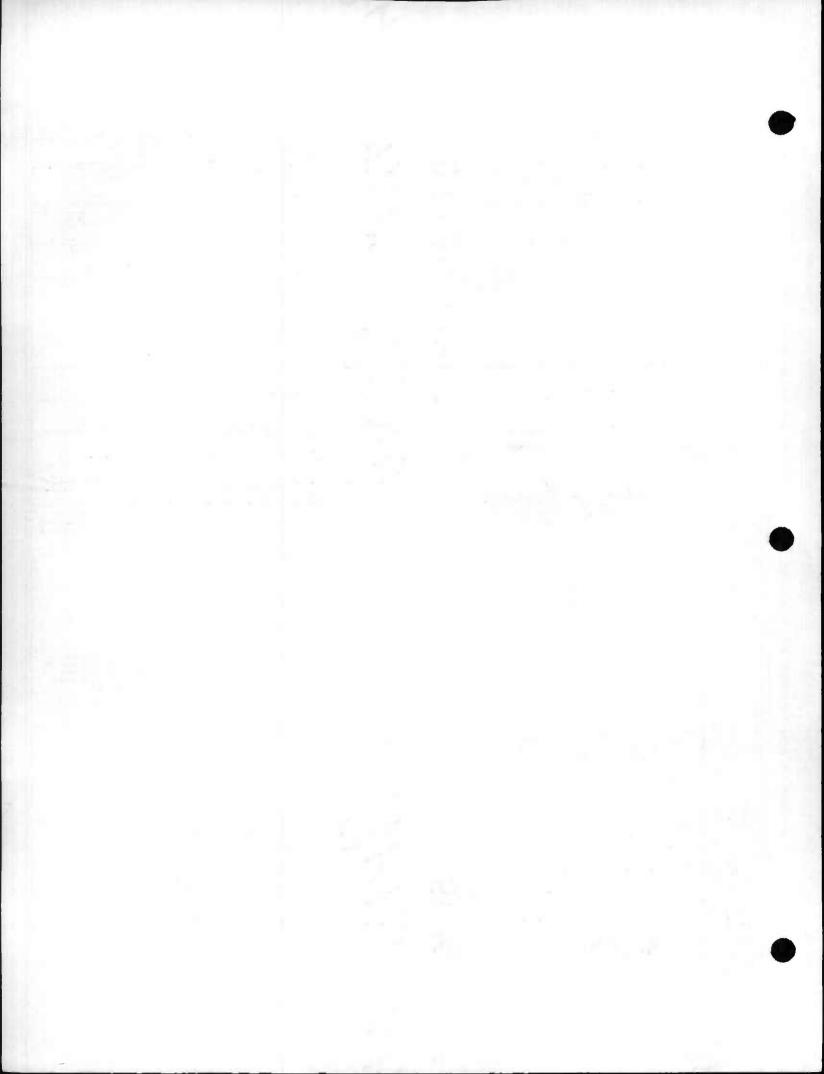


		TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pa be flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
9	hysician.	urial-trans	
BALTIMORE, MARYLAND 21203-3146	ending pl	as the b	
2120	ital or att	d for use	
AND	the hosp	detache	once.
ARYL	tained by	should be	tified al
E, M	nay be re	bage 5	t be no
MOR	Page 6 n	director.	ner mus
BALT	or death.	he funera	exami
	tours after	d in by t	medica
	12.0	oh fille	the
1146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a within an wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	te be exec	sician and prior to be	traumat
O. B	certifical	Iding phy Hygiene	r other
S, P.	the death	the atter	njury, o
CORE	ires that	signed by leafth and	vs any
. RE(	law requi	ept. of H	23 show
<b>IITAL</b>	AN: The	ifficate ha	r item
OF	PHYSICI	this cert	rked, o
NOIS	ENDING	DR: After ter death	8 is ma
DIVIS	OR ATT	DIRECTI	item 2
	HOSPITAL	FUNERAL WITHIN 72	TANT: If
	TO THE	TO THE be filed	IMPOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTA	L HYGIEN				
1. DECEDENT'S NAME (First, Middle, Las	n					OF OEATH		3	. TIME OF DEA	гн
Raymond A. Bl	anken				Man	ch 14		EAR	9:30	A
I. SOCIAL SECURITY NUMBER			F UNDER t YEAR	IF UNDER 24 HRS.	7. DATE	OF SIRTH		SIRTHPL Country)	ACE (State or Fi	preign
577-42-3623	1 M 2 □ F 60	YRS.	ONTHS DAYS	HOURS MIN.			1930 W	,,	ington,	D.
e. FACILITY NAME (If not institution, give	street and number)		b. CITY, TOWN O	R LOCATION OF O	EATH		9c. COUNTY	OF OEA	тн	
20821 Burnt Woo	ds Drive		Germ	antown			Mont	tgom	ery	
08. STATE 10b. COUN		10c. CITY, 1	TOWN OR LOCAT	ON				1	0d. INSIDE CITY	_
Maryland	Montgomery		Germant	าพท					LIMITS?	NO
0e. STREET AND NUMBER				ZIP CODE			10g. CITIZEI		AT COUNTRY?	
20821 Burnt Wo	ods Drive			20874			Unit	ted :	States	
1. MARITAL STATUS	12. WAS DECEDENT EVER			ENDENT OF HISPA			or No- 14	RACE -	- American Indi	an,
Never Married 2 X Married  Wildowed 4 Divorced	FORCES? 1 X YES			city Cuban, Mexico 2 NO Speci		Rican, etc.)		Specify:	White, etc.	
	1 1950-1956								White	
15. OECEOENT'S Et (Specify only highest gra	de completed)	16a. OECEDENT'S US (Give kind of wor	SUAL OCCUPATION rk done during most retired.)	N at of working	168	. KIND OF BU	SINESS/INDUS	TRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)									
12		Salesma	an		Charles and		omobil	.e		_
Joesph A. Blan	ken		1	Marga		Middle, Meiden Grosve				
e. INFORMANT'S NAME (Type/Print)	1011	T 405 MAN BUC AS	Donese (Dent	nd Number or Rural	_					
Dolores C. Blank	ren .			oods Dri					20874	
METHOD OF DISPOSITION		b. PLACE OF DISPOSIT			ve,		CATION — Cit			_
Buriel 2 Cremetion 3 Re	mount from Ctate	Rock Creek		Media barrel			hingto			
1. SIGNATURE OF FUNERAL SERVICE		NOCK OFCE			CILITY			·		
.011	1 ,	M00198	Robert	A. Pum A. Pum lest Mon	phre	Fune	ral Ho	me/R	Rockviļ	le,
Kanny	Janah		Rocky	ille. M	arvla	ind 20	350-28	05		
23. PART i. Enter the diseapés, o shock, or heart failur	e. List only one cause on a		t antar tha mo	da of dying, suc	ch aa car	diac or reap	iretory arrea	it,	Approxim	
IMMEDIATE CAUSE (Final disease or condition									Onset an	d Daa
resulting in death)	Ø-1	tic Lung							4 mo	nth
	DUE TO (OR AS	A CONSEQUENCE OF):								
Sequentially list conditions,	bDUE TO (OR AS	A CONSEQUENCE OF):							·	_
f any, laading to immediata cause. Enter UNDERLYING		,							į	
CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE OF):							1	
resulting in death) LAST	d.									
PART II. Other eignificant conditi	ione contribution to don't	had not condition to	the moderation		D. A.	Γ <sub>4</sub>			1	
An ii. Other algumeant conditi	ona contributing to death	but not resulting in	tha undarrying	cause given in	Part I.	24a. WAS AN PERFOI		A	VERE AUTOPSY I	TO
					-	1 TYES	NO IN		OMPLETION OF OF DEATH?	CAUSE
					_			1	YES 2	NO
5. WAS CASE REFERRED TO MEDICAL										
EXAMINER?	HOSPITAL:		OTHER:	ACE OF OEATH (C						_
1 YES 2 NO	1 Inputient 2 ER/Out			5 K Residence	_					
1 Natural 6 Pending	(Month, Day, Year)		RY WO	RK?	26d. DE	SCRIBE HOW	NJURY OCCU	REO		
2 Accident Investigatio	28a PLACE OF IN HIR	Y — Al home, ferm, str		ES 2 NO	201 10	PATION (On-	and Montage of	Compl Co.	de Marchine	_
3 Suicide 6 Could not b	building, etc. (So	ecity)	eet, rectory, orner		C/ty	CATION (Street or Yown, State	end Number or	PILITEI PIOL	ute ryumber,	
e. CERTIFIER						_				
(Check only 1 X CERTIFYING PH	YSICIAN: To the best of my know									
	INER: On the basis of examinati	on and/or investigation,	In my opinion, d	eath occured at the	time, dat	e and place, a	nd dua to the	canse(s) (	and manner as	Mated.
DE BIGHATURE AND TITLE OF CERTIF	10		1	29c. LICENSE NU	MBER		29d. DATE S	SIGNED (A	Month, Day, Year,	
XIVMIK				D2967	75		Mai	rch	15, 199	91
0. NAME AND ADDRESS OF PERSON										
Ralph V. Boccia		Physician	ns Lane	, #232,	Rock	ville,	Mary	land	20850	)
1. DATE FILEO (Moreth, Day, Year) MAR 1 8 91	32. REGISTRAR'S SIG	MATURE Mandell								
ו פי מו חשמ	1000000000000	-								

DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	STATE OF	MARYLAND C		MENT OF I		MENTAL	REG. NO.					
1. DECEDENT'S NAME (First, M	iddie, Last) Owen			Bloom		2. DATE O	OF DEATH DAY		FAR	7:37 P		
4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. le		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (	OF BIRTH Day, Year)	8.	BIRTHPL Country)	ACE (State or Foreign		
213-54-3204 90. FACILITY NAME (If not Instit	rution, give street end number)	40			OR LOCATION OF OR	ATH	1-1950	9c. COUNTY	OF DEA	more, Md		
Saint Agnes RESIDENCE OF DECE	HOSPITAL DENT 0b. COUNTY		Baltimore City					N/A				
Maryland	Baltimore	County		Westmin			LIMITS? 1 XYES 2 NO					
333 Stacey I	ee Drive		101. ZIP CODE 21157						S.Z	T COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 M 3 Wildowed 4 Divorce	12. WAS DECER FORCES? IF YES, GIV	RMED NO	If yes, specify Cuban, Maxicen, Puerto Rican, et 1 ☐ YES 2 NO Specify:					Black, Y	American Indian, white, etc. White			
	ENT'S EDUCATION ighest grade completed)  College (1-4 or		Give kind of wo e. Do NOT use		nost of working		KIND OF BUSING			<del>-</del>		
17. FATHER'S NAME (First, Midd			Truck	Drive	18. MOTHER'S NA							
Raymond De	ewitt Bloom		9b. MAILING /	AOORESS (Street	Mildred and Number or Rural							
Ralp: 20e. METHOD OF DISPOSITIO 1 M Burlet 2 Cremetton 4 Donetton 5 Other 6 21. SIGNATURE OF FUNE A.	3 Removal from State	of cemetar	E AND DATE	of DISPOSITIO or other place) Memoria 22. NAME	S Shop Ro N (Name al Park AND ADDRESS OF FA AS D. Fle	3±22-	-91 Syke	ation — ch	e, N	, Stata		
IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if any, leading to immediate.	DUE b. OHE	TO (OR AS A CONS	EOUENCE OF	:	) Diano	inla	5 8	5(-6-5	8			
cause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST	G & a	TO (OR AS A CONS	EQUENCE OF	1								
PART II. Other algnificen	t conditions contributing	to death but not	reaulting in	the underlyl	ng cause given in	Part I.	24a. WAS AN A PERFORM 1 YES 2	MED?	0	VERE AUTOPSY FINDING WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?		
25. WAS CASE REFERRED TO EXAMINER?	HOSPITAL	•		28. OTHER:	PLACE OF DEATH (C	heck only or	10)					
1X YES 2 NO	1 🗆 Inpatient	2 ZER/Outpetlent	-	4 - Nursing He	ome 5 - Residence			HIEN COOL	DED.			
	26a. DATE	E OF INJURY th, Day, Year)	28b. TIME	JRY V	NJURY AT YORK? YES 2 NO	280. DE:	SCRIBE HOW IN	JUNY OCCU	HED			
27. MANNER OF DEATH  1 Netural 5 P  2 Accident In	ending vestigation				_	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
1 Netural 5 P 2 Accident In 3 Suicide 6 C	vestigation 28e, PLA	CE OF INJURY — At ling, etc. (Specify)	home, farm, st	treet, factory, of	lice	28f. LOC City	CATION (Street ar or Town, State)	nd Number or	Rural Ro	ite Number,		
1 Netural 5 P P P P P P P P P P P P P P P P P P	vestigation  28e. PLAI build	ling, stc. (Specify)	death occurre	d at the time, de	ite and place, end du	City	or Town, State)	ner as stated				
1 Netural 5 P P P P P P P P P P P P P P P P P P	vestigation  ould not be stermined  28e. PLA build build  FYING PHYSICIAN: To the be al. EXAMINER: On the besie	ling, stc. (Specify)	death occurre	d at the time, de	ite and place, end du	City e to the cere e time, dete	or Town, State)	ner as stated I due to the o	couse(s)			

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH		L HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM G	BLANCHE			2. DATE	RCH 16, 199	YEAR 3.	TIME OF DEATH 6:03 A M
214-28-2769	1 ★ M 2 □ F 8	O YRS.	FUNDER 1 YEAR OF UNDER ONTHS DAYS HOURS	MIN. (Mont	of Birth th, Day, Year) NE 2, 1910	SCOT	
9a. FACILITY NAME (III not institution, give street 914 GABEL STREET RESIDENCE OF DECEMENT	et and number)	9	SILVER SPE			NTGOM	
10a. STATE 10b. COUNTY MD MONT	GOMERY		TOWN OR LOCATION  LVER SPRING	3			d. INSIDE CITY LIMITS?  YES 2 NO
100. STREET AND NUMBER 914 GABEL STREE	r		101. ZIP CODE 2090		-170	S.A.	T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 XNO	13. WAS DECENDENT OF H yes, specify Cube 1 YES 2 ANO	n, Mexican, Puerto	N? (Specify Yes or No— Rican, etc.)	Black, W	American Indian, Tille, etc. WHITE
15. DECEDENT'S EDUC: (Specily only highest grade of Elementary/Secondary (0-12)		Ma. Do NOT use n	k done during most of working	ng	b. KIND OF BUSINESS/IND	USTRY	
17. FATHER'S NAME (First, Middle, Last) THOMAS BLANCHE			18. MOTO	HER'S NAME (First, IZABETH			
190. INFORMANT'S NAME (Type/Print)  CATHERINE B. WERN		16207		RIVE LA	UREL. MARY	LAND 2	
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remort 4 Donation 5 Other (Specify)	ME	other place)	AN CREMATOR	Y	ALEXANDR		
21. SIGNATURE OF FUNERAL SERVICE LICE	Bigle			COLLINS	FUNERAL H		
	100		DOO UNIVER	SITY BLV	D.,W. SIL.	SPR., M	D.20901
23. PART i. Enter the diseases, or construction or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	RESPIRA	ch ilne.	enter the mode of dy	ing, such ea car			D. 20901 Approximate Interval Between Onset and Death
shock, or heart failure. L IMMEDIATE CAUSE (Fine) disease or condition	DUE TO (OR AS A	to line.	enter the mode of dy	ing, such ea car			Approximate Interval Between
shock, or heart failure. L  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	ARRE	ing, such ea car		24b. WE	Approximate Interval Between
shock, or heart failure. L  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  t not resulting in	ARRE	given in Part i.	24a. WAS AN AUTOPSY PERFORMED?  1  YES 2 NO	24b. WE	Approximate interval Between Onset and Death Onset and Death English of Cause F Death?
shock, or heart failure. L  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Natural 5 Pending investigation	DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in  Stient 3 DOA 4  28b. Time (NJUE)  At home, farm, str	the underlying cause  28. PLACE OF DOTHER: Nursing Home 5 DA  OF 28c. INJURY AT WORK?  1 YES 2	given in Part i.  DEATH (Check only of sesidence 6 Oth 28d. DE ND 28f. LO	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WE AM COOP 1	Approximate interval Between Onset and Death Onset and Death Proximate Prior to MPLETION OF CAUSE FEATH?  YES 2 NO
shock, or heart failure. L  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident investigation 3 Suicide 5 Could not be determined  29a. CERTIFIER Check only  1 CERTIFYINO PHYSIC	DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in  attent 3 DOA 4 28b. TIME (NJUF)  At home, farm, street	the underlying cause  28. PLACE OF E  THER: Nursing Home 5 [75]  TY M 1 YES 2 [  Det, factory, office  at the time, date and place	given in Part i.  DEATH (Check only of esidence 6 Oth 28d. DE ND 28f. LO Ch	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO  ONE)  SECRIBE HOW INJURY OC  CATION (Street and Number or Town, State)	24b. Wif AM CC OF 1	Approximate interval Between Onset and Death Onset and Death Part of the Autopsy Findings MILABLE PRIOR TO SMPLETION OF CAUSE DEATH?  YES 2 NO
shock, or heart failure. L  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident 3 Suicide 5 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A   CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in  attent 3 DOA 4  28b. TIME (NUT)  At home, farm, street, str	the underlying cause  28. PLACE OF E  THER: Nursing Home 5 PR  TY M 1 YES 2 E  set, factory, office  at the time, date and place in my opinion, death occur	given in Part i.  DEATH (Check only of esidence 6 Oth 28d. DE ND 28f. LO Ch)  a, and due to the corred at the time, dat	24a. WAS AN AUTOPSY PERFORMED?  1  YES 2 NO  CATION (Street and Number or Town, State)  RUBBO and manner as state and place, and due to till  29d. DAT	24b. Wis AM CC OF 1   1   CURED or Rural Route ted. The course(e) or F. SIGNED (MA	Approximate interval Between Onset and Death  Provided the state of th	

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or stending physician.

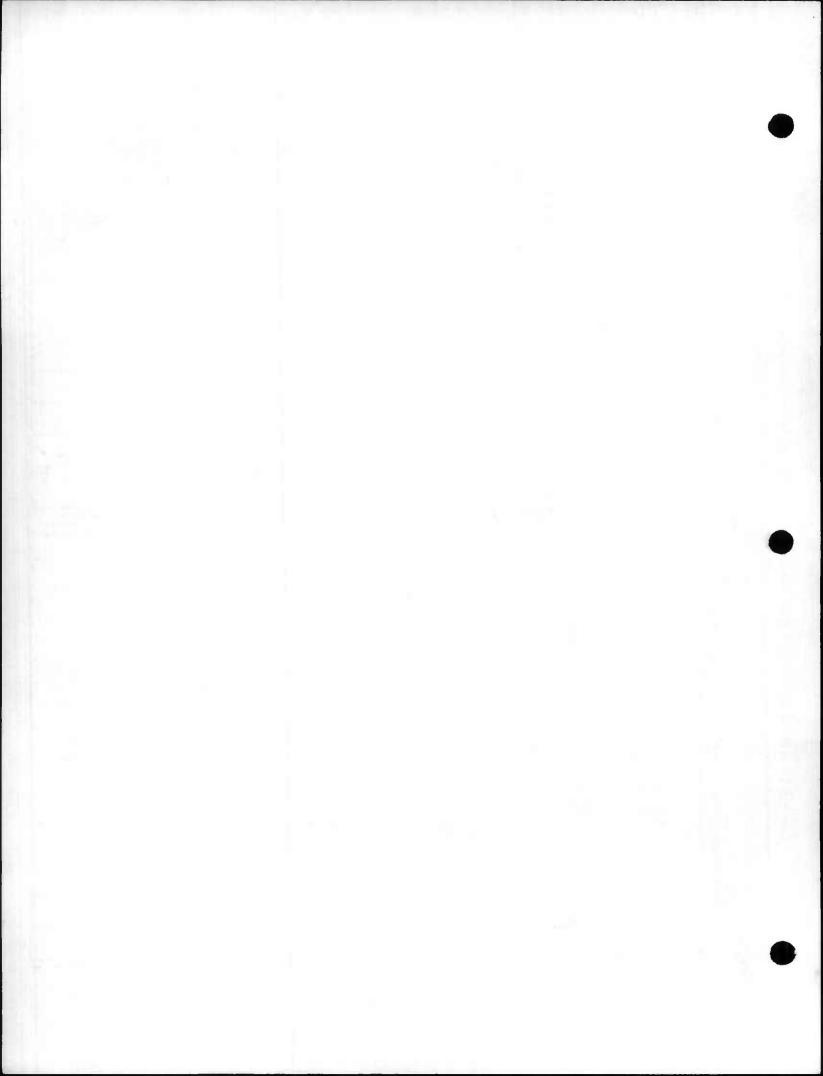
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 to within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

rours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

31. DATE FILED (Morith, Day, Year) (MAR 18 '91

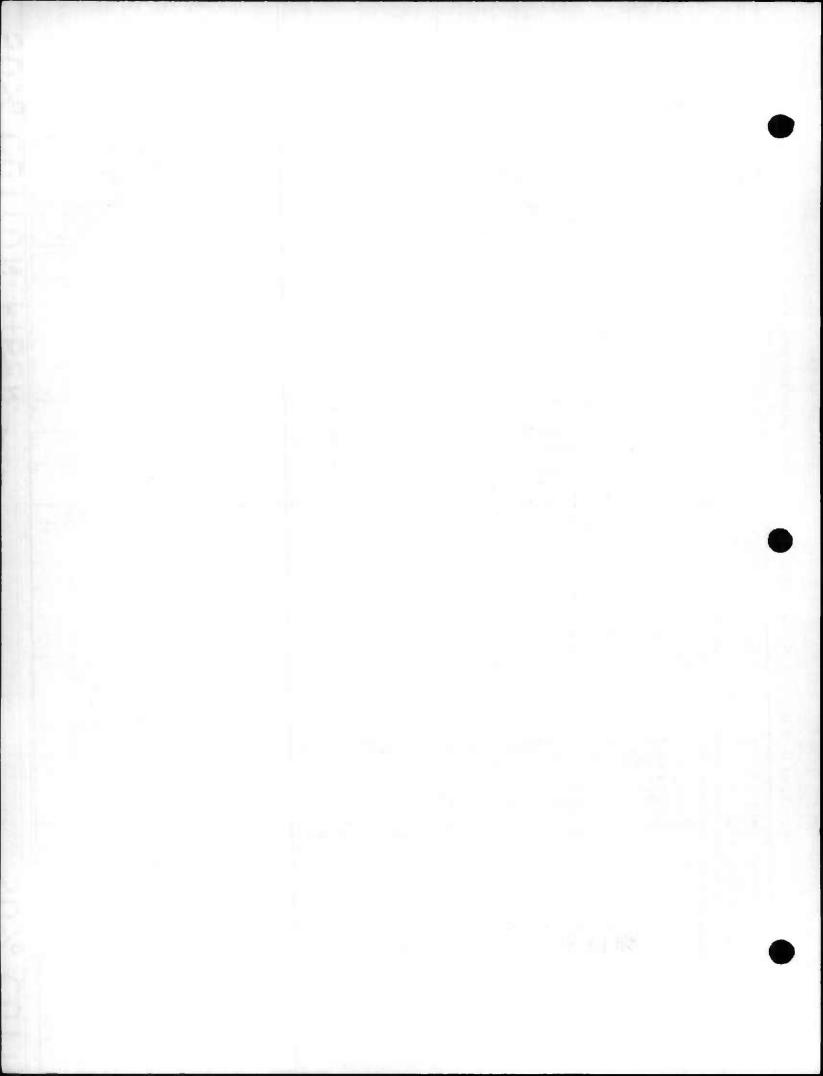
GUILL DANGLOR RANGOR



BALTIMORE, MARYLAND 21203-3146	hat the death certificate be executed within zerous after death. Page 6 may be retained by the hospital or attending physician.	d by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit and terms and terms in the burial promotion or named
E, MARYLAN	lay be retained by the h	page 5 should be deta
BALTIMOR	s after death. Page 6 m	by the funeral director,
	ninnour	tely filled in
13146,	executed with	and comple
RDS, P.O. BOX 13146,	ertificate be	ng physician
DS, P.C	the death c	y the attendi
œ	hat	9 0

		1 - FOR STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	STATE OF M					DEATH AND	2. DATE	REG. NO		3.	8635
		Sydelle Bailes							Mar		3 19	EAR	10:00 A. M
( D	1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	it birthday)	ar UNDEI		IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTHPLA	NCE (State or Foreign
(L	1	081-03-5658	1 M 2 XF	76	YRS.	MONTHS	DAYS	HOURS MIN.		ch 14.	1914	Country)	rginia
-	1	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CIT	, TOWN	OR LOCATION OF O			9c. COUNT		
60	OB	Potomac Valley Nur	rsing Cen	iter			Rock	ville			Monts	omer	v
	등	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			I soo CITO	Y, TOWN	OB 1 OCA	TION					d. INSIDE CITY
nit. Pages	DIRECTOR	MD	Montgo	mery	100. 011	, 10414		Rocl	cvill	e		1 (	LIMITS? XYES 2   NO
46 physician. burlal-transit permit.	FUNERAL	100. STREET AND NUMBER  263 Congression	nal Lane,	#315			10	20852			USA		T COUNTRY?
AND 21203-3146 the hospital or attending physician, detached for use as the burial-tran	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify				ENDENT OF HISPA ecify Quban, Mexic 2 NO Speci	an, Puerto			RACE Black, W	American Indian, hite, atc. White	
203-	8	15. DECEDENT'S EDUC		16a. DE	CEDENT'S	USUAL C	CCUPATI	DN	161	. KIND OF BU	SINESS/INDUS	TRY	
pital or a	PLET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	·) #16	erk ]	e retired.)		ost of working		ationa ealth	1 Inst	itut	e of
MARYLAND  Foretained by the hospit  S should be detached  notified at once.	O	17. FATHER'S NAME (First, Middle, Last)	4.0		CIK	LYDI	5 L	16. MOTHER'S N			Surname)		
4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	111	Philip Berent						Golda	Hol+	7m2n			
MARY retained 5 should notified	B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street	and Number or Rural			m, State, Zip C	ode)	
MARYL be retained by ge 5 should be		Murray Bailes, Hus	sband		263	3 Cor	nore	ssional	Lane	#315	Rock	· 1 1 1	e. MD 208
BALTIMORE, I or death. Page 6 may be the funeral director, page ral.		20e. METHOD OF DISPOSITION 1 Surial 2 Gremation 3 Remo	article and a second	other p	OF DISPOS	SITION (N	eme of ce	metery, crematory or		20c. LC	CATION — CH	y or Town,	Btata
Page dire		21. SIGNATURE DE FUNERAL SERVICE LIC	ENSEE	Park	1awn			NO ADDRESS OF F	ACILITY	LRoc	kville	MD.	
BALTIM er death. Pag the funeral dis wal.			7	4.		D	anza	nsky-Gol	dber	g Memo	rial (	hape	1s
BA after de after de moval.		- Sarry	/n /	Juse		11	170	Rockvill	e Pi	ke Ro	ckvill	_ M	D 20852
2 - 2		23. PART I Enter the diseases, or called the shock, or heart fellows.	complications that List only one cau	t caused the do	esth. Do n e.	not ante	r the mo	ode of dying, su	ch as car	diac or resp	iretory arres	t,	Approximate Interval Between
		IMMEDIATE CAUSE (Final	2										Onset and Death
日本		disease or condition resulting in death)		nown									6 days
ted within completely tal, cremat				(DR AS A CONSE		•		DISE	= AS	F			r
and to bur		Sequentially list conditions, if any, leading to immediate	-	OR AS A CONSE				D1 - 1.	- 104				5 years
GOX icate be physician to prior to	2	cause. Enter UNDERLYING CAUSE (Disease or injury	c										
ding Hygier		that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE OF	F):							
	l iii	DART II Other classificant can distant			101			10.60			1000000		
		PART il. Other significant condition	s contributing to	death but not	resulting	in the u	naeriyin	ig cause given ii	Part I.	PERFO	RMED?	AN	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
RECORD  v requires that the been signed by it, of Health and shows any in	MEDICA								_	1 TYES	2 1 NO		MPLETION OF CAUSE F DEATH?
PECC v requires been sign ft, of Heal		·										11	YES 2 NO
has be Dept.	Z												
VITAL SIAN: The la ritificate has he State De nr item 2:	S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF DEATH (C	heck only o	one)			
SICIAN: The certificate the State		1 YES 2 NO	1 Inputient 2			4 2 Nu	raing Hor	me 8 🗆 Residence					
PHYSIC this ce with t	F	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF (Month, D		28b, TIM	URY	W	JURY AT ORK?	28d. DE	SCRIBE HOW	INJURY OCCU	RED	
DING PHYS After this death with	ВУ	2 Accident Investigation	00 - PI 40F 0	P IN HIEM ALL		M		YES 2 NO					
STOR:	Ш	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — AI h etc. (Specify)	ome, iam, :	w(1 <b>001, 18</b> (	aory, offi	CE		CATION (Street y or Town, State		Hural Floui	w Number,
S BIS DIRECTOR		29a. CERTIFIER 1 DEERTIFYING PHYSI	CIAN: To the heat of	my knowledge 4	eath coover	ad at the	time det	e and place and 4	in to the	nues(e) and	unner en eter-		
国 東 元 #	M	(Check only one) 2 MEDICAL EXAMINE											nd manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72	8	29b. SIGNATURE AND TITLE OF CERTIFIE			S 15/11/2			29c, LICENSE N	10000				onth, Day, Year)
물 물 물 물	B	Ollar Idal	us					D1813	7	ma.		13/9	
223	0	The state of the s						121017	F		1		_

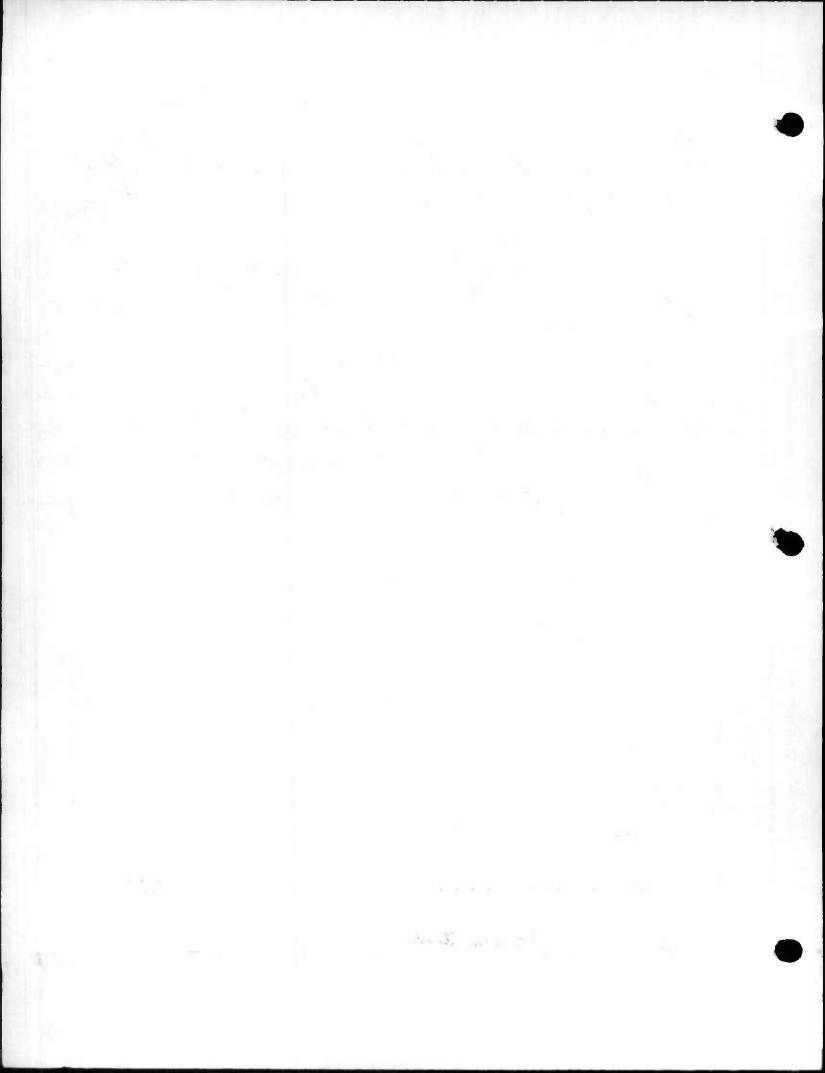
Suite 2, Kensington, MD



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zeracus after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit or be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netitiled at once.	
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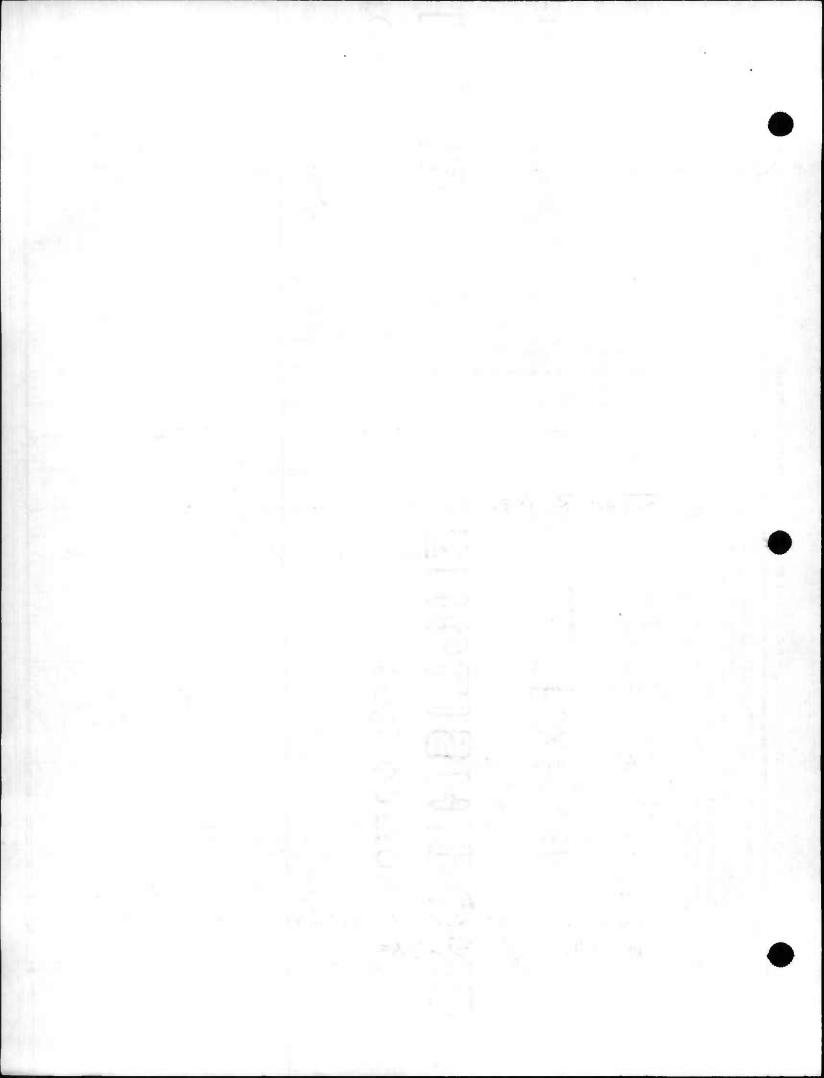
STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	<b>MENTAL HYGIENE</b>
CERTIFICATE	OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF		MENTAL HYGIEN	Ε ,	1 00000
	1. DECEOENT'S NAME (First, Middle, Leel	Bail	ey		2. DATE OF DEATH DA	0 9	3. TIME OF DEATN
1	4. Social security number	8. SEX 1 M 2 EFF 78	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTN (Month, Day, Year)		HRTHPLACE (State or Foreign Country)
40	90. FACILITY NAME (It not institution, and STEEP)	Hosp.	9b. CITY, TOW	N OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
рівесто	100. STATE 10h. COUN	Randa	10c. CITY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS? 1 YES 2: NO
	100. STREET AND NUMBER 1801 Wont	worth Pd.		101. ZIP CODE	24	10g. CITIZEN	OF WHAT COUNTRY?
Y FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 IN IF YES, GIVE WAR OR DATES	O If yes,	DECENOENT OF HISPAN specify Cubart, Mexican ES 2 NO Specify			RACE — American Indian, Black, White, stc.
TED BY	3 Divorced  15. DECEDENT'S EC	de completed) (GA	CEDENT'S USUAL OCCUPY or Aind of work done during Do MOT use relied.)	ITION most of working	166. KIND OF BUS	INESS/INDUST	BLack
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	DIEAGI	E MOTTHERS HA	WE (First, Middle, Malden	Summer	
BE CO	WKn			UKn	E prose micros		
TO 8	A WAR WAR LOW	Asing "	MAILING ADDRESS (Spo	et and Number or Parel F	City or Round	, State, Zip Cod	2/201
	20s. METHOD OF DISPOSITION 1 D Bursel 2 Cremetion 3 D Re		OF DISPOSITION (Name	community of	20c.LO	CATION - City	Je Vel
	21. SIGNATURE OF UNERAL SERVICE	исеумее )	22. NAME	AND ADDRESS OF FA	SILITY _	1639	Me ma.
	· beth	Aprille	Jex	* mille	ex 1/H	BRO	adway
	shock, or heart fallur	r complications that caused the de List only one cause on each line		mode of dying, auci	h as cardled or reap	ratory arrest,	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cloud	CLA	-			Oliset sild Dastii
7		DUE TO OR AS A CONSECUE	DUENCE OF A	resta	1260		
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	DUENCE OF)				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):				
AL CE	PART II. Other significant conditi	ons contributing to death but not r	esulting in the underly	ying ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDIC	Clumic	- Brain G	mar	.0	1 TYES 2	Victoria.	COMPLETION OF CAUSE OF DEATH?
N. M		7 070( ) 2	June				1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☐NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	OTHER:	PLACE OF DEATH (Ch	8 11		
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		INJURY AT WORK?	28d. OEŞCRIBE HOW I	NJURY OCCUR	EO
BY	1 Netural 5 Pending 2 Accident investigatio 3 Suicide a Could not 8	28e. PLACE OF INJURY - At he		YES 2 NO	28f. LOCATION (Street	and Number or F	Rural Route Number
TED	4 Nomicide 8 Could not 8 determined	building, etc. (Specify)			City or Town, State)		
COMPLETED	0001	YSICIAN: To the best of my knowledge, de					nuse(e) and manner se stated.
ш	29b. SIGNATURE AND TITLE OF CERTIF	IER WILLIAM	-020 1	29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)
TO B		atricio, M.D.P.A.	M 27) (Typa. Print)	D083	58	4/1	/91
	31. DATE FILED (Month, Day 19ar)	320REGISTRAR'S SIGNATURE	walk.				



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detached	death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	onca.
8		F
Should		a marked or item 23 shows any Injury or other traumatic event, the medical examiner must be notified at once
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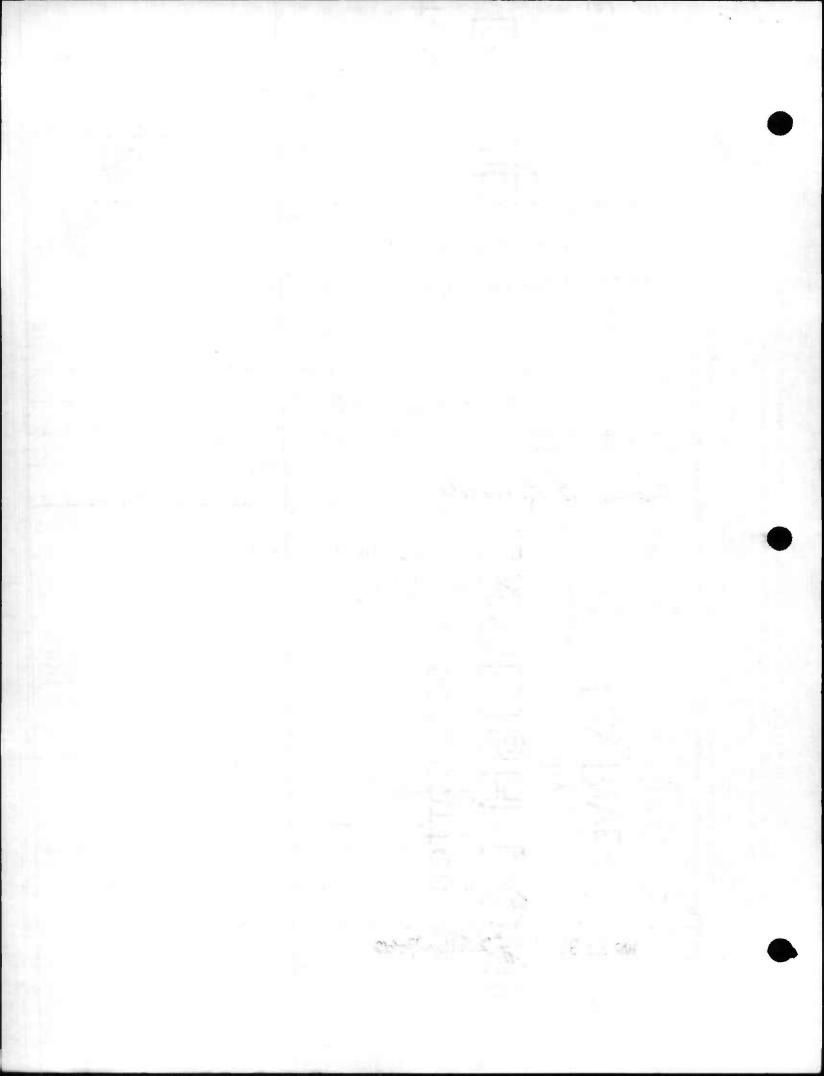
1. DECEDENT'S NAME (First, Middle	, Last)	344					2. DATE	OF DEATH			3. TIME OF DEA	тн
Edwin S	idney	Brooks					MONT 3	н р	<b>1</b> 9	YEAR 97	9:20	P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	iasl birthday)			IF UNDER 24 HRS.	7. DATE	OF BIRTH	0 1		HPLACE (State or I	oreign
219-07-1441	1 💢M 2 🗌	F 74	YRS.	MONTHS	DAYS	HOURS MIN.	12	71371	6	Count	"MD	
9e. FACILITY NAME (If not institution	n, give street and number)			9b. CITY,	, TOWN C	R LOCATION OF DE	EATH		9c. COUNT			
Memorial H	ospital			Ea	sto	n			Ta	1bo	ot	
RESIDENCE OF DECEDE	NT		140-00	TY. TOWN C							T	
	Talbot		200	Trap		ION					10d. INSIDE CIT LIMITS?	
10a. STREET AND NUMBER	Taibot			TTUE		. ZIP CODE			T 40 - 00000		1 YES 2 WHAT COUNTRY?	NO
	Charact				100	216	72			SA	WHAL COUNTRIT	
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1 Never Merried 2 Marrie	FORCES?	1 YES 2 C		- 1	If yes, sp	ecify Cuban, Mexica 2 ZNO Specif	in, Puerto	Rican, etc.)	- 00	Blec	k, White, etc.	,,,,,,
3 Widowed 4 Divorced	IF YES, GIV	E WAR OR DATES			I U YES	2 ZENU Specif	у:		- 1		ack	
	"S EDUCATION si grade completed)	16e.	DECEDENT'S	S USUAL O	CCUPATIO	ON ast of working	18	b. KIND OF BU	SINESS/INDL	STRY		
Elementary/Secondary (0-12)	College (1-4 c		lle. Do NOT i	use retired.)								
8th			Dom	esti	CW	lorker						
17. FATHER'S NAME (First, Middle, I						18. MOTHER'S NA						
Samuel Gre								ane B				
190. INFORMANT'S NAME (Type/Pri	,					and Number or Rural				Code)		
Leola Baker	Brown		Box	189	TI	appe,	MD	216				
20e. METHOD OF DISPOSITION 1  Burlel 2 Cremetion 3	☐ Removal from State	20b. PLAG	CE AND DAT	re OF DISP	OSITION	Cremat	DA'	72 20c. L	OCATION — C	ity or To	own, Stata	
4 Donation 6 Other (Spec	fy)	E a c	town	Oh -	ro	Cramat	oris	m G	eorge	tor	wn, DE	
	NAC THE PROPERTY.	- Las	Tern	-Snc	44	CLEMAL	4				11.00.1	
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	LEAS	TELL	22.	NAME A	ND ADDRESS OF FA	CILITY					
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	rurs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funities filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	redical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMEN	FOF HEALTH AND MENTAL	HYGIENE
CERTIFICAT	E OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				YGIENI EG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) Cleveland	Weldon	Bridges			2. DATE OF E	h 2	ž 199".	3. TIME OF DEATH 7;48 AM
	4. SOCIAL SECURITY NUMBER  214-18-4521  9a. FACILITY NAME (If not Institution, give at	1 M 2   F	75 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	( Your)		BIRTHPLACE (State or Foreign Country) Waryland
TOR		Hospital		East					albot
DIRECTOR	10a. STATE 10b. COUNTY	Talbot		own on Locat					10d. INSIDE CITY LIMITS? 1 TYES 2X NO
	Maryland 106. STREET AND NUMBER		St.		ZIP CODE				OF WHAT COUNTRY?
FUNERAL	Rt #1, Box 29	12. WAS DECEDENT EVER I			21663 ENDENT OF HISPAI			USA or No.— 14.	RACE — American Indian,
B≺	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYPES IF YES, GIVE WAR OR D WW II	2 LINO		2 NO Specif		i, atc.)		Bleck, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use i	k done during mo retired.)	ON st of working			iness/indust Natura	1 Resources
MP	11 17. FATHER'S NAME (First, Middle, Last)		Marine Po	olice	18. MOTHER'S NA			larylan	nd
BE CC	James Clevela	nd Bridges			Mary I		a, marcari	Surriemey	
TO B	19a. INFORMANT'S NAME (Type/Print)				98, St.				
	Lydia I. Bridg	20	b. PLACE AND OATE O	F OISPOSITION		OATE			or Town, State
	4 Donation 5 Other (Specify)	N	cemetary crematory or leavitt Ce	metery	UD ADDRESS OF FA		Nea	vitt,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Leener	l	Harris	son E. Le	eonard			ome ls. MD. 21663
CERTIFICATION	23. PART I. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a.  DUE TO (OR AS	each line.	ande	al hy	lanc t	/		Approximate interval Between Onset and Death
ERT	reaulting in death) LAST	d							
PHYSICIAN: MEDICAL O	PART II. Other algnificant condition	s contributing to deeth	but not reaulting in	the underlyin	g cause given in		PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF OEATH (C	neck only one)			
HYS	1 VES 2 NO 27. MANNER OF DEATH	1 N Inpetient 2 ☐ ER/Out 28a. DATE OF INJURY	28b. TIME	OF 28c, IN.	tury at			NJURY OCCUR	NEO
BY PI	1 Natural 5 Pending Investigation	(Month, Day, Year)	IULMI	RY WC	YES 2 NO				
						Rural Route Number,			
COMPLETED	Crieck Only	ICIAN: To the best of my know							ause(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	r ( )			29c. LICENSE NU	MBER		29d. DATE SI	IGNED (Month, Day, Year)
TO B	/arres (	restre	W	)	001	150		3/	24 91
_	JAMES C. GI	ESKE, M. D.		370	Lane, E	aston,	Mar	yland 2	21601
	31. DATE FILEO (Month, Day, Year) 91	32. REGISERAR'S SIG					W		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be lined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE  CERTIFICATE OF DEATH  REGION  1. DESCRIPTION AND PARTMENT OF HEALTH AND MENTAL HYGINE  CERTIFICATE OF DEATH  REGION  1. DESCRIPTION AND PARTMENT OF HEALTH AND MENTAL HYGINE  1. DESCRIPTION AND PARTMENT OF HEALTH AND MENTAL HYGINE  1. DESCRIPTION AND PARTMENT OF HEALTH AND MENTAL HYGINE  1. DESCRIPTION AND PARTMENT OF HEALTH AND PA								9	08639
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The State of the Control of Con	REC			10c. CITY, TOV	VN OR LOCATION				10d. INSIDE CITY
The control of the	AL DII		RUNDEL	ANNA		ODE		10g. CITIZEN C	1 YES 2 NO
The State of the Control of Con	ER/	524 THIRD ST.			214	03		U.S.	. А .
The control of the	F S	A CONTRACT OF THE PARTY OF THE	WAS DECEDENT EVER IN U.S.	RMED				or No- 14. R	IACE — American Indien, Black, White, etc.
College (**14 or 5 -1)   College (**14 or 5 -1)   ELEMENTARY TEACHER   EDUCATION	B	3 🖔 Widowed 4 🗌 Divorced				NO Specify:		l <sub>BI</sub>	ACK
Separative processing   Sepa		(Specify only highest grade comp.	leted)	(Give kind of work di	one during most of wo	orking			4
Separative for the disease, or complications that ceased the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, another and black house and part of the contributing to death but not resulting in the underlying cause given in Part I.   24s. NAS AN APOPET PREFORMED   10 per to part and part in death).   27 per to part in death).   27 per to part in death).   28 per to part in death).   28 per to part in death).   29 per	P.	Elementary/Secondary (0-12) Col	Nege (1-4 or 5+)	ELEMI	ENTARY	TEACHE	R		
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Secretary   Committed consists   Committed Committed   Committed	F								
22. NAME AND ADDRESS OF FACILITY 8 2 1 WEST ST AN A POLIS  RESE & SONS MORTUARY, P.A.  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Batween Const and Death diseases or condition.  IMMEDIATE CAUSE (Final disease or conditions as a consequence or):  BY TO OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A C		1 🔀 Burlei 2 🗆 Cremetion 3 🗆 Removal f	rom State 20b. PLAC of cemeta	ry, crematory or oth	DISPOSITION (Name	3	-26+		
REESE & SONS MORTUARY, P.A.  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final ideases or condition resulting in death)  B. J. R. D.	1 19			POLIS					ANNAPOLTS
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PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY PRINDINGS ANTILABLE PRINDING OF CAUSE OF DEATH (Check only one)  1 YES 2 NO  24b. WERE AUTOPSY PRINDINGS ANTILABLE PRINDING OF CAUSE OF DEATH (Check only one)  25c. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26c. PLACE OF DEATH (Check only one)  27c. MANNER OF DEATH  1 Netural 5 North Pending Investigation of North, Day, Near)  28c. DATE OF INJURY At home, farm, street, factory, office  28c. INJURY AT WORK?  28c. Case REFERRED IN MURDLY COURSE OF DEATH (Check only one)  28c. PLACE OF DEATH (Check only one)  28c. DATE OF INJURY AT NORTH (Check only one)  28c. INJ	5	if any, leading to immediate	DUE TO (OR AS A CONS	EOUENCE OF):					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY PRINDINGS ANTILABLE PRINDING OF CAUSE OF DEATH (Check only one)  1 YES 2 NO  24b. WERE AUTOPSY PRINDINGS ANTILABLE PRINDING OF CAUSE OF DEATH (Check only one)  25c. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26c. PLACE OF DEATH (Check only one)  27c. MANNER OF DEATH  1 Netural 5 North Pending Investigation of North, Day, Near)  28c. DATE OF INJURY At home, farm, street, factory, office  28c. INJURY AT WORK?  28c. Case REFERRED IN MURDLY COURSE OF DEATH (Check only one)  28c. PLACE OF DEATH (Check only one)  28c. DATE OF INJURY AT NORTH (Check only one)  28c. INJ	3	CAUSE (Disease or injury	DUE TO (OR AS A CONS	SEQUENCE OF:					
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PERFORMED?   AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?   YES 2 NO   NO   NO   NO   NO   NO	S	PART II Other significent conditions co	atribution to death but no	t seculates in the	a un danhalan anu	a alvas to Bar			
26. PLACE OF DEATH (Check only one)  26. WAS CASE REFERRED TO MEDICAL  26. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1	S	Degate and the conditions co	)	t resulting in the	a undarrying caus	se given in Pai	PERFOR	MED?	AVAILABLE PRIOR TO
26. PLACE OF DEATH (Check only one)  26. WAS CASE REFERRED TO MEDICAL  26. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1	ED	Cio to Dog.	1:4.00	10.51			1 TYES 2	□ NO	OF DEATH?
Second Parameter   Second Para		A CONTO W	00014	<u> </u>					1   125 2   NO
Second Parameter   Second Para	X		LEG TUS			F DEATH (Check	only one)		
Second Parameter   Second Para	Sic	110				Residence 6	Other (Specify)		
2   Accident   Accident   3   Sulcide   Sulcide   Could not be determined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number,		The second secon		INJURY	WORK?		d. DESCRIBE HOW I	NJURY OCCURE	D
4   Homicide determined burishing, etc. (Specify)  4   Homicide determined burishing, etc. (Specify)  29e. CERTIFIER (Check only one)   CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(a) and manner as stated.  29e. CERTIFIER (Check only one)   MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29e. LICENSE NUMBER 29ed. DATE SIGNED (Month, Day, Year)  30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  31. DATE FILED (Month, Day, Year) 32. REGISTRARY'S SIGNATURE		a Dadition	28e. PLACE OF INJURY — At	home, farm, atreet					ural Route Number,
Secretified to the cause(a) and manner as stated.    Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.   Check only     MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.   Check only     MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.   Check only	TE	_ O Occide that the	building, etc. (Specify)				City or Town, State)		
2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRARY'S SIGNATURE	6		To the best of my knowledge,	death occurred at	the time, date and p	lace, end due to	the cause(a) and mar	nner as stated.	
29c. LICENSE NUMBER 29c. L	S	0/10) 2 MEDICAL EXAMINER: Of	the basis of examination end/	or investigation, in	my opinion, death o	ccured et the tim	e, date and place, an	d due to the cau	use(e) and manner as stated.
PETER F. VERKOUW 1933 Forest Dr. Annapolis MD 21401  31. DATE FILED (Month, Day, Your) 32. REGISTRARY'S SIGNATURE	BE	254 BIGNATURE AND TITLE OF CERTIFIER	Ic Du.		29c.	LICENSE NUMBE	2	29d. DATE SIG	INED (Month, Day, Year)
31. DATE FILED (Morith, Day, Year)  32. REGISTRARY'S SIGNATURE  MAR 2 2 1981 Schia Davidon	2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (T	TEM 27) (Type, Print	not A	4	140 L / 1	hin	2//
MAR 2 2 1991 Fishe Deviden Pandale		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	0101	WILL MY	- 111	rapul	1111)	4401
	- 13	MAR 2 2 1991	relia Devidson-Ra	ndelle			-		

MANAGEMENT OF THE REAL PROPERTY.

INPORTAINT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH		NTAL HYGIENE REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)					2.	DATE OF DEATH	/ YEA	3. TIME OF DEATN
	Edward Ear	1 F	Ball				03-15-9		M
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthdwy)	IF UNDER 1		24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign ountry)
	219-01-7991  9a. FACILITY NAME (If not institution, give str	1 ☑ M 2 □ F 7	O YRS.		DAYS HOURS	0	6-01-20	Ва	altimore, MD
œ	8838 Cherry La	net and number)		Laur	own or location	ON OF DEATH	'	Princ	ce George
6	RESIDENCE OF DECEDENT						l		
DIRECTOR	MD 106. COUNTY	ce George		y, town or					10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	- deorge		uici	101. ZIP CODE	-	1	40 - 01717771	1 YES AND
FUNERAL	8838 Cherry La	ne			207	07		USA	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA WWII	2 NO	11/3		n, Maxican, P	ORIGIN? (Specify Year Puerto Ricen, etc.)		MACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of	work done dui	UPATION ing most of working	og	16b. KIND OF BUSI	INESS/INDUSTR	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)				D	,
MP	17. FATHER'S NAME (First, Middle, Lest)		Burner	2	to North	PDIO MARK	(First, Middle, Maiden S		oad
	William Henry	Do.1.1			- C10		nn Hudso		
BE	19a. INFORMANT'S NAME (Type/Print)	Dall	19b. MAILING	ADDRESS (					)
2	Charlotte						aurel, l		
	20a. METNOD OF DISPOSITION  1 St Burial 2 Cremation 3 Ramo	oval from State	other place)					CATION — City of	
	4 Donation 5 Other (Specify)	ENSEE A	laryLan	22. NA	Cerans	Ceme ss of facili	tery C	rowns	ville, MD
	· Datt	(1.111					ral Hom		
	23. PART I. Enter the diseases, pro	Emplications that cause	the desth. Do	not enter ti	ne mode of dy	ing, auch a	a cardisc or reapir	ratory arreat,	Approximate
	immediate cause (Finel disease or condition resulting in death)		consequence of		Te	Con	NCET		Interval Between Onset and Death
NO	Sequentially list conditions,	bDUE TO (OR AS A	CONSEQUENCE O	E)·			•		
¥.	if any, leading to immediate cause. Enter UNDERLYING			.,.					. ]
PHYSICIAN: MEDICAL CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):					
H	resulting in deeth) LAST	d							
٦	PART II. Other aignificent condition	s contributing to deeth b	out not resulting	In the und	erlying ceuse	given in Pa	rt I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
20							1 TYES 2	7	COMPLETION OF CAUSE OF DEATH?
ME							_		1 TYES 2 NO
ä									
100	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF D				
1YS	1 YES 2 NO 27, MANNER OF OEATH	1 Inpatient 2 ER/Out	petient 3 DOA	4 Nursi	8c. INJURY AT		Other (Specify)  8d. DESCRIBE HOW IN	A HIBY OCCUPE	rn.
	Netural 5 Pending	(Month, Day, Year)	IN	JURY	WORK?		ou. DESCRIBE NOW II	WONT OCCURE	
2 Accident Investigation 28s PLACE OF INJURY — At home form street factory office. 28st LOCATION (Street and Number or Rural Route Number					ural Route Number,				
	4 Nomicide datarmined	9							
COMPLETED	and I'M I'M	ICIAN. To the best of my know							use(s) and manner as stated.
8	200 MANAGERE AND TITLE OF CERTIFIER					ENSE NUMBE		29d. DATE SIG	
TO BE	KX / XXII	ugin,	190		Do	1875	54	13/	18/9/
	THOMPSA-BOUSHA	EN W ()		Print)	wot /	TR. L	Vire Co	conto	TAD 20770
	MAR 1 9 1991	122. REGISTRAR'S SIGNALIA DAVIDON-N	ATURE DO						
	MWL T 9 1991	1							

YEAR

3. TIME OF DEATH

REG. NO 2. DATE OF DEATH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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William 0315 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign -3 1 M 2 D F 7-29-0 Pennsylvani a Pages 1, 2, 3 should 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not is 9b. CITY, TOWN OR LOCATION OF DEATH Anne AMME ATUNDE Arunde medica Arunde 00 DIRECTOR enter 10a, STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 1 2 YES 2 1 NO Arundel Annapolis Anne permit. 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal. 120 Academy Street 21401 U.S.A. within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yea or No-ff yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high entary/Secondary (0-12) College (1-4 or 5+) 8 Manager Quiet Waters Farm Once. 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Henry Buser Elsie Mohler BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Academy Street. Margaret Gates Buser 120 Annapolis, MD 21401 must be 20a. METHOD OF DISPOSITION
1 © Burlal 2 Cremation 3 Rer
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE Cedar Bluff Cemetery 3/17 Annapolis, MD examiner E OF PUMERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY 21. SKIHATU Taylor Funeral Chapel 21401 te 147 Gloucester St. Annapolis 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. medical **Approximate** Interval Batween Onset and Dasth IMMEDIATE CAUSE (Final attending physician and completely fille intal Hygiene prior to burial, cremation, other traumatic event, the disease or condition\_ Obstructive lung Discose hronce resulting in death) DUE TO (DR AS A CONSEQUENCE OF): executed CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING 2 certificate CAUSE (Disesse Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 death o this certificate has been signed by the attern with the State Dept. of Health and Mental item 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL that the COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: ME 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) The HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 6 - Other (Specify) 4 🗆 Nurs 6 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED marked, 5 Pending Investigation 1 Natural TO THE HOSPITAL OR ATTENDING PHY TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death will IMPORTANT: If Item 26 is marke 1 TYES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town. State) 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide ETED 8 Could not be determined 4 Homicide 29a. CERTIFIER

Chack only

CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3-15-21 124804 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D. 600 Ridgley Avenue, Annapolis, MD 21401 18 Julia Davidson Randelle 31. DATE FILED (Month, Day, Year) MAR 1 8 1991 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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	MITTAL OF STTEINIST CONCINISTS. The last received the decide acceptants he executed within 24 hours offer
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	bon one
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1	FOR STATE REGISTRAR	STATE OF MARYL	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)  1. DUAL & .  4. SOCIAL SECURITY NUMBER	Doyce	Maude E.	Boyce IF UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE O MONTH 3	F BIRTH	9	BIRTHPLA	TIME OF OEATH 05 P ACE (State or Foreign			
BO,	213 26 3906  1 M 2 XF  88  YRS. MONTHS DAYS HOURS MIN. Jan. 12,1903 West Virgin.  9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  HOVE de Grace  Harford												
OIRE	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT  Maryland Harf	Y	y, town on Locat Vre de G						d. INSIDE CITY LIMITS? YES 2 NO				
A.	421 South Union	101	21078			U.S.A.							
BY FL	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	ver Married 2 Married FORCES? 1 YES 2 NO					(Specify Yea o	fee or No- 14. RACE — American Indian, Black, White, etc. Specify: White					
PLETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	(Give kind of a	USUAL OCCUPATION Work done during mote retired.)	st of working	Eximple of Business/Industry  Food Service							
U U	17. FATHER'S NAME (First, Middle, Last) John Long	1	18. MOTHER'S NAME (First, Middle, Melden Surname) Nan Sharver										
2	19a. INFORMANT'S NAME (Type/Print) Lelia Hurt				DRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) riendship Road, Elkton, MD 21921								
	20a. METHOD OF DISPOSITION 1 X Burdel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  21. Burdel All Service Licensee  220b. PLACE AND DATE Of DISPOSITION (Name of cometary, crematory or other place) Bethel Cemetery March 17, 1991 Chesapeake City, MD  22. NAME AND ADDRESS OF FACILITY HICKS HOME for Funerals												
RTIFICATION	disease or condition resulting in deeth)  INTESTINAL Intertion Intestinal Intestinal Intestinal Intestinal Intestinal Intertion Interti												
MEDICAL CE	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.    24a, WAS AN AUTOPSY PERFORMED?   1 See 2 See NO								CO OF	ERE AUTOPSY FINDIN ALLABLE PRIOR TO MPLETION OF CAUSE T DEATHR			
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO	HOSPITAL: 1 Department 2 ER/Outp	estient 3 🗆 DOA	OTHER:	LACE OF DEATH (C	50	-						
ВУ РН	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26a. DATE OF INJURY (Month, Day, Year)  26b. TIME OF INJURY AT WORK?  M 1 YES 2 NO										
TO BE COMP	3 Suicide 4 Homicide 5 Could not be detarmined  28a. PLACE OF INJURY — At home, farm, street, factory, office 5 City or Fown, State)  28a. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Fown, State)  28a. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Fown, State)  28a. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Fown, State)  28a. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Fown, State)  28a. PLACE OF INJURY — At home, farm, street, factory, office 28a. PLACE OF INJU									nd menner as state			
	31. DATE FILED (MONTH, Day, Year) MAR1 8 91	32. REGISTRAP'S SIGNATURE Graha Davidson-Randall											

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BALTIMORE, MARYLAND 21215-0020

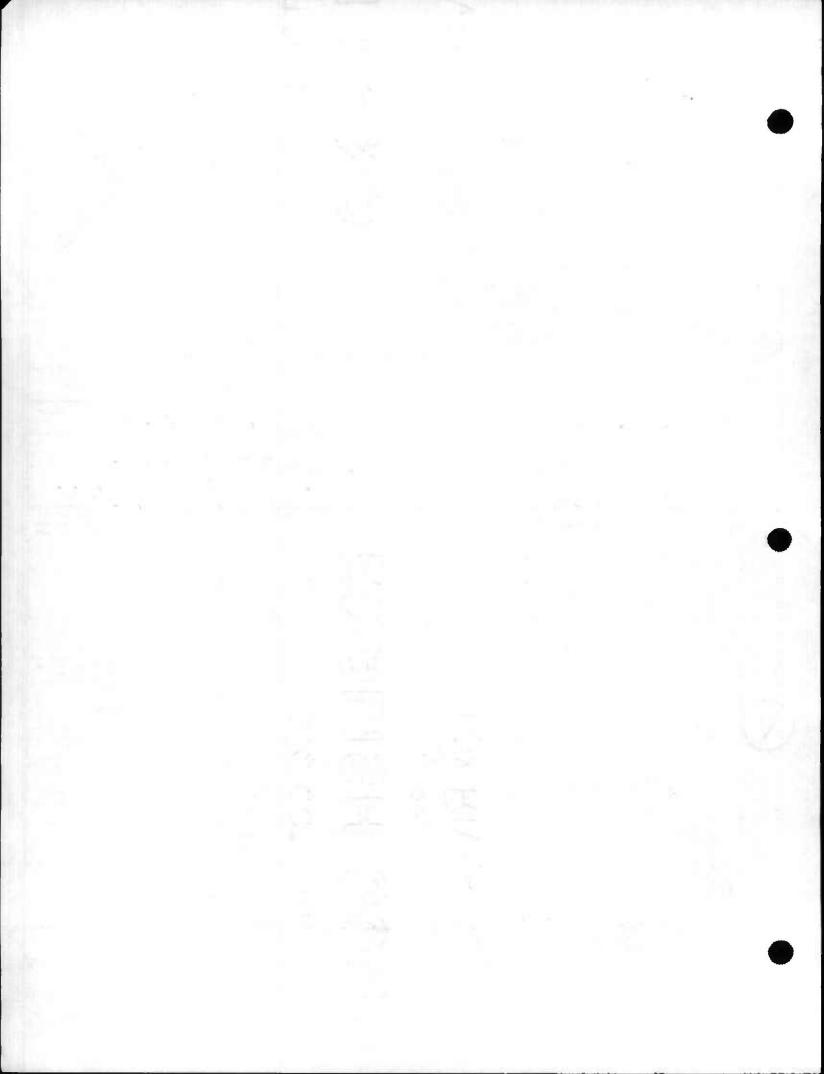
TO BE COMPLETED BY FUNERAL DIRECTOR

RDS, P.O. BOX 68760,

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG.	NO.					
1. OE	CEDENT'S NAME (First, Middle, Last)			1000		2. DATE OF OEATH SOME OF DEATH						
NO	RMAN	LEE		BARCASE		0.3 15 199			2.47 P			
	217-50-3352		E (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	4	A BIRT	HPLACE (State or Foreign Maryland			
	ACILITY NAME (If not institution, give s			9b. CITY, TOWN C	R LOCATION OF DE			UNTY OF				
	1101NG #699 ABF			ARERI	EEN CIJ	TY		HARI				
		rford		10d. INSIDE CITY LIMITS? 1 YES 2 X NO								
10e. 31 11. M	STREET AND NUMBER 102 Philadelphia	a Road		WHAT COUNTRY?								
3 🗆	ARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp		NIC ORIGIN? (Speci in, Puerto Rican, at y:		Yes or No—  14. RACE — American Indian, Black, White, atc.  Specify: White				
	15, DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of w	USUAL OCCUPATE vork done during mo e retired.)	ON sl of working	18b. KIND O	F BUSINESS/I	NDUSTRY				
17. Fr Fr	Ternentary/Secondary (0-12)	College (1-4 or 5+)		ns Hand		1	US-gov	ernm	ent			
17. Fr	17. FATHER'S NAME (First, Middle, Last) Frederick Joseph Barcase  18. MOTHER'S NAME (First, Middle, Marie Gance) Goldie Marie Gance											
	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  3102 Philadelphia Road, Abingdon, Md. 2100											
15(2)	20a. METHOD OF DISPOSITION    SQ   Burial   2   Cremation   3   Removal from State											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  ALL MANY AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, P.A.											
6	Supera 19	Up. Com	24 111-						1. 21009			
Sec if a cau CAI that	disease or condition resulting in death)  a. BLAST IN JURILES  OUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DLAST IN JURILES  OUE TO (OR AS A CONSEQUENCE OF):  DLAST IN JURILES  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):											
DAG	RT II. Other aignificant condition				b. WERE AUTOPSY FINDING							
25. 1				ř		PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
25. V	WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	heck only one)						
	EXAMINER? VIST YES 2 INO	HOSPITAL:	Autpatient % DOA	OTHER:	ne 5 🗆 Residence	8 Other (Specif	y)					
27, 1	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 18c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED											
1	Natural 5 Pending Investigation Suicide 8 Could not be detarmined	0.3 15 284. PLACE OF INJU	XX	YES 2 NO	28f LOCATION /	ECT VICTIM OF EXPLOSION  CATION (Street and Number or Rural Route Number, Politic Street and Number of Rural Route Number, Politic Street and Number of Rural Route Number, Politic Street Number, Politic Str						
	one)	SICIAN: To the best of my kill IER: On the basis of examina		ed at the time, date					(a) and manner as stated.			
	296. SIGNATURE AND TYPE OF CHITTEER 29d. DATE SIGNED (Mor.											
	tral	1 X 10	no		Œ ▶ 03			The second secon				
301	AME AND ADDRESS OF PERSONAL	NO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,		PENN STR	ייא סאד	TIMORI		1201			
31. C	DATE FILED (Month, Day, Year)		IGNATURE Pandel		TITATA DIK	DAL DAL	TIVK	ے د	1201			
	MAR 18'91	Gulia La	vidson-Manae	DE:								



6

James E.

31. DATE FILED (MONTH, Day, Year) MAR 15

Beitzel

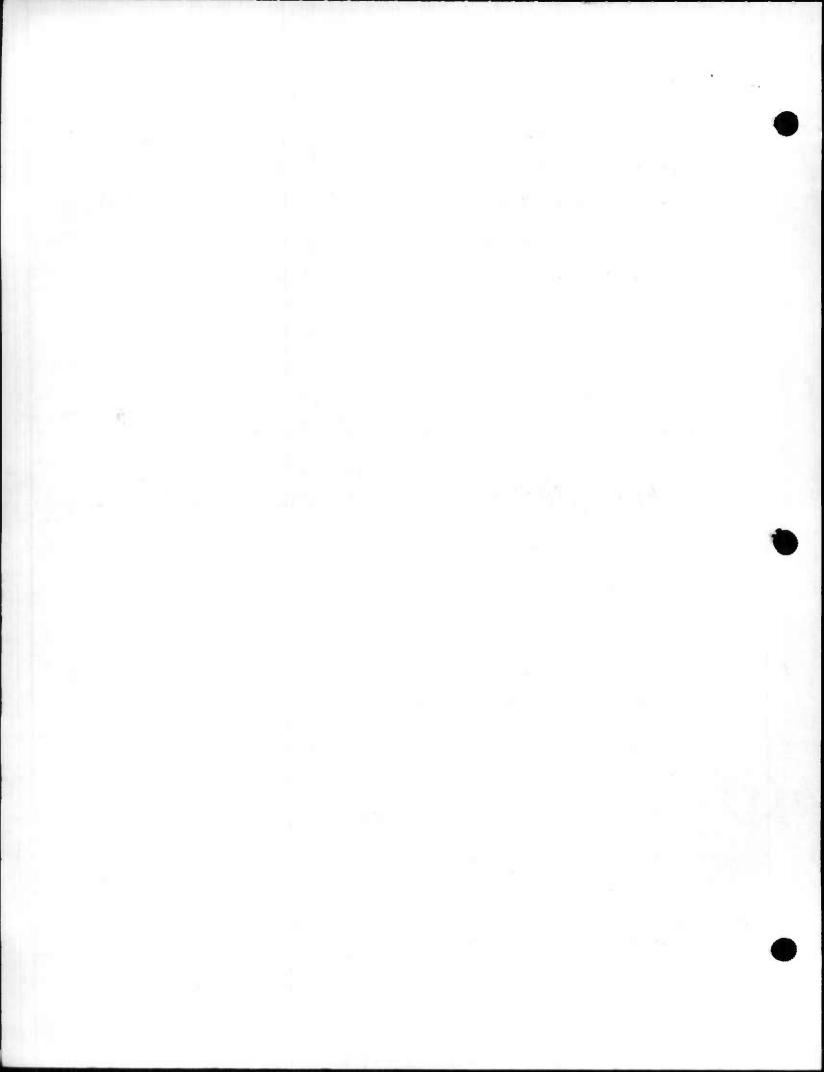
M.D.,

								91	08644				
	1 - STATE REGISTRAR	STATE OF MARYLANI		MENT OF H		MENTAL	HYGIENE REG. NO.		000.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH DAY		3. TIME OF DEATH				
	нлр	VEY C. BE	NDFR			MONTH		3 199	8:051	PM			
	4. SOCIAL SECURITY NUMBER		s. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)	6. E	SIRTHPLACE (State or Foreign country)	7			
	172-18-3137	1 💢 M 2 🗆 F	82 YAS.	MONTHS DAYS	HOURS MIN.		8/190		РД				
	9a. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOWN	R LOCATION OF DE			9c. COUNTY	OF DEATH				
8	Route 495: P.O.	Box 18		В	ittinge	er		Ga	rrett				
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		10c. CITY	TOWN OR LOCAT					10d. INSIDE CITY				
三	Maryland	Garrett							LIMITS?				
9	10e. STREET AND NUMBER	darrect			Bitting ZIP CODE	ier_		10g. CITIZEN	OF WHAT COUNTRY?	_			
FUNERAL	Route 495: P.O.	Pay 10			2.1	522			ΔΖΙΙ				
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S			ENDENT OF HISPAN	VIC ORIGIN?			RACE — American Indian, Black, White, atc.				
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		1 Tyes, sp	ecify Cuban, Mexica 2 NO Specify	n, Puerto Ri /:	cen, etc.)		Specify:				
									White				
	15. DECEDENT'S EDUC (Specify only highest grade	completed)		JSUAL OCCUPATION ork done during mo		166.	KIND OF BUSI	NESS/INDUST	RY				
2	Elementary/Secondary (0-12)	College (1-4 or 8+)		Cutte	10		Lock	ker P	lant				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		neat	Cutte	16, MOTHER'S NA	ME (First, Mi			Idill				
	Crist Bender				Ida He	nchh	order	•					
BE	19s. INFORMANT'S NAME (Type/Print)	A	196. MAILING	ADDRESS (Street a	and Number or Rural i				do)				
5	Elva Bender		P. O.	Box 18	Bitti	nger	MD	215	22				
	20e. METHOD OF DISPOSITION 1 V Buriel 2 Cremetion 3 Remo	20b. PL	ACE OF DISPOSI		metery, cremetory or		71	ATION — City	or Town, State				
	4 Donation 5 Other (Specify)	Dry		emeter	V		Swar	ton,	ton, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Newman Funeral Homes, P.A.												
	Newman Funeral Homes, P.A. Grantsville, MD 21536												
	23. PART I. Enter the diseases, or c	omplications that caused th		ot enter the mo	de of dying, suc	h as cardi	ac or reapin	etory arrest	Approximate Interval Between				
	IMMEDIATE CAUSE (Final								Onset and De	(1			
	disease or condition resulting in death)	ADENOCAT			FLUY	16.			3 mund	hs			
		DUE TO (OR AS A CO	INSEQUENCE OF	):					i				
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A CO	NSEQUENCE OF	):					<u> </u>				
AT	if any, leading to immediate ceuse. Enter UNDERLYING												
F	CAUSE (Disease or Injury that Initisted events	DUE TO (OR AS A CO	NSEQUENCE OF	):									
F	reaulting in death) LAST	ś											
	PART II. Other algolificant condition	a contributing to death but i	not resulting is	n the underlyin	g cause given in	Part I.	24s. WAS AN /	UTOPSY	24b. WERE AUTOPSY FINDIN	NGS			
3	Coronary		SEASE				PERFORI	WED?	AVAILABLE PRIOR TO COMPLETION OF CAUS				
ED	Aprilic O U		asE.				1 TYES 2	SYMO	OF DEATH?				
2						_		L.					
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	heck only one	)						
SIC	1 VES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatie	nt 3 🗆 DOA	OTHER: 4 - Nursing Hor	ne 5 AResidence	6 🗆 Other	(Specify)						
PH	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORKY 1 Netural 8 Pending  28d. DESCRIBE HOW INJURY OCCURED								ED				
B≺	2 Accident Investigation		M 1 YES 2 NO										
	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specify)	At nome, term, s	treet, tactory, ome	ca .	City o	or Town, State)	nd Number or I	Rural Route Number,				
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.													
COMPLETED	(Check only	CIAN: To the best of my knowledg R: On the besis of axamination so							euse(s) and manner as state	ed.			
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c, LICENSE NU		1						
BE	STATE AND TITLE OF CERTIFIED	7 / //				9 7 9			GNED (Month, Day, Year)				
5	30. WAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												

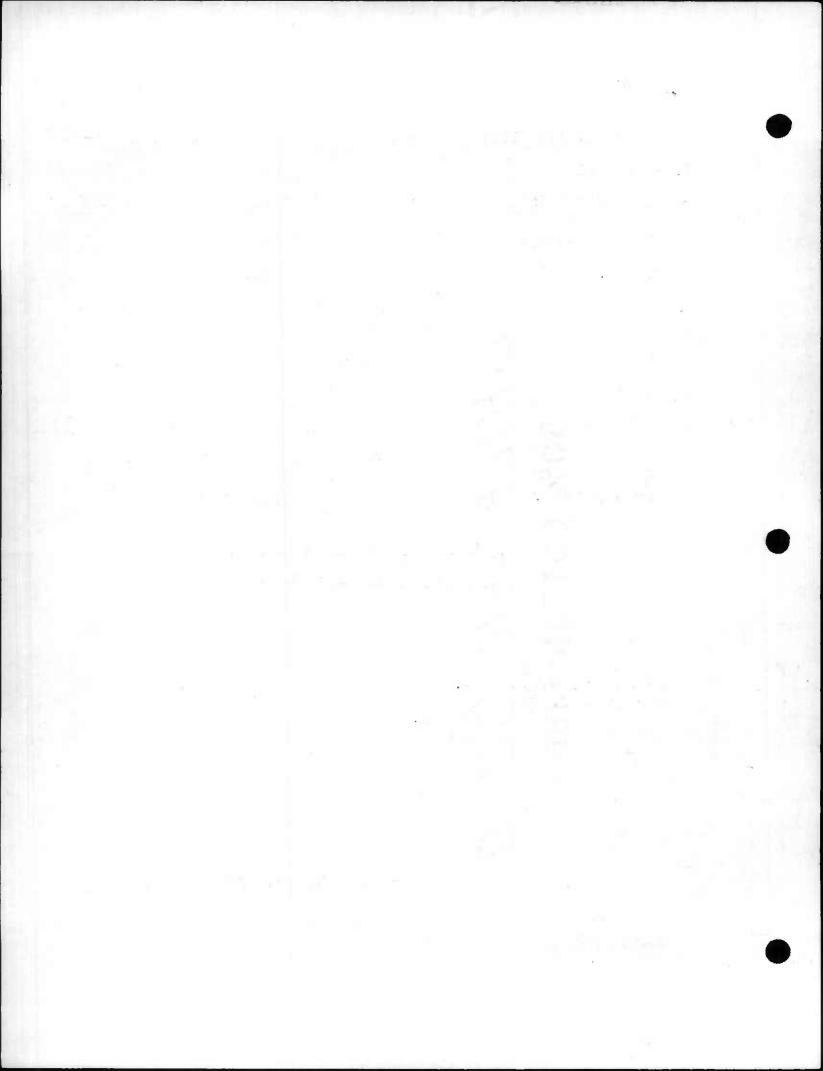
Ravine Street,

32 AEGISTRAP'S SIGNATURE GISTA DAY OSON PANDARL

Grantsville, Maryland 21536



1 - STATE REGISTRAR	STATE OF MA	ARYLAND / D Cer				DEAT		MENTAL	REG. NO.	E 9		18645
1. DECEOENT'S NAME (First, Middle,	.est)								OF DEATH		3.	TIME OF DEATH
FI T7A	RETH TICE	D.o.a	a h					MONTH		100	EAR	12:15 4
4. SOCIAL SECURITY NUMBER	FITABETH TICE BE 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. lest						24 HRS.	7. DATE	Ch 14	7 1 6	BIRTHPLA	CE (State or Foreign
180-28-0687D	1 M 2 X F	94	YRS.	MONTHS	DAYS	HOURS R LOCATION	MIN.	5/30	) / 189			ryland
	Route 1. Box 175A					nts					Garrett	
											10d. INSIDE CITY	
Maryland G	Maryland Garrett					tsv		е	1 [ 10g. CITIZEN OF WHAT			LIMITS? YES 2 X NO
		10f. ZIP COOE							10g. GITZE	4 OF WHAI	COUNTRY?	
	Route 1. Box 175A							IIC ORIGIN? (Specify Yea or No 1			USA	
1 Never Married 2 Married  3 Widowed 4 Divorced	IF YES GIVE WAR OR DATES						n, Maxica	ıл, Puerto F		or No 14	- 14. RACE — American Indian, Black, White, etc. Specify: White	
	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16s. KIND OF BUSINESS/INDUSTRY											
(Specify only highest Elementary/Secondary (0-12)	grade completed)  College (1-4 or 5 +)	We Dr	kind of a	work done se retired.)	during mo	st of working	rg .					
4	Contract (1.4 b)		Hon	nema	ker					Own H	ome	
17. FATHER'S NAME (First, Middle, Las	t)		1101	ii C III a	KCI	16. MOT	HER'S NA	ME (First, A	Viddle, Malden		Ollic	
Jonas Tice										,		
198. INFORMANT'S NAME (Type/Print)		10h 8	MAII INC	ADDRES	8 (Chant			Yod	er ber, City or Town	Canto Tio Co	and to b	
												01506
Alice Beachy								Gra	ntsvi			21536
20a, METHOD OF DISPOSITION 1 X Burtal 2 Cremation 3 C		20b. PLACE OF other place	)				natory or			CATION CIT		
4 Donation 5 Other (Specify)	Mt. V	iev						Salisbury PA				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE / 22. NAME AND ADDRESS OF FACILITY												
Newman Funeral Homes, P.A.  Grantsville, MD 21536												
IMMEDIATE CAUSE (Final disease or condition resulting in death)	disease or condition											
Sequentially llat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	oue to (or a consequence of):  If any, leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or Injury that Initiated events  Due to (or as a consequence of):  Due to (or as a consequence of):											
	d,											
PART II. Other significant con-	death but not ree	soulting in the underlying couse given in Po					Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
	0		2									
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 LNO	HOSPITAL:	ER/Outpetient 3	DOA	OTHE 4   Nu	R:			6 C Othe				
27. MANNER OF DEATH	28a. DATE OF I	NJURY	28b. TIN	AE OF	26c. IN.	URY AT	. J. Gran Port	v	CRIBE HOW I	NJURY OCCU	REO	
1 Netural 5 Pending	(Month, De	y, Year)	IN.	JURY M	1 D	PRK7	□ NO	1				
2 Accident Investige 3 Suicida 6 Could n 4 Homicide determine	M 1 YES 2 NO				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Number,			
anal stay	PHYSICIAN: To the best of r											d menner as stated.
29b. SIGNATURE AND TITLE OF CEI	TIFIER		-			29c. LIC	ENSE NU	UMBER 29d. DATE SK			IGNED (MC	onth, Day, Year)
Elin	2.15		S	O ARI					10801 > 3/1			191
Elvin LMax	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  EIVIN LYLANTIN 2002 Beachley St Mayer (dale Pa											
31. DATE MAR 1 5 199	GEORGE DOWNERS	a's signature for handers								7		

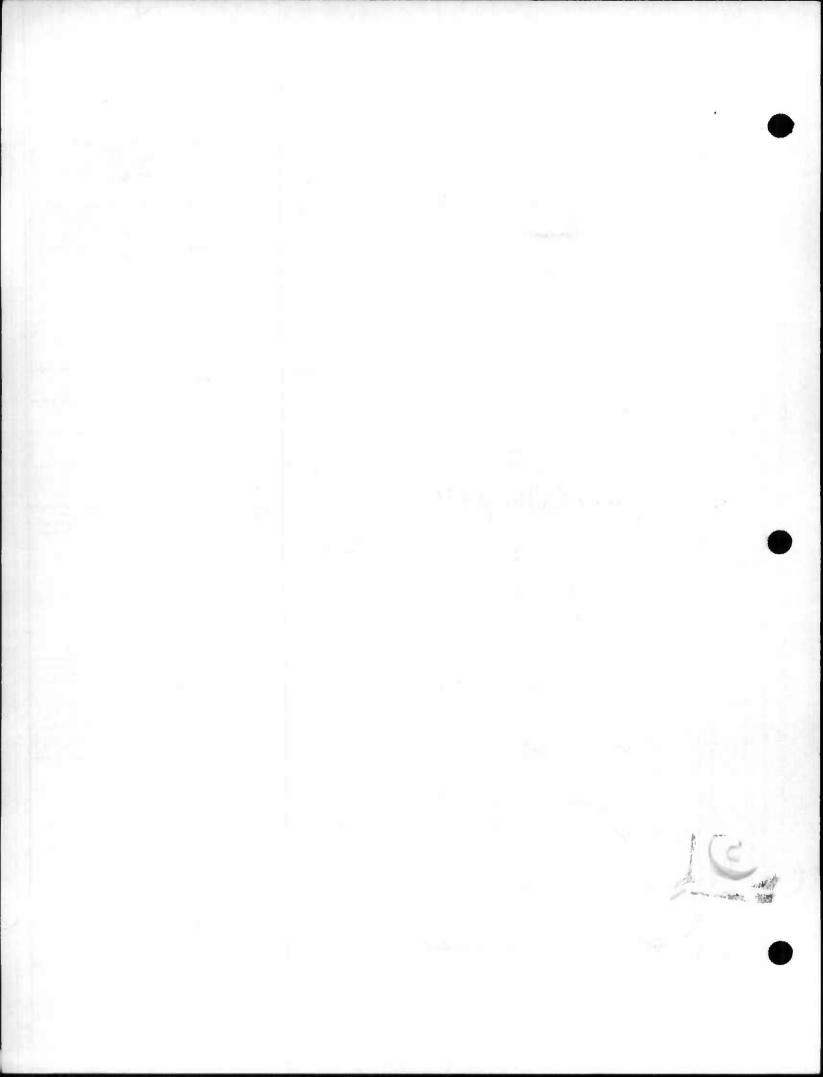


TO THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 fours after death. Page 6 may be retained by the hospital or attending physician.

The HISPITAL DISCUEL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be men with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT. II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERTIFIC	ATE OF DEAT	ГН	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las	1)				OF DEATH		3. TIME OF DEATH
EVELYN M. BR	ODF			0.3	TH DAY	YEAR	10.00-
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) #	UNDER 1 YEAR   IF UNDER	24 MRS 7 DATE	OF BIRTH	a, BIRTI	10:00p
215 26 9848	1 □ M 2 □XF	77 YRS. MO	NTHE DAYS HOURS	MIN. (Mon	21 13	Count	ryland
9a. FACILITY NAME (If not institution, give	e street and number)	91	CITY, TOWN OR LOCATE	ON OF DEATH	90.	COUNTY OF D	EATH
FROSTBURG CO	MMUNITY HOSPI	TAL	FROSTBURG			ALLEGA	NY
Maryland Ga	rrett,		ntsville				10d. INSIDE CITY LIMITS? 1 YES 2 NO
Dorsey Hotel R	oad		101. ZIP COD		4 - 4	U. S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 ANO	13. WAS DECENDENT O	OF HISPANIC ORIGI n, Mexican, Puerto	N? (Specify Vec or No		E — American Indian, k, White, etc.
15. DECEDENT'S E		16a. DECEDENT'S US	JAL OCCUPATION	16	b. KIND OF BUSINES	S/INDUSTRY	
(Specify only highest gri	College (1-4 or 5+)	(Give kind of work life. Do NOT use n Waitre	•		Restauran	nt	
17. FATHER'S NAME (First, Middle, Last)							
Joseph Martz			Inc. Committee	ola Hage	Middle, Maiden Surner	me)	
19a. INFORMANT'S NAME (Type/Print)		10h MARI ING AC	DRESS (Street and Number			n 7in Cadal	
Clifford C. Bir	d		rles Ct. C			1502	
20a METHOD OF DISPOSITION 1 \( \text{D} \) Burial 2 \( \text{Cremation} \) 3 \( \text{Re} \)	emoval from State	06. PLACE OF DISPOSITI	ON (Name of cometer); crer Burial Pa	netory or		N - City or To	
4 Donation 5 Other (Specify)  21. SIGNATURE OF-FUNERAL SERVICE	LICENSEE	militiest	22. NAME AND ADDRE		Cumber	rand,	MD
) Janean	7 Jano	111.		lli Fune	ral Home	land 1	MD 21502
23. PART I. Enter the diseases, o shock, or heart failur	or complications that/causes. List only one cause on	ed the death. Do not each line.	enter the mode of dy	ing, such aa ca	rdiac or reapirator	y arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Respo	RATORY A CONSEQUENCE OFI	FAILU	RE			Onset and Dec
		MONIA  A CONSEQUENCE OF):					
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
cause. Enter UNDERLYING CAUSE (Disease or Injury	c	A CONSEQUENCE OF):					
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
	_ d.						
PART II. Other significant condit				given in Part I.	24a. WAS AN AUTO PERFORMED?		. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO
	RHeuma	1019 18KI	4K1112-		1 - YES 2 - N	10	OF DEATH?
preun	eria						1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPÍTAL:		THER:	DEATH (Check only o			
1   YES 2   NO	1 3 Inpatient 2 ER/O		□ Nursing Home 5 □ R				
1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year		Y 28c. INJURY AT WORK? M 1 YES 2	1 - 200, 27	EŞCRIBE HOW INJUR	Y OCCURED	
3 Suicide 6 Could not 6	building, etc. (S)	RY — At home, farm, stre oecify)	et, factory, office	28f. LO	CATION (Street and No y or Town, State)	umber or Rural	Route Number,
29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my known	owiedge, death occurred	at the time, date and place	, and dua to the c	suse(a) and manner a	a stated.	11.75
one) 2 MEDICAL EXAM	INER: On the besis of examinat	tion and/or investigation,	in my opinion, death occu	red at the time, da	ta and piece, and due	to the cause(	a) and manner as stated
296. SIGNATURE AND TITLE OF CERTIF				ENSE NUMBER		. DATE SIGNE	D (Month, Day, Year)
5 Cha	ngus. D.		D	256	381	3/	13/91
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF		int)			-/	
DR. SATURNINA	CHANG . Fros	tburg Plaza	. Frostbur	g Md 2	1532		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SK	GNATURE		4			
II MAN I X 1001	Marile .	(LL J. 00					



## HOTPITAL DR ATTEN DIRECTOR: hours after item 28 THE FLUERAL O Mes yamin 72 K PORTANT: If IN

ould be detached for use as the burial-transit permit. Pages 1, 2, 3 should		led at once.
t. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	if death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE REGISTRAR

MARYLAND

11. MARITAL STATUS

10e. STREET AND NUMBER

12 YEARS

IMMEDIATE CAUSE (Final

CAUSE (Disease or injury

resulting in death) LAST

'91

that initiated events

disesse or condition

resulting in death)

ROSCOE

4. SOCIAL SECURITY NUMBER

1 -

DIRECTOR

FUNERAL

BY

COMPLETED

BE

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

9

91 08647 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Manch 991 CONKLIN 2025 BIShop IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. SEX 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 6. AGE (In vrs. lest birthday) JUNE 7, 1929 MARYLAND HOURS 215-36-1865 1 M 2 | F DAYS YRS. Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PENINSULA GENERAL HOSPITAL SALISBURY WICOMICO RESIDENCE OF DECEDENT 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY WORCESTER POCOMOKE CITY 1 K YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1607 CEDAR STREET 21851 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, stc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2
IF YES, OIVE WAR OR DATES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Marries 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5+) NO FARMER FARMING 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BISHOP **EDNA** (unk) BRITTINGHAM JAMES 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) BETTIE L. BISHOP-WIFE 1607 CEDAR STREET, POCOMOKE CITY, MD 21851 20a\_METHOD OF DISPOSITION 3/11/91 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town, State PITTS CREEK BAPTIST CEMETERY CEDAR HALL, MD 4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD, SALISBURY, MD 21801 23. PART I. Enter the diseases, or complications that caused the earth. Do not anter the mode of dying, such as cardiac or respiratory srrest, Approximate shock, or heart failure. List only one cause on interval Batween Onset and Death few lup Cardio-Respiratory DUE TO (OR AS A CONSEQUENCE OF): Hear-Fel I lune Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate toxighy duranyun cause, Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): mone PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO

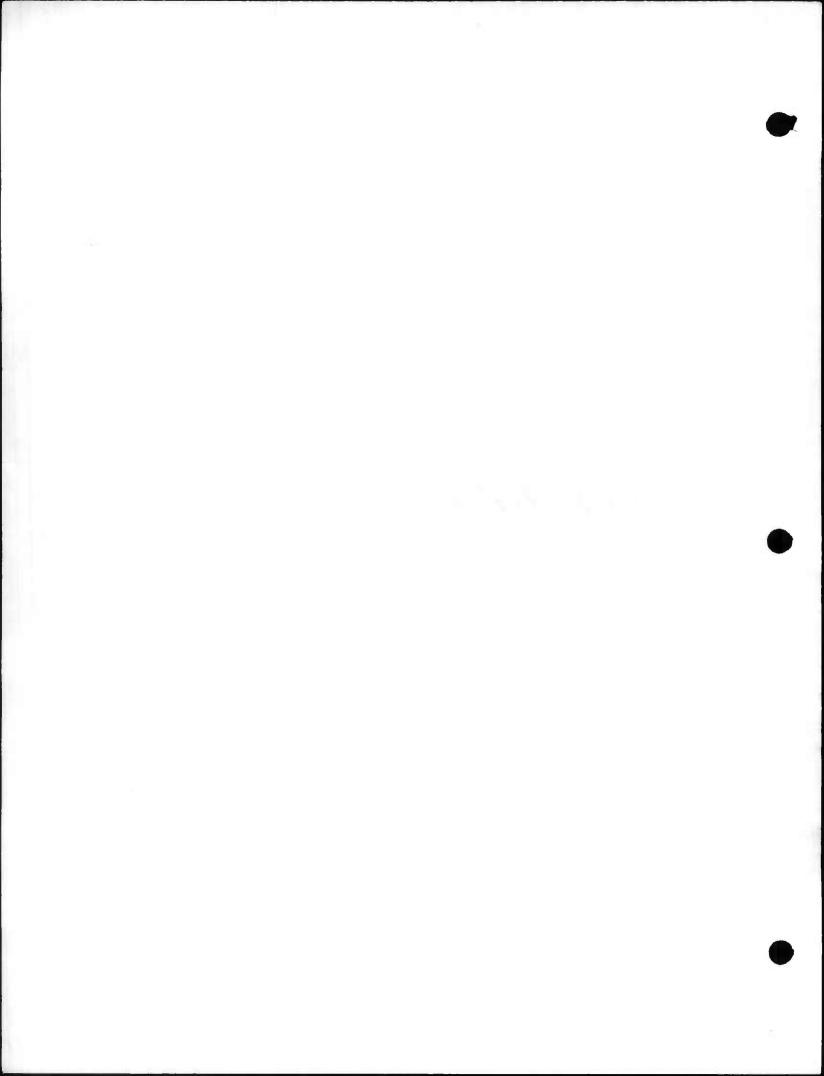
			_	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	Check only one)	
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA	OTHER: 4 □ Nursing Home 6 □ Residence	a 6 Other (Specify)	
27. MANNER OF DEATH  1. Natural 5 Pending 2 Accident Investigation		INJURY M 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED	D
3 Suicide 6 Could not be determined	26s. PLACE OF INJURY — At home, fam building, etc. (Specify)	n, street, factory, office	261. LOCATION (Street and Number or Ru City or Town, State)	iral Route Number,

29a, CERTIFIER EFITIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 🔲 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

1/1/2	D25036.	▶ 3/10/91.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	share Drive.	SALISBUNY.

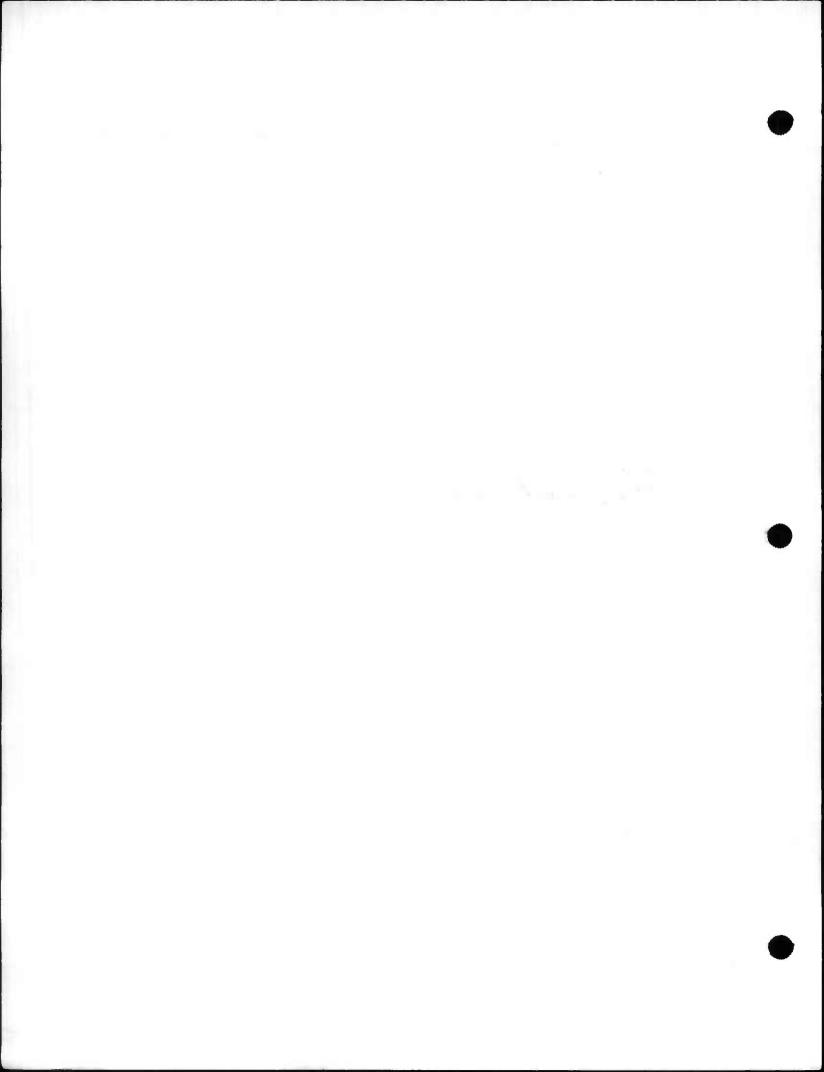
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE



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eaec	and	of Per
2	cian	2
ficate	physic	no ou
cert	ding	Lynnia
death	after	Index
age .	中	A B.S.
lat	7	200
uires t	signed	Llashh
req	een	900
e law	has b	Pane
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CIAN	artific	O oraș
PHYSII	this ce	. debe.
DING	After	danch
TEN	ETOR:	-60-
ā	Second	
IF IN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	ERAL DIRECTOR: After this certificate has been signed by the attending physician and co	1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	ITAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		IENTAL HYGIEN	E	
	DECEDENT'S NAME (First, Middle, La.  JAMES  C.F.	ALVIN	8	dlor	/	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-38-9948	5. SEX 6. AGE 1 🔀 M 2 🗌 F	(In yrs. last birthday) 49 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Mayor 11 7. DATE OF BIRTH (Morth, Day, Year) APRIL 24, 1	8. B	IRTHPLACE (State or Foreign ountry)
OR	98. FACILITY NAME (If not institution, gh PENINSULA GENER	AL HOSPITAL		SALISBU	R LOCATION OF DEA		9c. COUNTY O	OF DEATN
DIRECTOR	MARYLAND WI		10c. CITY	Y, TOWN OR LOCAT			<u> </u>	10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL C	10e. STREET AND NUMBER RT 4, BOX 492	CONTCO			ZIP CODE 2 180 1		10g. CITIZEN	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spe				RACE — American Indian, Black, White, etc. Specify: WHITE
LETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION ade completed) College (1-4 or 5+)		USUAL OCCUPATION Work done during more retired.)		16b. KIND OF BUS		RY
COMPL	12 YEARS 17. FATHER'S NAME (First, Middle, Last)		•	ERVISOR	18. MOTHER'S NAM	RENTA	L COMPA	ANY
TO BE	CHARLES  19a. INFORMANT'S NAME (Type/Print) PENELOPE D. BRAD					LILLIA oute Number, City or Town	n, State, Zip Code	PALMER
	20s. METHOD OF DISPOSITION 1 \( \overline{A}\) Burlel 2 \( \overline{C}\) Cremetion 3 \( \overline{A}\) Burlel 2 \( \overline{C}\) Other (Specify) \( \overline{A}\)	3/14/91 20	b. PLACE OF DISPOS other place) WICOMICO	SITION (Name of cen	netery, cremetory or		CATION — City (	A STATE OF THE PARTY OF THE PAR
	21. SIGNATURE OF THERAL SERVICE			HOLLO	WAY FUNE		PA	
AL CERTIFICATION	ahock, or heart failu  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	· H. A. S	A CONSEQUENCE OF	T.	37			interval Between Onset and Death 24 / S  V / S
MEDICAL	PART II. Other significent conditions of the con	310 Cond			g cause given in	Part i, 24a. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 WO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 400	HOSPITAL:	tpatient 3 DOA	OTHER:	LACE OF DEATH (Che			
ву РНУ	27. MANNER OF DEATN  1 Actural 5 Pending 2 Accident Investigation		A IN.	M 1 🗆	URY AT DRK? YES 2 NO	28d. DE\$CRIBE NOW		
ETED	3 Suicide S Could not 4 Homicide delermine		IY — Al home, farm, ecity)	street, factory, offic	-	28f. LOCATION (Street City or Town, State)	and Number or R	tural Route Number,
COMPLE	construction of the	HYSICIAN: To the best of my kno HINER: On the besis of exeminati						use(a) and manner as stated.
TO BE C	29b MONATURE AND TITLE OF CERT	· ce	PEATH (ITEM OF C	Delet)	29c. LICENSE NUM		29d. DATE SH	GNED (Month, Day, Year)
6	# POWE W. ( 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	ND 5	W KI	v cocs-a	DE DE	5+21	stury, and
W	MAR 1 3 '91	Likia Nainds	- Pands De					

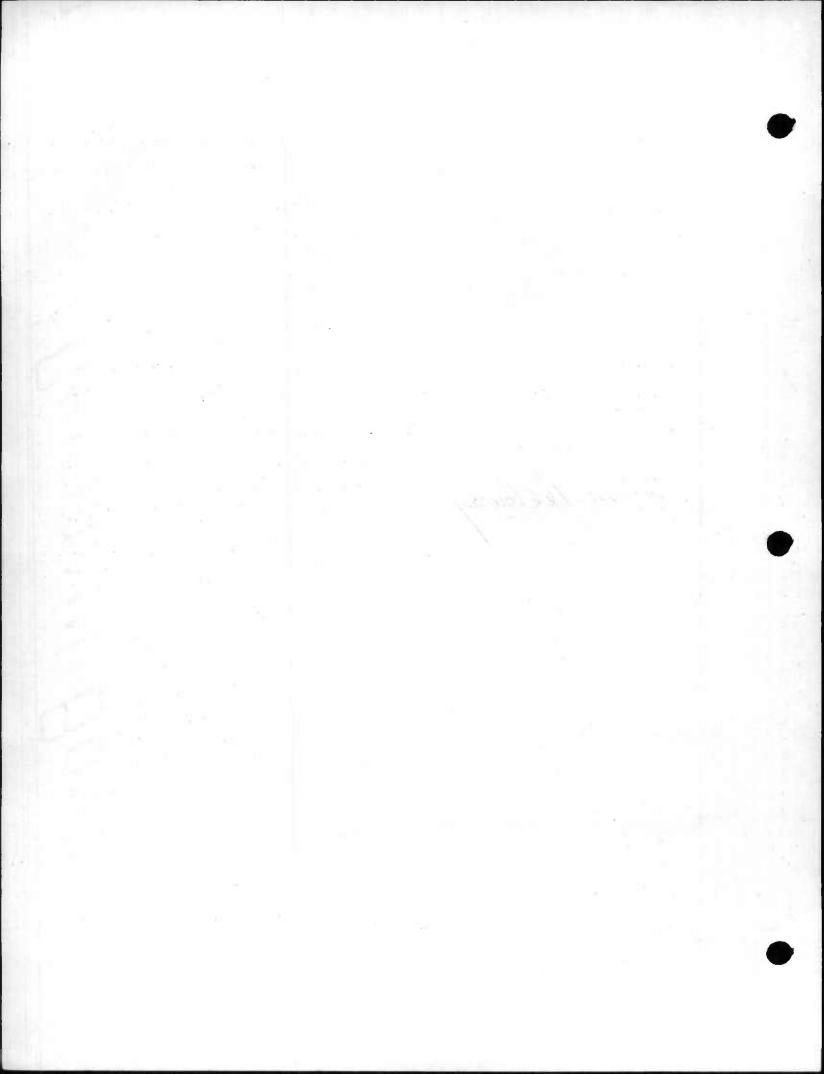


THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.—Jours after death. Page 6 may be retained by the hospital or attending physician.
TO THE HUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should seem within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IN PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERT	IFICAT	E OF	DEATH	RE	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH		3. TIME OF DEATH
BEULAH MARI	E	BRUMBL	EV			MARCH	7. 199	YEAR	2:35 n
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birtho		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI			IPLACE (State or Foreign
			MONTHS	DAYS	HOURS MIN.	(Month, Day,	Year)	Count	ry)
215-20-1298	1 M 2 K F	65 YA	S.			JAN.	1,1926	MAR	YLAND
9a. FACILITY NAME (If not institution, give	street and number)		9b. CIT	Y, TOWN OF	LOCATION OF D	EATH	9c. COL	NTY OF D	EATH
606 MONROE STREE	T			SAI	LISBURY			WIC	OMICO
RESIDENCE OF DECEDENT				511	LISBORT			MIC	OFFICO
10a. STATE 10b. COUNT	Υ	10c.	CITY, TOWN	OR LOCATION	ON			,	10d. INSIDE CITY
MARYLAND V	ICOMICO	100	CAT	ISBUI	οv				LIMITS?
	TCOTTCO		SAL						
10e. STREET AND NUMBER				101.	ZIP CODE		10g. CI1	IZEN OF I	WHAT COUNTRY?
606 MONROE STRE	ET				21801			US	A
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13.	WAS DECE	NDENT OF HISPA	NIC ORIGIN? (Sp.	ecify Yea or No-	14. RAC	E — American Indien, k, White, etc.
1 Never Married 2 Merried	FORCES? 1				cify Cuban, Maxico		etc.)		
3 Widowed 4 Divorced	IF TES, GIVE WAT	OH DATES		I LI YES	2 NO Specif	ry:		Spec	WHITE
15. DECEDENT'S EDU	CATION	16a. DECEDEN	TIC HOUAL C	COURATION	N	Tank Make	OF DUDOUESO IN		WILLE
(Specify only highest grad		(Give kind	f of work done Of use retired.)	during mos	t of working	180. KINL	OF BUSINESS/IN	DUSTRY	
Elementary/Secondery (0-12)	Collage (1-4 or 6+)	IIII. DO NO	Ji use reered.)						
11 YEARS	NO	CUS	STODIA	N			CUSTOD	IAL	
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First, Middle,	, Maiden Surname)		
GEORGE	ELMER	STATO	ď		FLOREN	ICE	MAE	D	ANKS
19a. INFORMANT'S NAME (Type/Print)	BERTER			0.00					ANKS
							ity or Town, State, Zi	p Code)	
GEORGE BRUMBLEY-S	ON	RT	2, BOX	108.	J, DELMA	AR, MD	21875	No.	
200. METHOD OF DISPOSITION 3/	11/91	20b. PLACE OF DIS	SPOSITION (N	ame of cem	etery, crematory or		20c. LOCATION -	City or To	own, State
Burial 2 Cremation 3 Ren	noval from State	PARSONS	CEME	TERY			SALISB	IIRY	MD
21. SIGNATURE OF FUNEBAL SERVICE LI	CENTUR				D ADDRESS OF F	ICH ITY	DILLIUD	oni,	TID
0//	1100				VAY FUNE		ME PA		
Man 1	100 lbn, 2						LISBURY	MI	21801
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C	AS A CONSEQUENCE	E OF):	or to	ages				
that initiated events	002.00	NO N CONCENCENCE	2017.						
	d								
PART ii. Other significant conditio	ne contributing to de	ath but not requiti	no in the u	nderlying	Cause given in	Part i 24a	WAS AN AUTOPSY	241	. WERE AUTOPSY FINDING
TAVE III OUT IN INCIDENCE	- Continuating to del	till but libt result	ing in the a	illuoriyilig	Cadse given in	246.	PERFORMED?	244	AVAILABLE PRIOR TO
						1 [	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
									1 YES 2 NO
						_		- 1-	
OF WAS CASE DESCRIPTO TO MEDICAL									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH (C	neck only one)			
1 VES 2 NO	1  topatient 2 EF	/Outpatient 3 🗆 DC			6 Pasidence	6 Other (Spe	ocity)		
27, MAHRER OF-BEATH	28e. DATE OF INJ (Month, Day,		TIME OF	28c. INJL	JRY AT	28d. DESCRIB	E HOW INJURY O	CURED	
Metural 6 Pending	(moner, pay,		M		ES 2 NO				
Accident Investigation	26e, PLACE OF IN	JURY — At home, fe	rm, street, for	ctory, office		28f. LOCATION	N (Street and Numb	or Russi	Boute Number
3 Suicide 6 Could not be 4 Homicide determined	building, etc.	(Specify)	an and last	, 011160		City or Toy		- or rawed!	e received a video received.
	and the same of								
29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: 76 the best of my	knowledge, death or	curred at the	time, date	and place, and du	e to the causa(a)	end manner as =	rted.	1
(oriodit orin)	ER: On the basic of exam								a) and manner as stated
A MEDICAL EXAMIN	THE PERSON OF STREET	mention and or investi	yettori, in my	ориноп, ос	recit occurses at the	w time, data and	piece, and due to	rie cause(	e, and manner as stated.
7 7 7	7				29c. LICENSE NU	MAER	001.00	mi del inte	
296. SIGNATURE AND TITLE OF CERTIFIE	7					A 1	29d. DA	TE SIGNE	D (Munth Day, Hear)
	7				61.7	GP	29d, DA	TE SIGNE	O CO HOUR
296. SIGNATURE AND TITLE OF CENTIFIE	n B	DE DEATH ATEM OF	Time Dist		467	68	29d, DA	3/0	PIGI
	n B	OF DEATH (ITEM 27)			467	68	<b>•</b>	3/0	8/9/
296. SIGNATURE AND TITLE OF CENTIFIE	n B	OF DEATH (ITEM 27)		4 S.	467	68	ALISBURY	3/0	8/9/
296. SIGNATURE AND TITLE OF CENTIFIE	n B	SIGNATURE		4 S.	467	68	<b>•</b>	3/0	8/9/



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W	里:	2/6
-	THE PERSON NAMED IN	
P	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a	20 2

RICHAR 31. DATE FILED (MONTH, Day, Year) MAR 15'91

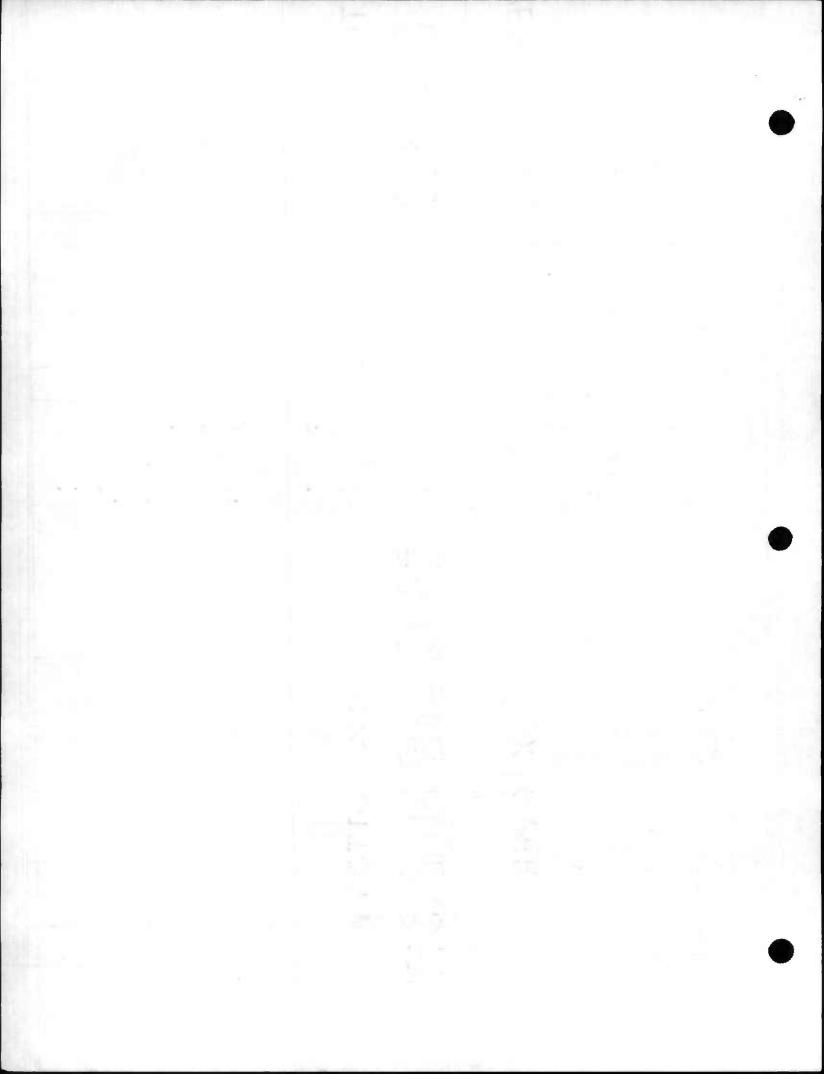
	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT (			MENTA	L HYGIEN	_	9 !	0865
	1. DECEDENT'S NAME (First, Middle, Lyst)	mul L	Blum		MUEL	BLE	VINS	2. DATE MONT	OF OEATH	AY	YEAR	3. TIME OF DEATH
Appropriate to	4. SOCIAL SECURITY NUMBER 252-56-6104 9a. FACILITY NAME (If not institution, give str	5. SEX 1 M 2 D F	6. AGE (In yrs. In:			MYS	IF UNDER 24 HRS. HOURS MIN. LOCATION OF DE	(Mon	OF BIRTH th, Day, Year)		e. BIRTHI Country Viro	inia
DIRECTOR	Lauferd Men RESIDENCE OF DECEDENT	areal ,	Laspet	u	Kal	nla	U. Thu	_		Ka	free	
IREC	10a. STATE 10b. COUNTY	C3			Y, TOWN OR							10d. INSIDE CITY LIMITS?
	Maryland Har  100. STREET AND NUMBER	ford	_		hurch	-	TE CODE			10g. CITIZ	EN OF W	1 YES 2 NO
ERA	226 Hopewell Rd	•					21028				US	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X		lf y	es, spec	NDENT OF HISPAN Ify Cuban, Maxica NO Specifi	in, Puarto	N? (Specify Ye Rican, etc.)	or No—	14. RACE Black Specif	- American Indian, White, atc.
ED	15. OECEDENT'S EDUC		16n. Di	CEDENT'S	USUAL OCC	UPATION		16	b. KIND OF BU	SINESS/INDL	JSTRY	
COMPLET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+	) ///	. Do NOT u	work done dur se retired.) TICIA		of working		Board	of Ed	ucat	ion
O	17. FATHER'S NAME (First, Middle, Last)					Т	18. MOTHER'S NA	ME (First,	Middle, Maider	Sumame)		
BE C		levins					Ida Be	elle	Thomp	son		
TO E	19a. INFORMANT'S NAME (Type/Print)  Mary Ellen Blevin	S					d., Chu					
	20a. METHOD OF DISPOSITION 1 (X Buriel 2   Cremation 3   Remo	val from State	of cemetary	crematory	e of dispose or other place	e)	Name ardens	199	11	cation - c		ryland
	21. SIGNATURE OF FUNERAL SERVICE LICE Howard K W	ensee	ues	111			K. McCookesbury		III F	unera ngdon	l Ho	me, P.A. 21009
ATION	23. PART I. Enter the diseases, or conshock, or heart feilure. Limited in the condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	se on each lin	ecole COUENCE O	ec Ca							Approximate interval Betwee Onset and Dea
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):							
PHYSICIAN: MEDICAL C	PART ii. Other significant conditions	contributing to	death but not	resulting	in the unde	erlying	cause given in	Part I.	24a. WAS AI PERFO 1 YES	RMED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/		OTHER:	28. PL/	CE OF DEATH (C/	heck only o	one)			
	1 V YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending	1 Inpatient 2 1		28b. TIN		8c. INJU WOF	IK?		escribe How	INJURY OCC	URED	
TED BY	Accident investigation     Suicide 8 Could not be     Homicide determined	28e. PLACE Of building,	F INJURY — At h	ome, ferm,	street, tactor	y, office			CATION (Street y or Town, State		or Rural F	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINED											) and menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	0.10	of Med	Epan	unli		29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Savidson-Rendall

2013 Traffe Church Rasa

21034



31. DATE FILED (Month, Day Hear)

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

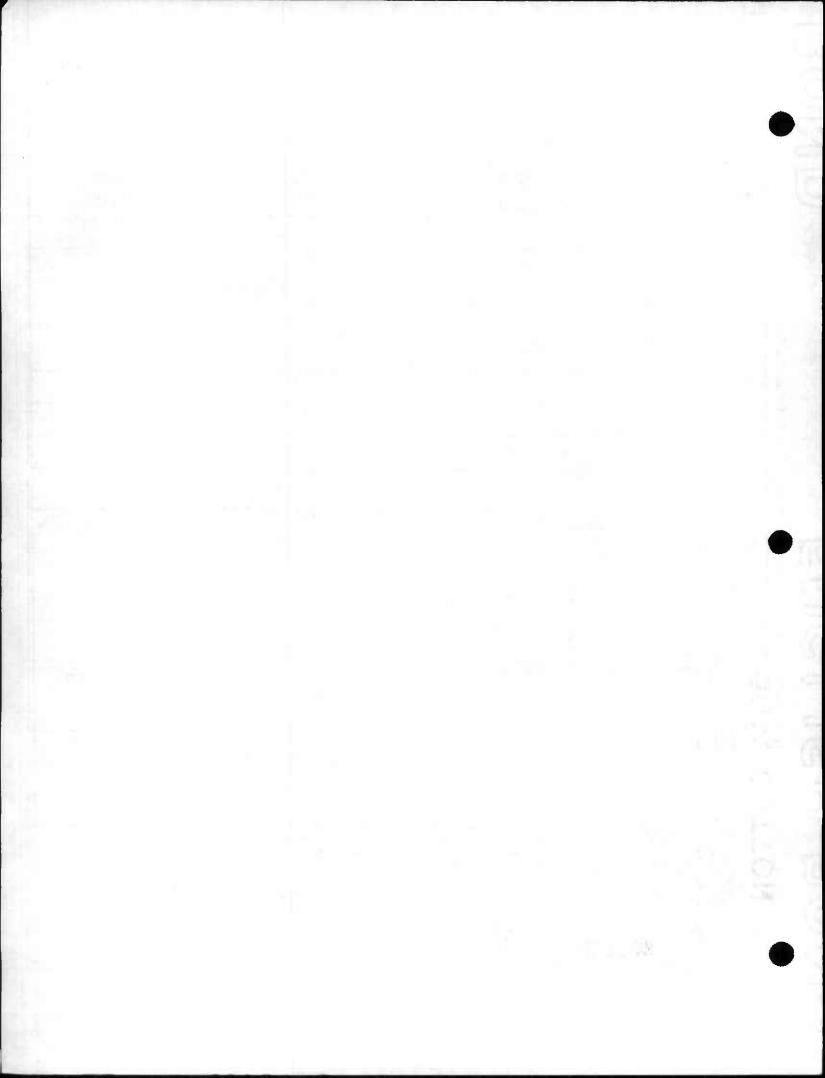
	ricolo (17/1)		O.		IVALL	_ 🗸 .	PLAI			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Le EDWARD VICTOR		K, SR.						2. DATE OF MONTH	DA	991	EAR	E OF DEATN  5 AM M
	4. SOCIAL SECURITY NUMBER 212-05-6929-A	5. SEX 1 X M 2 F	6. AGE (In yrs. las	t birthdey) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF		6.	BIRTNPLACE	(State or Foreign Lvania
OR	9e. FACILITY NAME (If not institution, girls Bel Forest Nurs	sing Cente	r				Hil		ATN		9c. COUNTY Hai	of DEATH CLOTA	
DIRECTOR	nesidence of decedent 100. STATE 100. COU Maryland Ha				y, town o erde		TON					LI	ISIDE CITY MITS? YES 2 🔀 NO
FUNERAL	100. STREET AND NUMBER 2004 Carsins Rui	n Road				21	ZIP CODE 001				10g. CITIZEN USA	OF WHAT CO	DUNTRY?
B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 🔀 YES 2 🔲 N WAR OR DATES	MED NO		If yes, sp	ecify Cube		n, Puerto Ric	(Specify Yee cen, atc.)	or No.— 14.	RACE — Ame Black, White, Specify: White	
COMPLETED	15. DECEDENT'S I (Specify only highest g Elementery/Secondery (0-12)		+) (G	CEDENT'S Ive kind of Do NOT u	work done se retired.)	during mo	ON st of workin	g	16b. H		al Mo		
BE CON	17. FATNER'S NAME (First, Middle, Lest) (Frank: George		erenbrok					er's nai seph		ddia, Meiden	Surneme) Tues		
TO B	190. INFORMANT'S NAME (Type/Print) Dorothy L. Stup	rich	191	b. mailing 2004	Cars	s (Street e	Run	or Rural R Road	l, Abe	r, chy or Town erdeer	n, Stete, Zip Co 1, Md.	<sup>©</sup> 21001	
	20e. METNOD OF DISPOSITION 1		20b. PLACE other place R. A.	lanel	ris	Crer	nator	У			cation - ch		
	21, SIGNATURE OF FUNERAL SERVICE	Nuc Co	MA	III	H	Iowai	d K. Cokes	McC	Comas	III	Funera ingdon	al Hom	e, P.A. 21009
	23. PART I. Enter the diseases, ehock, or heert fellu IMMEDIATE CAUSE (Finel	re. Liet only one ce	use on eech line	<b>.</b>		4		ng, aucl	h as cardi	ac or reapi	ratory arrest	1.0	Approximate nterval Between Onset and Death
	disease or condition resulting in death)	e. Alesson Due To	O (OR AS A CONSE	QUENCE C	F):	u	n						
TION	Sequentially liet conditions, if any, leading to immediate	b. DUE TO	HSE O (OR AS A CONSE	OUENCE C	PF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	cDUE T	O (OR AS A CONSE	QUENCE C	PF):								
E		d											
MEDICAL	PART II. Other algnificent condi	tione contributing t	o death but not i	resulting	In the u	nderiyin	g ceuse (	given in		24e. WAS AN PERFOR	RMED?	AMAILA COMPL OF DE	AUTOPSY FINDINGS BLE PRIOR TO LETION OF CAUSE ATH?  ZES 2 NO
									_				
CIA	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF D	EATN (Ch	eck only one;	)			
PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATN	1 ☐ Inpatient 2	ER/Outpatient 3	26b. Til	1. Thu	rsing Non	DURY AT	eldence	6 Other		NJURY OCCU	neo.	
ВУ Р	1 Natural 5 Pending 2 Accident Investigati	on 3-1	Day, Year)	IN	JURY M	1 🗆	YES 2	] NO	3333Ag1	1946 DET 16 17 17 17 17 17 17 17 17 17 17 17 17 17		7 2 1	
	3 Suicide 6 Could not	be building	OF INJURY — At he g, atc. (Specify)	ome, ferm,	street, fac	tory, offic	:•			TION (Street of Town, State)	end Number or	Rural Route Nu	amber,
COMPLETED	one)	NYSICIAN: To the best WINER: On the basic of											nanner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERT	ATH	MO				29c. LICI	ense nun 98	MBER 9			GIGNED (Month)	9,
۲	30. NAME AND ADDRESS OF PERSON	WNO COMPLETED CA	WATERS	RIN F	e, Print)	+ MEC	ICAL C	ENTE	B				

32. REGISTRAR'S BIGNATURE 131 BELAND 21014

079 0350

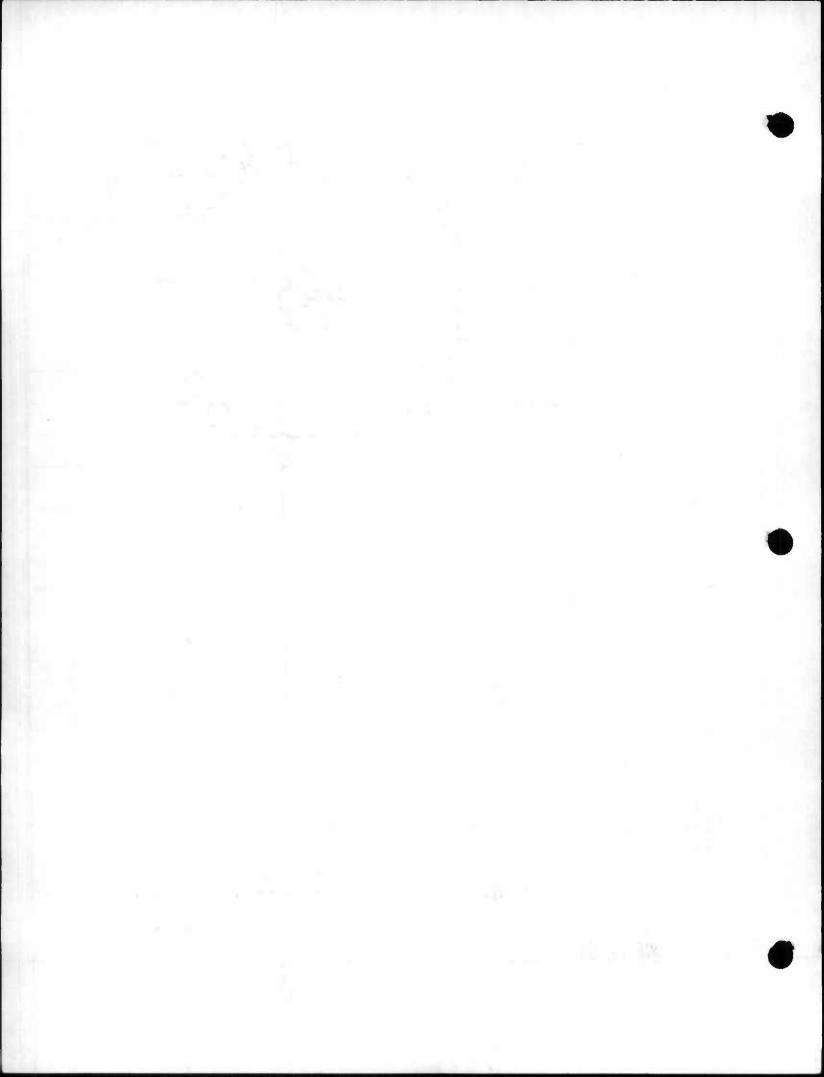
All top, Jaguest Valent earl beston GOAL ALL SE 1617 MET CHAPTER JAN JEE ERO 475

DECEDENT'S NAME (First, Middle, Last	0)							OF OEATH			3. TIME OF DEATH
	Helen	Fultor	n Cast	or			Mar	ch 14,	199	YEAR	10:15 P
SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)	IF UNDER 1 Y	EAR IF UNI	DER 24 HRS.	7. DATE	OF BIRTH	100.	6. BIRTI	HPLACE (State or Fore
164-07-2046	1 🗆 M 2 💢 F	7!	5 YRS.	MONTHS D	MYS HOUR	B MIN.	Feb	h, Day, Year)	1916	Peni	msylvania
a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	OWN OR LOCA	ATION OF D		. 20,	9c. COU	NTY OF C	DEATH
1732 Tedbury St	reet			Crof	ton				Anne	a Arı	undel
RESIDENCE OF DECEDENT	Leet			CIOI	COIT				1741118	- AL	bilder
De. STATE 10b. COUN	ITY		10c. CIT	Y, TOWN OR	LOCATION						10d. INSIDE CITY
ennsylvania Buc	ks					Chali	font				1 TES 2 X N
De. STREET AND NUMBER					10f. ZIP CO	ODE			10g. CI1	IZEN OF	WHAT COUNTRY?
3395 Bristol Roa	ad						189	14	Un:	ited	States
1. MARITAL STATUS  Never Married 2 Married  Wildowed 4 Olvorced	12. WAS DECEOE FORCES? IF YES, GIVE	1 YES	2 X NO	If y	S DECENDENT es, specify Cu YES 2 X	ıban, Maxic	NIC ORIGI	N? (Specify Ye		14. RAC	E — American Indian ik, White, etc.
15. DECEDENT'S EL			16a. DECEDENT'S	USUAL OCCI	UPATION	16.0	168	. KIND OF BU	JSINESS/IN	DUSTRY	200
(Specify only highest gra Elementary/Secondary (0-12)	Coffege (1-4 or 5	i+)	life. Do NOT u	work done duri see retired.)	ing most or wo	rking					
12			Secret	carv			Pe	ennsvl	vania	Sch	nool Syst
7. FATHER'S NAME (First, Middle, Lest)					16. M	OTHER'S N		Middle, Maider			0,00
Samuel John Ful	Lton				+	Helen	Kenr	nedv			
Da. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S					wn, State, Zi	p Code)	
Margaret H. Cla	rk		13.40. 110	Tedbur				ton,			
		20b	PLACE AND DAT	E OF DISPOS	ITION (Name		DAT		OCATION -		own, State
0a. METHOD OF DISPOSITION  ☐ Burlai 2 💢 Cremation 3 ☐ Re ☐ Donation 6 ☐ Other (Specify)	emoval from State	of ce	ometary, cremator Durban (	v or other plac	e)		1				ng, Maryl
1, SIGNATURE OF FUNERAL SERVICE	LICENSEE	[30L	OT DOLL		ME AND ADD	RESS OF F		0 1011	AGT C	hTI	ig, naryr
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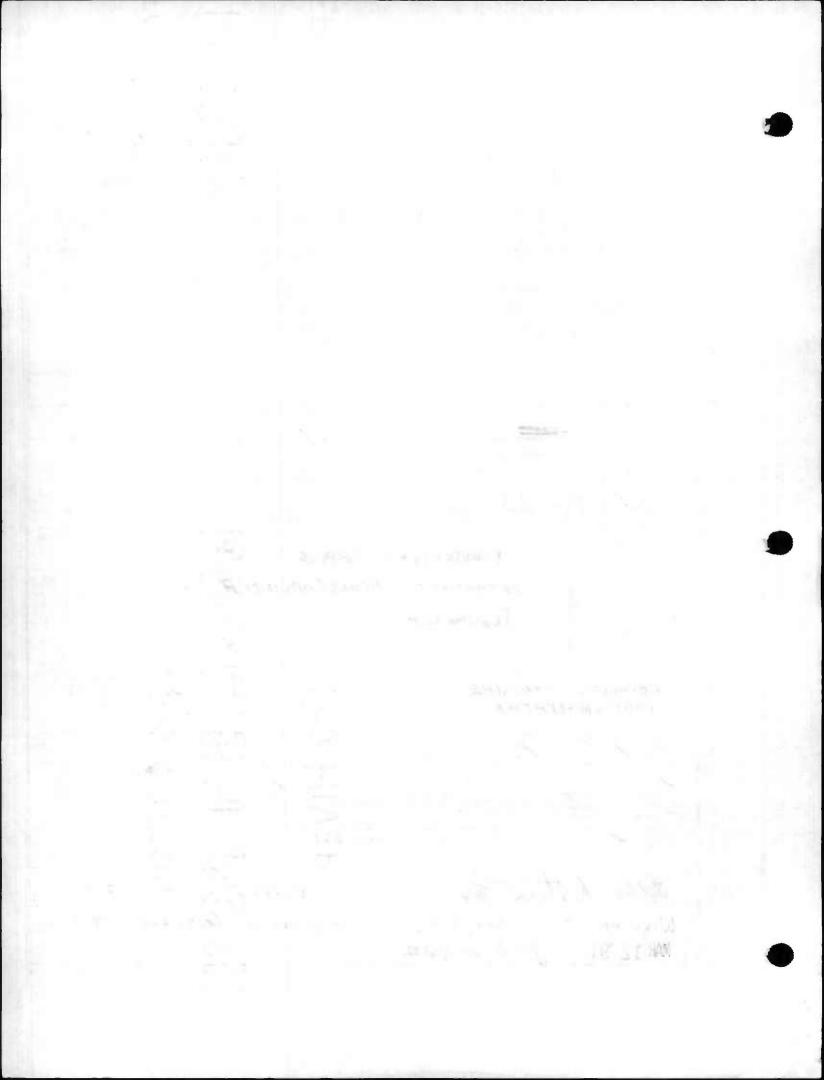


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1 - STATE REGISTRAR		STATE OF MARYL		MENT OF H		NTAL HYGIEN REG. NO		
TYPE	psa a	arbone	THERESA	25.55.00	NE	DATE OF DEATH	0 97	a. TIME OF DEATH
105-18-31	48	1 - M 2- NF	89 VHS.	IF UNDER 1 YEAR HONTHS CAYS	HOURS MIN.	9 -30	Cou	THPLACE (State or Foreign 1974) ALY
		rist Hospit	101		MA PARK		MONTG	Saletoves.
WASHING WESIDENCE OF 10a. STATE MARYLAND	18b. COUNTY	ONTGOMERY	18c. CITY	SILVE	R SPRING			10d. INSIDE CITY LIMITS? 1 \( \text{YES} \( 2 \) NO
106. STREET AND NO. 609 CA	NNON ROAL	D		101	2090s	4	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Mayer Married 3 Wildowed 4	2 Married	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR ON C	2 XNO	If yes, sp	ENDENT OF HISPANIC ecity Cuban, Mexican, 2 XMO Specify:		Di	CE - American Indian, ack, White, etc. ecity: WHITE
Elementary/Second 4  17, FATHER'S NAME	is. DECEDENT'S EDUCA city only highest grade of edary (0-12)	College (1-4 or 5 +)	16a. DECEDENT'S L 1Gins kind of us 16a. Do NOT usa HOMEMAK	ork done during mo retted.)	oN of of working	18b. KIND OF BU	SINESS/INDUSTRY	
17, FATHER'S NAME	Firer, Affolde, Lest)	DERWINE PLANA	HOPEPER	LIX	18. MOTHER'S NAME	(First, Middle, Maider	Sumame)	5571
# FRANCI		D'ALENA	T	ADDRESS OF THE	LU:	IGIA	AGRES'	TI
O I ISE SECTION OF THE	J. MARCHIO	GIANI (SO	CO CONTRACTOR		DAD, SILV	10 A 20 A		ND 20004
4 □ Donation 5 □	Temation 3 Remov		GATE OF H	FRANC	EMETERY NO ADDRESS OF FACE IS J. COLD NIVERSITY	LINS FUNE	RAL HOM	
	k, or heart failure. L SE (Final tion	mplications that cause ist only one cause in Cevelo	each line.	ot enter the mo		as cardiac or resp		Approximat Interval Bet Onset and
Sequentially list if any, leading to cause. Enter UNI CAUSE (Disease that initiated ever resulting in death	immediate DERLYING or Injury nts	1. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	A CONSEQUENCE OF					
ASPIR COO	ATION P	contributing to death	VEVAN	the underlylo	g cause given in P	PERFO	N AUTOPSY HIMED? 2 NO	MAR. ABLE PRIOR TO COMPLETION OF CA OF DEATH?
25. WAS CASE REFE EXAMINER?		HOSPITAL:		OTHER:	LACE OF DEATH (C/Mc	MARKET CONTRACTOR STREET		
27. MANNER OF DEA	S Pending	28a. DATE OF INJURY (Month, Day, War)	29b. YIM	OF 29c. IN.	NO 3 Pesidence 6	184. DESCRIBE HOW	INJURY OCCURED	1
2 Accident 3 Suicide 4 Homicide	6 Could not be determined	28e. PLACE OF INJUS building, stc. (Sp	IY — At home, term, a	treet, factory, offic		281. LOCATION (Street City or Reen, State		ral Risule Mumbes
4   Homicide  29s. CERTIFIER (Check carly care)		IAM: To the best of my kno	1000		50 10			
								ee(a) and manner us ats
8 0	D TITUE OF CHATIFIER	COMPLETED CAUSE OF E	MEATH GTEM 27 /200	Prosti	D 25-72	29	19d. DATE NO. 1	se(s) and marrier so sh NED-Month, Day, Year)



		for state G-681 reb	STATE OF MARYL			HEALTH AND	MENTAL HYGIEN REG. NO.	_	1 08654
			- 10111	THOMAS A			2. DATE OF DEATH MONTH DA	0 - 9	
(P)		013 22 4073	1 🔀 M 2 🗆 F	(In yrs. last birthday) 60 YRS.	IF UNDER 1 YEAR	B HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC. 16, 19	30 M	BIRTHPLACE (State or Foreign Country) ASSACHUSETTS
2, 3 no	ECTOR	Se. FACILITY NAME (If not institution, give structured of the stru		_		THESDA	DEATH	MONTG	
t. Pages 1	DIREC	10e. STATE 10b. COUNTY MARYLAND MONTG	OMERY	100	Y, TOWN OR LO				10d. INSIDE CITY LIMITS?  t  YES 2 NO
n. ansit permit.	FUNERAL	100. STREET AND NUMBER 965 CLOPPER ROAD	APT.#T2			101. ZIP COD€ 20878			SA
5-0020 inding physician. as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 12 YES IF YES, GIVE WAR OR EN 1952-54	IN U.S. ARMED 2 NO DATES	If yes		NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) lly:		RACE — American Indian, Black, White, etc. Specify: HITE
or atte	COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		18a, DECEDENT'S (Give kind of Me. Do NOT u: ASSISTA)	work done during se retired.)	most of working	U.S. HO REPRESE	USE OF	
be det	BE CON	17. FATHER'S NAME (First, Middle, Leat) WILLIAM C. CLAIR	E			VENA N	AME (First, Middle, Maiden  1. LASONDE		
retain 5 sho	10	19a. INFORMANT'S NAME (Type/Print) WANDA M. DAWSON-CE 20g. METHOD OF DISPOSITION		965 C	LOPPER	ROAD #T2,	GAITHERSB	URG, MD	. 20878
rector,		20. METHOD OF DISPOSITION 1   Burlai 2   Cremation 3   Ramo 4   Donation 5   Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	val from State of	CATE OF	HEAVEN)	CEMETERY	SILV	ER SPR	ING, MARYLAND
SAL I		· Wit A.	70		500	UNIVERSIT		SIL.S	PR.,MD.20901
red within 24 mours after completely filled in by th tial, cremation, or remove: event, the medical		23. PART I. Enter the diseasea, or contained the sease and the sease of condition resulting in death)	lst only one ceuse on e	DOMONA A CONSEQUENCE O	s SE		ch se cerdiac or respi	iretory srrest	Approximate interval Between Onset and Death
be executed clan and comfor to burial, raumatic ex	CERTIFICATION	Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	TIPTIC A CONSEQUENCE O	ADEI	VO CARCI	NOHA		
death certificate attending physiene print, or other to	ERTIFI	thet initieted events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):		-0.		
ires that the signed by the Health and M. w.s amy injury	MEDICAL C	PART II. Other algorificent conditions  UEPHROTIC  CARPIOMYOR	SYNDROHE	but not reaulting	in the under	ying ceuse given l	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
e ste h	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF DEATH (C	Check only one)	0	
PHYSICIA this certif with the	РНУ	27. MANNER OF DEATH  1 Natural 8 Pending	1 Sinpatiant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	4 Nursing  NE OF 28c	Home 5 Realdence INJURY AT WORK?  YES 2 NO	8 Other (Specify) 28d, DESCRIBE HOW I	INJURY OCCUP	iED
TTENDII STOR: A after de 28 is	TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, scily)			28f. LOCATION (Street City or Town, State)		Rural Route Number,
TAL OR VAL DIRE	COMPLET	one)	CIAN: To the best of my known:  3: On the bests of axemination						ause(a) and manner as stated.
TO THE HOSPI TO THE FUNEF be filed within	TO BE (	296. SIGNATURE MY TITLE OF CENTIFIER  MULLIAM K	total			29c. LICENSE NI		29d, DATE S	IGNED (Month, Day, Year) 3-7-9/
10+1		30. NAME AND ADDRESS OF PERSON WHO	STERN,	M.D., 1		HYSICIANS	W. , ROCK	VILLE	=, Ho. 20850
		MAR 12 91	Punia Davidson	Manda 192	ķ l				

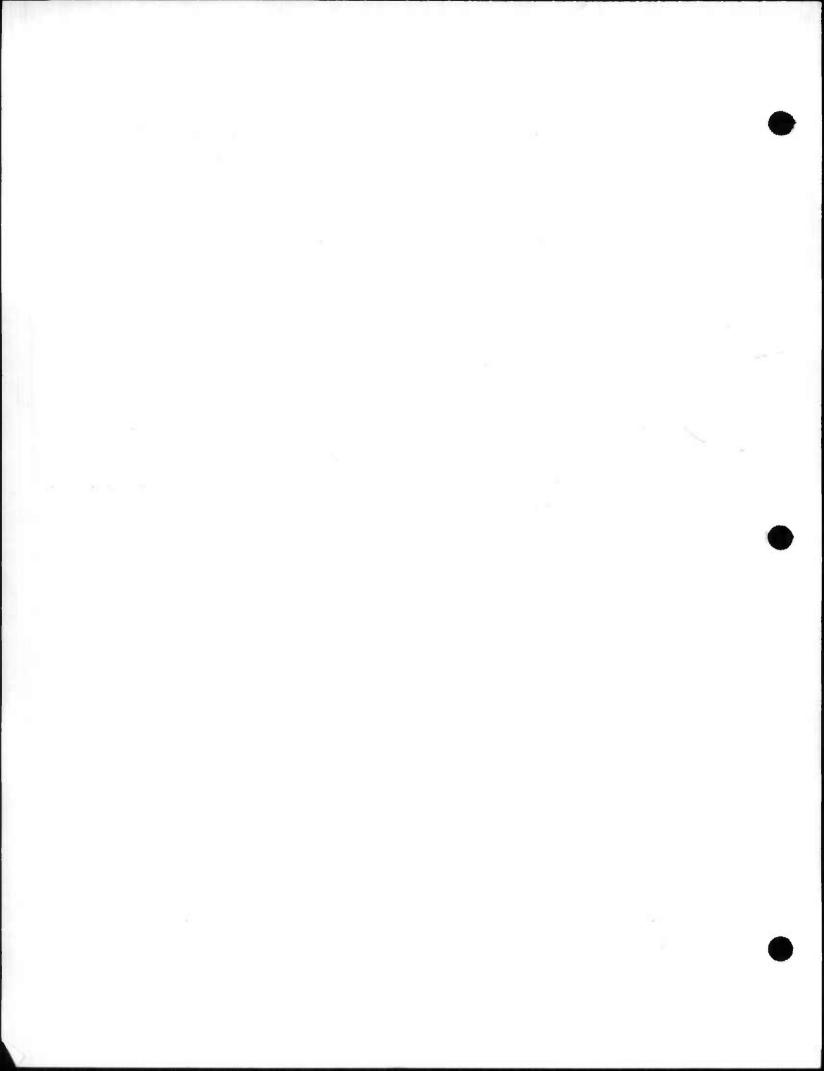


DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MA	ARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CE	RTIFICATE	OF DEAT	ГН		REG. NO.

9	1	0	8	6	5	5

3	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF			HYGIENE REG. NO.	9		08655
	1. DECEDENT'S NAME (First, Middle, Lest)  Katherine	P. Christ	akos			2. DATE OF MONTH	DAY		AR	7:30PM M
	4. SOCIAL SECURITY NUMBER 577 20 5866	The second second	(In yrs. last birthday) 85 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF (Month, 10/3	Day, Year)	0	SIRTHPLAC	CE (State or Foreign
e l	99. FACILITY NAME (If not institution, give a 10921 Inwood Ave				r Spring	EATH		9c. COUNTY		
ECT.	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	γ	10c. CIT	Y, TOWN OR LO						. INSIDE CITY
FUNERAL DIRECTOR	Maryland Mo	ontgomery	S	ilver S	pring			10g. CITIZEN		YES 2 NO
ER/	10921 Inwood	Avenue			20901			USA		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 ZNO	If yes,	ECENDENT OF HISPA specify Cuben, Mexica ES 2 NO Specific	n, Puerto Ric			Black, Wh Specify:	American Indian, alta, etc. White
COMPLETED	15. OECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. OECEDENT'S (Give kind of life. Do NOT u	work done during	TION most of working	16b. F	UND OF BUS	INESS/INDUST	RY	
MPL			Hou	sewife						
8	17. FATHER'S NAME (First, Middle, Lust) Pete Poulimena	atas			18. MOTHER'S NA	nobta		.,		
BE	194. INFORMANT'S NAME (Type/Print)	1105	19b. MAILING	AOORESS (Street	t and Number or Rural				je)	
임	Peter Paull		371	6 Stone	y Castle	Stree	t 01	lney M	d	
	20e_METHOD OF DISPOSITION 1	ioval from State	other place)		cemetery, cremetory or Cemetery			ation—city  Lver St		
	21. SIGNATURE OF FURENAL SERVICE LI	Peroll	, Gate of	22. NAME	AND ADDRESS OF FA	CILITY				
	23. PART I. Enter the disease, or shock, or poert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e	each line.			on se cerui	ос оптеери	atory silest	,	Approximeta interval Between Onset and Desth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	с	A CONSEQUENCE O							
PHYSICIAN: MEDICAL CI	PART II. Other significent condition	ns contributing to deeth t	but not resulting	in the underly	ing cause given in		24a. WAS AN PERFOR	MED?	COL	RE AUTOPSY FINDINGS UILABLE PRIOR TO MPLETION DF CAUSE DEATH?  YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (C	heck only one,	)			
Sic	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out	tpatient 3 🗆 DOA	OTHER: 4 Nursing H	ome 6 🗆 Residence	6 🗆 Other	(Specify)			
ву РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	264. DATE OF INJURY (Month, Day, Year)	28b. Til	JURY	NJURY AT WORK? YES 2 NO	28d. OE\$C	RIBE HOW IF	NJURY OCCUR	ED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, ecity)	street, factory, o	fice		TION (Street e Town, State)	and Number or i	Rurel Route	Number,
COMPLETED	anal anny	SICIAN: To the best of my know							euse(s) sn	d menner as ataled.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	IR.			29c. LICENSE NU				IGNEO (Ma	onth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WI				rive Wl	neato	n,Md			
	31. DATE FILED (Month, Day, Year) MAR 1 7 'Q 1	32. REGISTRAR'S SIGN	NATURE	,				_		



BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death, Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	precuted wit	and comple burtal, cre	natic even
BOX	ficate be	physician ne prior to	her traun
P.0.	leath cert	attending ntal Hygie	ry, or ot
RDS,	that the c	ed by the	any injus
RECO	requires.	been sign.	shows :
ITAL	V: The law	State Dept	Item 23
DF V	HYSICIA	als certification vith the	ed, or
ONO	NDING PI	t: After the	is mark
SIVIS	OR ATTE	DIRECTOR YOURS after	tem 28
	TO THE HOSPITAL	TO THE FUNERAL I	MPORTANT: If I

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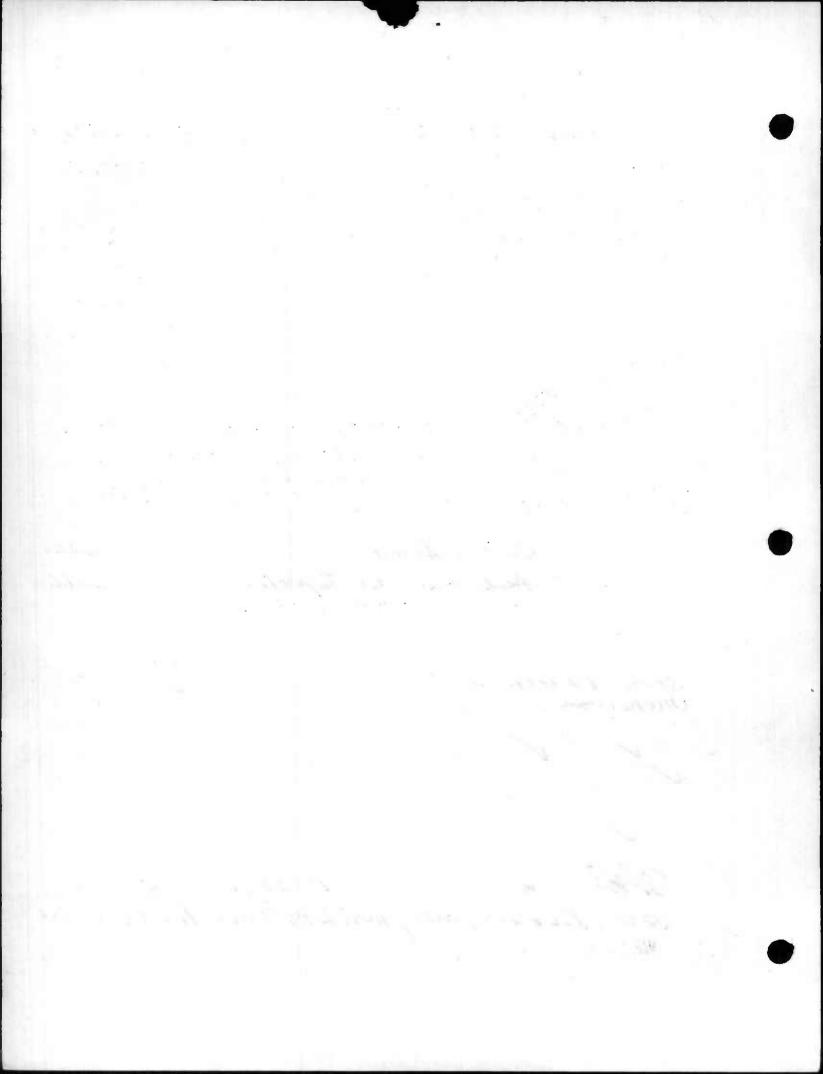
31. DATE FILEO (Month, Day MAR 14

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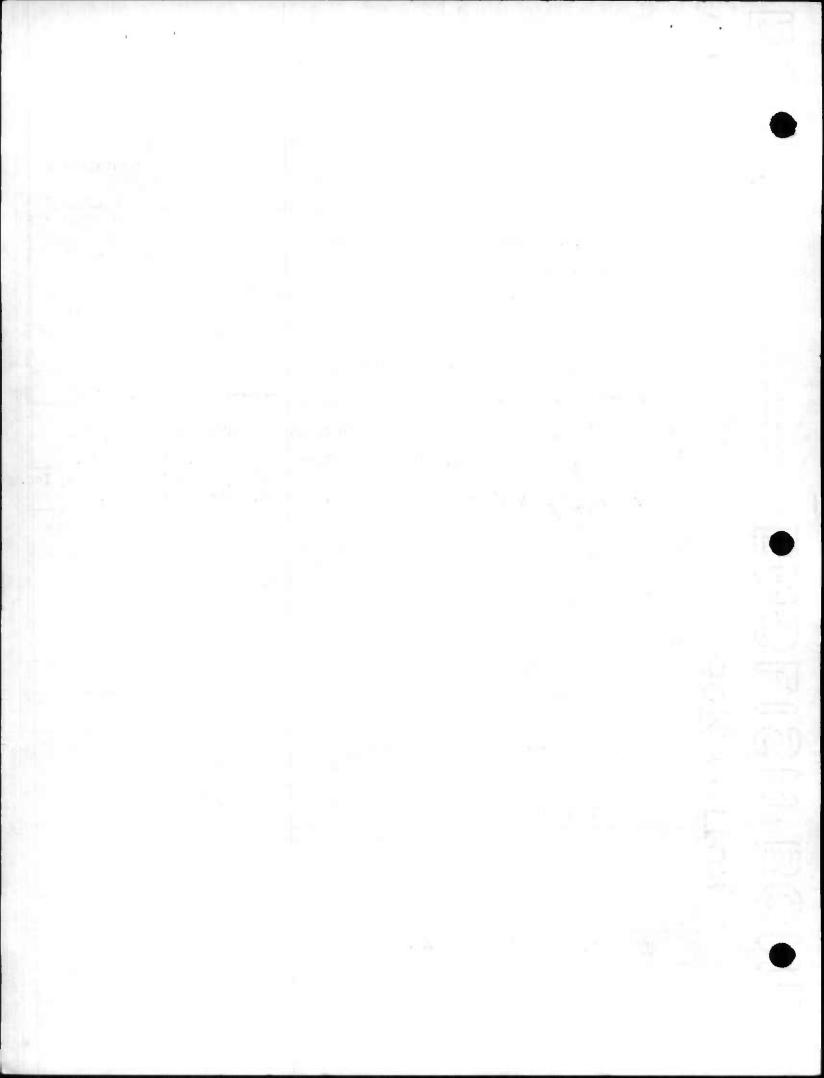
	FOR	STATE OF MARYLAND				MENTAL HYGIEN	9 I	08656
	1. DECEDENT'S NAME (First, Middle, Lost)	AUL L CARRO	ERTIFIC OLL	ATE OF	DEATH	PEG. NO		S. TIME OF DEATH 3 A
	4. SOCIAL SECURITY NUMBER  214-30-5783  9e. FACILITY NAME (If not institution, give str	5. SEX 8. AGE (In yrs. 1	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year) NOV 11,1	927	BIRTHPLACE (State or Foreign Country) Maryland
JE .	Howard County (			Colu		EAIN	How	
FUNERAL DIRECTOR	Maryland Balti	more		altimo				10d. INSIDE CITY LIMITS?  1 YES 2 NO
IERAL	100. STREET AND NUMBER 2906 Edmond	ison Ave,		101	21223		11500000	S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 ☐ YES 2 ☐ IF YES, GIVE WAR OR DATES		If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:	s or No 14	Black, White, etc.
COMPLETED	1s. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 7th Grade	completed) College (1-4 or 5 +)	DECEDENT'S USI (Give kind of work the Do NOT use re Labore:	done during mo stired.)	ON ast of working	166. KIND OF BU	siness/indus	STRY
BE COM	17. FATHER'S NAME (First, Middle, Leat) Louis Carr	coll			16. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
0	190. INFORMANT'S NAME (Type/Print) IS Laura B. Carr	coll	4517	Parkto	on St,	Route Number, City or Tov Baltimore	e. Md	21229
	20a METHOD OF DISPOSITION  ***********************************	нор	Kins (	Church	netery, cremetory or  Cemet	ery Hi	ghlan	
	Charge R.	Knowle	ب	246	N.Wash		t, Ro	ckville, Md
	23. PART I. Enter the diseases, or constitute. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	CARDIAC CARDIAC	ARRES!	T,	ode of dying, suc	ch as cerdisc or resp	iratory arres	Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate causs. Enter UNDERLYING	DUE TO (OR AS A COME  DUE TO (OR AS A COME  ACUTE M	OCOLO BEQUENCE OF):		Tuface INFARCT			Sudden
ERTIFIC	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	OUE TO (OR AS A CONS	SEOUENCE OF):					
PHYSICIAN: MEDICAL C	STATUS Epis alcoholism		t resulting in (	the underlyin	g cause given in	Part I. 24a. WAS AI PERFO 1 U YES	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN:	ALCOHOLISM  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 200 NO	HOSPITAL:		THER:	LACE OF DEATH (C	heck only one)  8  Other (Specify)		
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	269. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. IN.	JURY AT DRK?	28d. DESCRIBE HOW	INJURY OCCU	RED
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, stre	et, factory, offic	20	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	(Othern dilly	CIAN: To the best of my knowledge, 3: On the basic of examination and/						
TO BE C	29b. SHOWARDS AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO	<b>-</b> 0.	TEM OF S		022	836		SIGNED (Month, Day, Year)

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
LESS, MO, 11055 Little PAM SONT PK

32. REGISTRARIS SIGNATURE
Julia Daydron - Mandall



	1. DECEDENT'S NAME (First, Middle, Last)	- Virgin	nia 🔿	/ / .		2. DATE (	F DEATH DAY	YEAR	3. TIME OF DEATH
2 1	GEF	TRUDE	CAC	-Houn		3.	7.	91	10.23
	4. SOCIAL SECURITY NUMBER 577 28 4499	1/	n yrs. lest birthday) 76 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE O	Day 1640)	Cor	THPLACE (State or Foreign Intry) ISnington D
	9a. FACILITY NAME (If not institution, give s	treet and number)	,	9b. CITY, TOWN	OR LOCATION OF D			COUNTY OF	
CTOR	RESIDENCE OF DECEDENT	Try/AND To	tosp.	(	CHINI	ON		P.	G-COUNT
DIREC	10a. STATE 10b. COUNT		100	TOWN OR LOCA					10d, INSIDE CITY
	Md. P.G.	County	Ten	ple Hi					1X YES 2 NO
FUNERAL	4300 Canterbury	Wav		10	1. ZIP CODE 20748		10	USA	F WHAT COUNTRY?
NO.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.SVARMED		CENDENT OF HISPA			No. 14. RA	CE — American Indian, ack, White, etc.
100	1 Never Married 2 Married 3 M Widowed 4 Divorced	IF YES, GIVE WAR DR DA		1 TYES	S 2 NO Speci	nn, Puerro H fy:	ican, etc.)		White
3	16. DECEDENT'S EDU		16a. DECEDENT'S	JSUAL OCCUPATI	ON	16b.	KIND OF BUSINE	SS/INDUSTRY	
-	(Specify only highest grade	College (1-4 or 5+)		ork done during metired.)	ost of working		0 11		
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Housev	rite	46 MOTHERNO M	10F (F) 1	Own Ho		
S	unknown- H.	С.	Ri	pple		nknow			Barber
0	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural			ate, Zip Code)	
-	Nancy DeBord		278 C				rf. Md.	2060	
	20g, METHOD OF DISPOSITION  1   Burlal 2   Cremation 3   Rem 4   Donation 6   Other (Specify)		cemetary crematory			DATE		on - city or	rd, Va.
	21. SIGNATURE OF FUNERAL SERVICE LIC		c. Crawic		ND ADDRESS OF F	ACILITY 1			al Homes,
	Mr. B. Lindie	a Court	)	473 9	S. Main S		larrisor		
ERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A	CONSEQUENCE OF	Egoon	- P.	hee	s'Men		
N C	PART II. Other significent condition	es contributing to death b	out not resulting in	n the underlyin	ng cause given in	Part i.	24a. WAS AN AUT PERFORMEI 1 YES 2	D?	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
MEDI								- 1	
	TE WAS CASS DESCRIPTION OF THE MEDICAL			00.5	MAGE OF BEATH (C				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	netlant 3 🗆 DOA	OTHER:	PLACE OF DEATH (C	75.	1-1-0-1		
HYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	1 A Inpatient 2 - ER/Outs 28a. DATE DF INJURY	28b. TIMI	OTHER: 4   Nursing Ho	me 5 🗆 Rasidence	6 🗆 Other	1-1-0-1	RY OCCURED	
Y PHYSICIAN:	EXAMINER?	1 Inpatient 2 ER/Outs 28e. DATE DF INJURY (Month, Day, Year)	28b. TIMI	OTHER: 4   Nursing Hotel E OF 28c, IN URY W 1	me 5 Rasidence	6 Other	(Specify) CRIBE HOW INJU		
TED BY PHYSICIAN: MEDICA	EXAMINER?  1	1 A Inpatient 2 - ER/Outs 28a. DATE DF INJURY	28b. TIMI INJ	OTHER: 4   Nursing Hotel E OF 28c, IN URY W 1	me 5 Rasidence	6  Other	(Specify)		
COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation  3 Suicide 8 Could not be determined  4 Homicide 8 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	28a. DATE DF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special CIAN: To the best of my know ER: On the basis of axamination	28b. TiMi INJi 7 — At home, farm, s	OTHER: 4   Nursing Hot E OF   28c, IN URY   1     Itreet, factory, offi	URY AT ORK? YES 2 NO	28d. DES  28f. LOC. City of the cause time, data	(Specify) CRIBE HOW INJU RTION (Street and or Town, State) se(a) and manner and place, and de	Number or Rus	al Route Number,
TED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFVINO PHYS	28a. DATE DF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special CIAN: To the best of my know ER: On the basis of axamination	28b. TiMi INJi 7 — At home, farm, s	OTHER: 4   Nursing Hot E OF   28c, IN URY   1     Itreet, factory, offi	une 5 Residence UURY AT ORK? YES 2 NO ce	28d. DES  28f. LOC. City of the cause time, data	(Specify) CRIBE HOW INJU RTION (Street and or Town, State) se(a) and manner and place, and de	Number or Run as stated. us to the caused. DATE SIGN	al Route Number,



		1 - STATE REGISTRAR	HAIE OF MARIE		ICATE OF		REG. NO		. 00000
		1. DECEDENT'S HAME (First, Middle, Last)	Diimii	9			2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH 8:15 AM
		LILLIAN		COOK			March 2	1 ,199	711 "
( P			SEX 6. AGE (	(In yrs. lest birthday) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	017	ORTHPLACE (State or Foreign Country)
-		Se. FACILITY NAME (If not institution, give street		J ,,,,,,,	9h CITY TOWN	OR LOCATION OF DE		9c. COUNTY	Ilinois OF DEATH
2, 3 sho	E E	Keech Road, R.R.		1G		otte Ha			arles
1, 2,	5	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY							
Pages	DIRECTOR	Maryland Charl	es		y, town on Loca arlott				10d. INSIDE CITY LIMITS?
anit.		10e. STREET AHD NUMBER				M. ZIP CODE		10g. CITIZEH	1 ☐ YES 2 TNO  OF WHAT COUNTRY?
physician. burial-transit permit. Pages 1,	FUNERAL	Keech Road , R.R.	#1,Box	171 G	100	20622		U.S.	.A.
physician burial-tra	N		WAS DECEDENT EVER IN			CENDENT OF HISPAN pecify Cuban, Mexica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, atc.
	BY	1 Hever Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			S 24 NO Specify			Specify:White
attending is		15. DECEDENT'S EDUCATION			USUAL OCCUPATI		16b. KIND OF BU	SINESS/INDUST	RY
	ET.	(Specify only highest grade com Elementery/Secondary (0-12)	pleted) oflege (1-4 or 5+)	life. Do NOT u		ost of working			
the hospital or att detached for use once.	COMPLETED	10		Homen	aker			Home	
		17. FATHER'S NAME (First, Middle, Lest) Francis	Moran				ME (First, Middle, Maiden kown	Sumame)	
retained by 5 should be notified at	BE	19e. IHFORMAHT'S HAME (Type/Print)	HOLAII	10h MAII INC	ADDRESS (Street		Route Number, City or Tox	n State 7in Con	ia)
	임		ighter						Hall,Md20622
leath, Page 6 may be funeral director, page xaminer must be		20s. METHOD OF DISPOSITION 1  Burlel 2  Cremetion 3  Removal	from State	b. PLACE OF DISPO	SETTION (Name of ce	emetery, crematory or		CATION — City	The state of the s
Page 6 mai il director, p ner must		4 Donation 5 Other (Specify)		Hur		matory		aldor	f, Md.
death. Pag tuneral dir i. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENS	7 151			art Fun		a Inc	.,La Plata,
the fur deal year.		200	how	0	Aren	.arc run	CIGI HOM	, 1110	Md.
in by the or removal.		23. PART I. Enter the diseases, or com shock, or heart failure. List			not enter the m	ode of dying, suc	h as cardiec or resp	iratory errest	Interval Between
		IMMEDIATE CAUSE (Finel disease or condition	0 0 5	_	F. 1				Onset and Death
completely ial, cremati event, t		resulting in death) a	DUE TO (OR AS	a tory	P:	4re			
ecuted within and completely from burial, cremation, atic event, the	z	C .	Massi	1e Ple	laru.	Effusion	ń		
be executant and bur to bur	잂	Sequentially list conditions, If any, leading to immediate		A CONSEQUENCE O	F):	1 0 1	Carrie	*	
certificate be ding physician Hygiene prior b		cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		A CONSEQUENCE O	F):	20	Carcinon the L	140-	
certi ding tygie	CERTIFICATION	resulting in death) LAST				01	116	ung	
	2	PART II. Other significent conditions of	ontributing to death i	but not resulting	In the underlyis	ng cause given in	Part i. 24a, WAS A/	AUTOPSY	24b, WERE AUTOPSY FINDINGS
# 6 5 ×	DICAL				in allo dilability.	ng outer grown in		RMEO?	AVAILABLE PRIDR TO COMPLETION DF CAUSE
	MED							2/0 110	OF DEATH?
N: The law ficate has the State Dept Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. F	PLACE OF DEATH (Ch	eck only one)		
PHYSICIAN; The this certificate with the State	ΙS	1   YES 2   HO 1	☐ Inpetient 2 ☐ ER/Out		4 - Nursing Ho		8 Other (Specify)		_
NG PHYSI fter this co sath with I		27. MANNER OF DEATH  1 X Hatural 5 Pending	(Month, Day, Year)	28b. TII	JURY W	JURY AT YORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
VDING P. After death	ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUR				281, LOCATION (Street		Rural Route Number,
TTEN TOR: after	TED	4 Homicide 6 Could not be	building, etc. (Spe	ecify)			City or Town, State	)	
DIRECT DIRECT PHOURS	PLE	29e. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my know	wiedge, death occur	red at the time, dat	te and place, and due	to the cause(s) and me	nner as stated.	
HOSPITAL FUNERAL within 72 I	COMPLETED	one)	In the basis of examination	on and/or investigati	on, in my apinion,	death occured at the	time, date end place, a	nd due to the c	suse(s) and manner as stated.
THE HOSPI THE FUNER filed within PORTANT:	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	m		-	29c. LICENSE NUI		29d. DATE SI	GNED (Month), Day, Year)
5 5 8 M	인	0 4				D334	2 10	<b>P</b> 3	122/91
	$  \lceil  $	30. NAME AND ADDRESS OF PERSON WHO CO B. Larry Jenkin				1724 T	aPlata.	Md 20	646
		31. DATE FILED (Month, Day, Year)							
	1	MAD 2 5 'Q1	32. REGISTRAR'S SIGN	dson-Mande	The state of the s				

_	25	-
N	N	Se
2	0	0
BALTIMORE, MARYLAND 2121	ath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	tending physician and completely filled in by the funeral director, page 5 should be detached for use
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ending physician. as the bunal-transit permit. Pages 1, 2, 3 should TO BE COMPLETED BY FUNERAL DIRECTOR 5-0020 TO THE ELIMENAL ATTRETION AND THIS certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be nice without after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INFORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION SCHOOL OF ATTENDING PHYSICIAN: The law requires that the dea DIVISION OF VITAL RECORDS,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

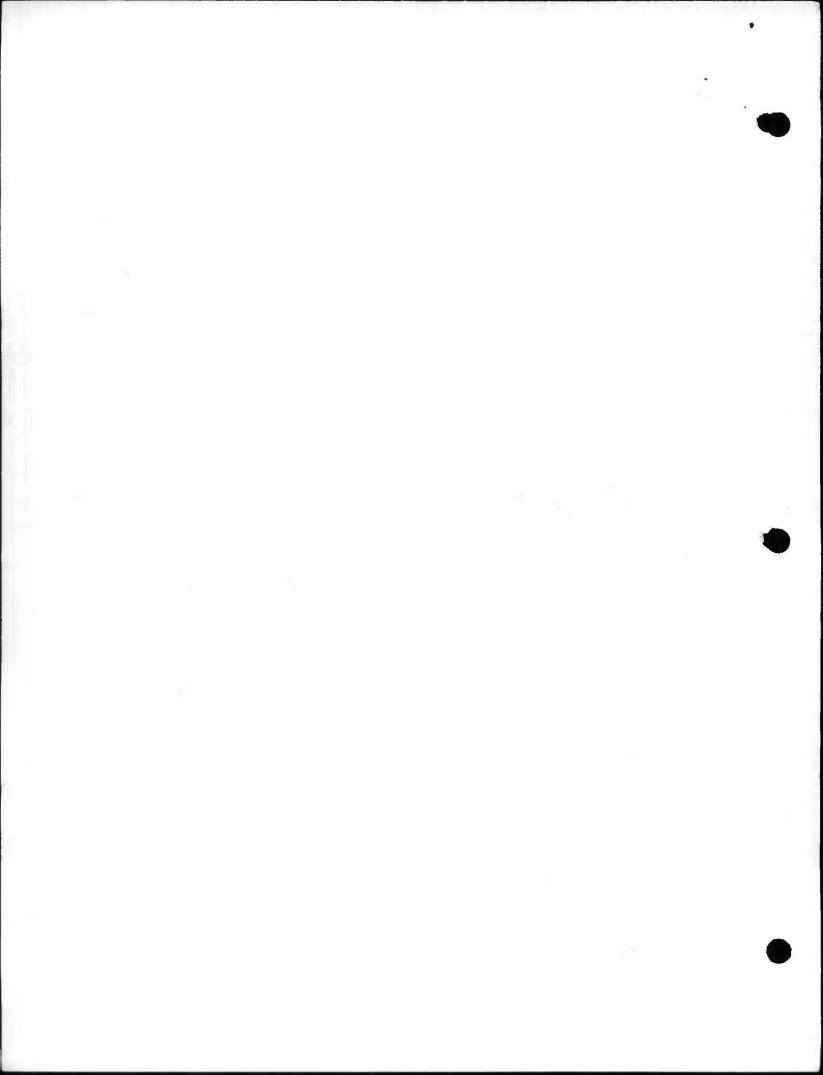
FOR STATE REGISTRAR		CERTIFIC	CATE OF DEATH		REG. NO.		
DECEDENT'S NAME (First, Middle, Last				2. DATE OF	F DEATH DAY	YEAR	3. TIME OF DEATH
LESTER NMI C.	ARR			02		1991	16:18 P
213-22-3752	5. SEX 6. AGE		F UNDER 1 YEAR F UNDER 24 IONTHS DAYS HOURS B		2,1915	L BIRT	HPLACE (State or Foreign
a. FACILITY NAME (If not institution, give			96. CITY, TOWN OR LOCATION			COUNTY OF	
SACRED HEART HO							
ESIDENCE OF DECEDENT			CUMBERLAND, N	1ARYLAND	LAI	LECAN	TX
De. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY
West Virginia	Grant	Sc.	heer New C	Creek			1 TYES 2 NO
De. STREET AND NUMBER			101. ZIP CODE 26726			J.S.A	WHAT COUNTRY?
Rt. #2 Rax 226	12. WAS DECEDENT EVER	IN II O ADMED	13. WAS DECENDENT OF H				E — American Indian,
☐ Never Merried 2 ☑ Merried	FORCES? 1 YES	3 2 NO	If yes, specify Cuben, I	Mexican, Puerto Ric	can, atc.)	Blee	ck, White, etc.
☐ Widowed 4 ☐ Divorced	IF TES, GIVE WAR ON	DATES	1 TYES 2 NO	арвану:		Spe	om: White
15. DECEDENT'S ED (Specify only highest gra		16a. DECEDENT'S US	SUAL OCCUPATION rk done during most of working retired.)	16b. K	IND OF BUSINESS	INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Farmer	retired.)	Ge	eneral A	- armi	BO.
12		Letimet					iig .
7. FATHER'S NAME (First, Middle, Last)			28.2	R'S NAME (First, Mic			
Do. INFORMANT'S NAME (Type/Print)	arr	19h MAII ING A	DDRESS (Street and Number or	erlette			
Nellie 5. Gold	izen Carr		Bex 226 Ne	ew Creek	W.Va.	267	26
0s. METHOD OF DISPOSITION  Burlet 2 Cremetion 3 Re	2	Ob PLACE AND DATE (	OF DISPOSITION (Name	DATE	20c. LOCATIO	N City or 1	Town, State
Buriel 2 ☐ Cremetion 3 ☐ Re ☐ Donation 6 ☐ Other (Specify)	moval from State	of cemetary, crematory of					e. W.Va.
1. SIGNATURE OF FUNERAL SERVICE	LICENSEE	MaySVIII	22. NAME AND ADDRESS		PITTERYS	OVILL	E. W. VO.
1 11							
( ) // //	6 ( -	1	Basagic A	uneral		_	
2 PART I Enter the diseases R	/ Sts 43 4	and the death Done	Petersbur	uneral	2684		I American
23. PART I. Enter the diseeses, p shock, or heart fellun	r complications that cause. List only one couse on		Petersbur	uneral	2684		
			Petersbur	uneral	2684		Interval Betwe
shock, or heart fellum MMEDIATE CAUSE (Finel	s. Chy	eech line.	Petersbur  t enter the mode of dying	uneral	2684		Interval Betwe
shock, or heart fellum MMEDIATE CAUSE (Finel disease or condition	e. List only one ceuse on  B. DUE TO (OR AS		Petersbur  t enter the mode of dying	uneral	2684		Interval Betwe
shock, or heart fellum MMEDIATE CAUSE (Finel disease or condition eaulting in death)  Sequentially list conditions,	s. DUE TO (OR AS	eech line.	Petersbur  Renter the mode of dying  Carebo	uneral	2684		Interval Between
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shock, or heart fellum MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, f sry, leading to immediate says. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:	Petersbur  Renter the mode of dying  Carebo	uneral  O W. Va  I, such se cerdis	266 PERFORMED?	y arrest,	Interval Betwee Onset and De On
shock, or heart fellum MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, f sry, leading to immediate says. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:	Petersbur  Renter the mode of dying  Carebo  this underlying cause give	uneral  O W. Va  I, such se cerdis	ic or respiratory	y arrest,	Interval Betwee Onset and Dei
shock, or heart fellum MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, f sry, leading to immediate says. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:	Petersbur  Renter the mode of dying  Carebo  this underlying cause give	uneral  O W. Va  I, such se cerdis	266 PERFORMED?	y arrest,	Interval Betwee Onset and Dei
shock, or heart fellum MMEDIATE CAUSE (Finel disease or condition eaulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events eaulting in death) LAST  PART II. Other significent conditions  S. WAS CASE REFERRED TO MEDICAL	b. DUE TO (OR AS  C. DUE TO (OR AS  d. Ons contributing to death	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:	Petersbur  Renter the mode of dying  Clubs  the underlying cause gives	uneral  O W. Va  I, such se cerdis	268 AN AUTOI PERFORMED?	y arrest,	Interval Betwee Onset and Dei
shock, or heart fellum MMEDIATE CAUSE (Finel disease or condition eaulting in death)  Sequentisity list conditions, f sry, leading to immediate scause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b. DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	Petersbur  Renter the mode of dying  Clubs  the underlying cause gives	en In Part I.	24a. WAS AN AUTO PERFORMED?	y arrest,	Interval Betwee Onset and Dei
shock, or heart fellum MMEDIATE CAUSE (Finel disease or condition eaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in death) LAST  PART II. Other significent conditions EXAMINER?  1  YES 2  MO  7. MANNER OF DEATH	B. List only one ceuse on  B. DUE TO (OR AS  B. DUE TO (OR AS  C. DUE TO (OR AS  d. Ons contributing to death  HOSPITAL:  10 Inpatient 2 ERVOL  280. DATE OF INJURY	A CONSEQUENCE OF):	PETERSOUI Renter the mode of dying Could's the underlying cause give  28. PLACE OF DEA OTHER: 4   Nursing Home 5   Resk OF   28c. INJURY AT	en In Part I.	24a. WAS AN AUTO PERFORMED?	PSY 24	Interval Betwee Onset and Dei
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shock, or heart fellum MMEDIATE CAUSE (Finel disease or condition eaulting in death)  Sequentisity list conditions, f sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events eaulting in death) LAST  PART II. Other significent conditions 1   Yes   Death 1   Natural   S   Pending Investigation 3   Suicide   Could not be determined  9e. CERTIFIER (Check only one)   2   MEDICAL EXAMINERY 1   MEDICAL EXAMINERY   CERTIFYING PH-	B. List only one ceuse on  8. DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. Ons contributing to death  Place of injury (Month, Day, Year)  28e. PLACE OF INJURY (Month, Day, Year)	a CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  Apparent 3 DOA  Apparent 3 DOA  Y 28b. Time NJU  RY — At home, farm, streethy)	tenter the mode of dying tenter the mode of dy	TH (Check only one)  Jen in Part I.  28d. DESC  NO  28f. LOCAT  City or  at the time, data a	24a. WAS AN AUTON PERFORMED? 1 YES 2 No. (Specify) RIBE HOW INJURY TOWN, State) e(e) and menner se	PSY 24  O OCCURED  Imper or Rura  stated.	Interval Betwee Onset and Das
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FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		GIENE	9 !
ECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DI	EATH DAY	YEAR
FVFLYN	Μ.	CHAMBERS	March	13	1991

- 4	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEAT MONTH	DAY	YEAR 3.	TIME OF DEATH
	FVEL YN	М.		CHAMBE			March			0.45 A M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes		8. BIRTHPLA Country)	ACE (State or Foreign
	222 22 5766	1 D M 2 F	82	YRS.			05/11		Elkto	
DIRECTOR	99. FACILITY NAME (If not institution, give  Laurelwood Nursit  RESIDENCE OF DECEDENT			9b.	Elk	OR LOCATION OF DEA	ATH	Cec	NTY OF DEAT	н
2	10a. STATE 10b. COUNT			10c. CITY, TO	WN OR LOCA	TION			10-	d. INSIDE CITY
5	MD	Cecil		E	1ktor	1			11	LIMITS?
	10e. STREET AND NUMBER					1. ZIP CODE	· · · · · · · · · · · · · · · · · · ·	10g. CIT	IZEN OF WHA	
FUNERAL	100 Laurel	Drive				21921		1	U.S.A	
5	11. MARITAL STATUS	12. WAS DECEDENT EX	YES 2- N			CENDENT OF HISPANI			14. RACE — Black, W	American Indian, hita, etc.
ВУ	Never Married 2 Married  3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			3 2 NO Specify:			0 11	White
	15. DECEDENT'S EO	UCATION	16a. DE	CEDENT'S USU	AL OCCUPATI	ON	16b. KIND O	F BUSINESS/IN	DUSTRY	
	(Specify only highest grad Elementary/Secondary (0-12)		(GI	ive kind of work Do NOT use ret	done durina m	ost of working	3000			
COMPLETED	12	2	Sch	1001 T	eache	er	E	ducat	ion	
Š	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAM	AE (First, Middle, Mi	eiden Sumame)		
BEC	James Elburn	Chambers				Eva	Lockh	ard		
10 8	19a, INFORMANT'S NAME (Type/Print)					and Number or Rural R				001
F	Marshall C. K	line	2	2971 A	pplet	on Road	, Elkt	on, M	d. 21	921
	20a. METHOD OF DISPOSITION  X Burial 2 Cremation 3 Ref	movel from State	other pla	nce)		metery, crematory or		c. LOCATION —		- TACALAL
	4 Donation 8 Other (Specify)		Rive	erview				Wilmi:		
	21. SIGNATURE OF ONERAL SERVICE L	ICENSEE				ND ADDRESS OF FAC				Street,
		1e		•	Gee .	Funeral	Home E	lkton	, Md.	21921
	23. PART I. Enter the diseases or shock, or heart failure				enter the m	oda of dying, such	as cardiac or	reapiratory s	rrest,	Approximate interval Between
1	IMMEDIATE CAUSE (Final			A		A.		1		Onset and Death
	disease or condition	· la	s du	o le	muc	Ving (	nes	1		
	171	DUE TO (OF	AS A CONSE	QUENCE OF):	1/	7	I'()	0		
NO	Sequentially list conditions,	b. DUE TO (OF	AS A CONSE	DUENCE OF:	As	and 1	- when	re		
E 1	if sny, leading to immediata cause. Enter UNDERLYING	-			. /					!
2	CAUSE (Disease or injury									
FICA	that initiated events		AS A CONSE	resulting in death) LAST						
ERTIFICA	that initiated events		AS A CONSEC	<u>(</u> )	<del></del>	NIX	4//			i
L CERTIFICATION	that initiated events	d. DUE TO (OR	> P	resulting in ti	na undariyli	ng cause given in i	Part i. 24a. W	AS AN AUTOPSY		ERE AUTOPSY FINDINGS
	that initiated events resulting in death) LAST	d. DUE TO (OR	> P	resulting in t	na undariyi	ng cause given in i	PE	RFORMED?	AN CX	MILABLE PRIOR TO OMPLETION OF CAUSE
	that initiated events resulting in death) LAST	d. DUE TO (OR	> P	resulting in ti	ha undariyli	ng cause given in t	PE		AN CK OI	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
MEDICAL	that initiated events resulting in death) LAST	d. DUE TO (OR	> P	resulting in ti	na undariyi	ng cause given in i	PE	RFORMED?	AN CK OI	MILABLE PRIOR TO OMPLETION OF CAUSE
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MEDICAL	that initiated events resulting in death) LAST  PART ii. Other significant condition	d. DUE TO (OR	ath but not r	_ 0	26. I THER:		PE 1 V	ERFORMED?	AN CK OI	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR  d.  HOSPITAL: 1   Inpetient 2   El  28e, DATE OF IN.	ath but not a	DOA O	26. I THER: Unursing Ho	PLACE OF DEATH (Cha	PE 1 V	erformed? ES 2 No	AN CC OI 1	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
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BY PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not by	DUE TO (OF d	ath but not a	B DOA 4	26. I	PLACE OF DEATH (Cheme 5   Raeldence   IJURY AT ORK? YES 2   NO	PE 1 Y	PRES 2 NO	AN CC ON 1	AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
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BY PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datermined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OF d	ath but not a  R/Outpatient 3  JURY  Volume  NJURY — At how	28b. TIME O INJURY	26. ITHER: Nursing Ho F 26c. IN M 1 1	PLACE OF DEATH (Cheme 5   Rasidence IJURY AT ORK? YES 2   NO Ica te and place, and due death occured et the	Bck only one)  6 Other (Specify 28d, DESCRIBE & City or Town, to the cause(s) and time, data and plan	ERFORMED?  ES 2 NO  NO  Street and Numb  State)	AN CIC OI	AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
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COMPLETED BY PHYSICIAN: MEDICAL	That Initiated events resulting in death) LAST  PART II. Other significant conditions and the conditions are set of the conditions and the conditions are set of the condition	DUE TO (OF d	ath but not a  R/Outpetient 3  JURY Hoar)  NJURY — At ho  knowledge, denination and/or	28b. TIME O INJURY  28b. TIME O INJURY  oma, farm, street eath occurred a Investigation, I	26. If THER:  Nursing Ho  F 28c. IN  I 1 color, factory, off  t the time, dar  n my opinion,	PLACE OF DEATH (Cheme 5   Rasidence	Bck only one)  6 Other (Specify 28d, DESCRIBE & City or Town, to the cause(s) and time, data and plan	PROPRIED?  ES 2 NO  NO  NO  Street and Numb State)  Id menner as at tice, and due to	CCURED  or or Rurel Rouleted.  the cause(a) a	AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO te Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	That Initiated events resulting in death) LAST  PART II. Other significant conditions and the conditions are set of the conditions and the conditions are set of the condition	DUE TO (OF d	R/Outpatient 3 JURY hear)  R/Outpatient 3 JURY — At ho. (Specify)  Rowledge, definition and/or	28b. TIME O INJURY  28b. TIME O INJURY  oma, farm, street eath occurred a Investigation, I	26. If THER:  Nursing Ho  F 28c. IN  I 1 color, factory, off  t the time, dar  n my opinion,	PLACE OF DEATH (Cheme 5   Rasidence   IJURY AT ORK? YES 2   NO los   NO los	Bck only one)  6 Other (Specify 28d, DESCRIBE & City or Town, to the cause(s) and time, data and plan	PROPRIED?  ES 2 NO  NO  NO  Street and Numb State)  Id menner as at tice, and due to	CCURED  or or Rurel Rouleted.  the cause(a) a	AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO te Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	That Initiated events resulting in death) LAST  PART II. Other significant conditions and the conditions are set of the conditions and the conditions are set of the condition	DUE TO (OF d	ath but not a  R/Outpatient 3  JURY  NJURY — At ho  (Specify)  knowledge, de  innation and/or  OF DEATH (ITE	28b. TIME O INJURY  28b. TIME O INJURY  oma, farm, street eath occurred a Investigation, I	26. If THER:  Nursing Ho  F 26c. In  W  1   ort, factory, off  t the time, day  m my opinion,	PLACE OF DEATH (Cheme 5   Rasidence	Bck only one)  6 Other (Specify 28d, DESCRIBE & City or Town, to the cause(s) and time, data and plan	PROPRIED?  ES 2 NO  NO  NO  Street and Numb State)  Id menner as at tice, and due to	CCURED  or or Rurel Rouleted.  the cause(a) a	AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO te Number,



TO THE CONTROL OF ATTEMENT PHISICIAN. The law requires that the death certificate be executed within a countrie death. Page 6 may be retained by the hospital or attending physician.

TO THE RUBBING DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the function, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should be find within 22 form the State Dept. of Health and Mental Hygiene prior to bund, cremation, or removal.

IMPORTANT: Illiam 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			REG. NO.	E	. 00001	
	1. DECEDENT'S NAME (First, Middle, Last)	BEL		CRI	PPEN	2. DATE OF DEATH DA	Y 1991	AR 3. TIME OF DEATH	
	230-01-7792	□ M 2 🛎 F 7	6 YRS. MON	THS DAYS H		7. DATE OF BIRTH (Month, Day, Year)  Jan. 22-1	5	PIRTHPLACE (State or Foreign Country) Virginåa	
RO	9a. FACILITY NAME (If not institution, give street PENINSULA GENERAL		9b.	CITY, TOWN OR L	OCATION OF DEA	NTH	9c. COUNTY	OMICO	
DIRECTOR	residence of decedent  10a. STATE  Virginia  ACCOM	ack		Church				10d. INSIDE CITY LIMITS?  1 YES 2 1 NO	
FUNERAL	10e. STREET AND NUMBER Rt1 Box 1	.5			P CODE 3415		F = 111.	OF WHAT COUNTRY?	
ਨੂ	11. MARITAL STATUS 12. 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, specif		C ORIGIN? (Specify Yea , Puarto Rican, atc.)	or No— 14.	RACE — American Indian, Black, White, atc. Specific	
COMPLETED	(Specify only highest grade com	Elementary/Secondary (0-12) College (1-4 or 5+)			f working	16b. KIND OF BUS	INESS/INDUST		
	17. FATHER'S NAME (First, Middle, Last) Richard Hol	land	397	10		AE (First, Middle, Meiden ah Riley	Surname)		
TO BE	Charles W. Cri	.ppen		Box 1		oute Number, City or Tow. W Church			
	20a. METHOD OF DISPOSITION 130 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	PLACE OF DISPOSITIO	ndship		Wa	ttsvi	or Town, State 11e, Va.	
	21. SIGNATURE OF FUNERAL SERVICE LICENS  Keith & W	erlon	8 11		on Fun	eral Hom	e-Acc	omac, Va.	
ATION	23. PART I. Entar the diseases, or com abock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CONCLETO (OR) AS A	ch ilna.	tory (	of dying, auch	a aa cardiac or reepi	ratory arreat,	, Approximata interval Between Onset and Daath	
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO OH AS A	CONSEQUENCE OF):						
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting Congestion was failure, Colone Manager Marchines			Mirmegaly 1 YES 2			MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA		OSPITAL:		THER:	E OF DEATH (Che				
HYS	1 TYES 2 THO THE PROPERTY OF T	28a, DATE OF INJURY	28b. TIME O	F 28c. INJUR	Y AT	6 Other (Specify)  28d. DESCRIBE HOW	NJURY OCCUR	ED	
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES	8 2 NO				
					26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	CONSTRUCTION OF THE PARTY OF TH	N: To the best of my knowled on the besia of axamination						ause(a) and manner as stated.	
TO BE C	29b. PIGNATURE AND TITLE OF CERTIFIER	Inuch,	mQ		D 153	BER 384			
	RODNEY A.	WENRICH	TH (ITEM 27) (Type, Pri	POWER	ST.	SALIS	BURY	md. 21801	
5	31. DATE FILED (Month, Day, Year)  MAR 2 0 '91	32. ARGISTRAPES SIGNA Juna Davido	on-Randell						

At a second 

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	ICATE O	F DEATH	REG. I	Ю.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		WEAR	3. TIME OF DEATH
	RAY JOHN CHAPEL, SR.			MARCH 8		1991	1926 м	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	E (In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH		8. BIRT	HPLACE (State or Foreign
	239-18-0472 1 XM 2 □ F	73 YRS.	MONTHS DAY	HOURS MIN.	DEC. 14	, 191	NOF	RTH CAROLINA
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	N OR LOCATION OF DE		_	UNTY OF E	
r l	PENINSULA GENERAL HOSPITAL		CAT	LSBURY			UTCC	OMICO
DIRECTOR	RESIDENCE OF DECEDENT		DAL.	LSBUKI			MICC	MICO
ήl	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
5	MARYLAND WICOMICO	SA	LISBUR	7				1 X YES 2 NO
اہ	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
FUNERAL	1014 EAST CHURCH			21801			USA	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED		ECENDENT OF HISPAN		Yes or No-	14. RAC	E — American Indian,
7	1 Never Merried 2 Married   FORCES? 1 XYES 2 NO   If yes, specify Cuben, Maxican, Puarto Rican, etc.) 3 Wildowed 4 Divorced   If YES, GIVE WAR OR DATES   If YES, 2 NO Specify:					Specify: WHITE		
3	15. DECEDENT'S EDUCATION	16a, OECEDENT'S			18b. KIND OF	BUSINESS/II	HOUSTRY	
	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NOT u	work done during se retired.)	most of working				
┇	6	CARPEN	TER		CONST	RUCTIO	ON CC	MPANY
COMPLE	17. FATHER'S NAME (First, Middle, Last)		***	18. MOTHER'S NA	ME (First, Middle, Mai	ten Surname)	,	
ן מ	WILLIAM CHAPEL			JANIE A	NDREWS			
מ כ	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	AOORESS (Stre	et and Number or Rural	Route Number, City or	Town, State, 2	čip Code)	
-	ED SHOCKLEY	P. 0	. BOX	25, HEBRO	N, MD			
	1 X Surial 2 Cramation 3 Damousi from State	other place)		cemetery, crematory or		LOCATION -	- City or T	own, Stata
- 1	4 Donation 5 Other (Specify)	SPRINGHIL	L MEMOI	RY GARDENS	H	EBRON	MAR	RYLAND
	21. SIGNATURE OF CUNERAL SERVICE LICENSEE	11		ER FUNERA				
	Trusuel Dall	101		SBURY, MD				
	23. PART I. Enter the diseases, or complications that caus	ed the death. Do				epiratory a	errest.	Approximate
	shock, or heert tellure. Liat/only one ceuse on				1	.,,	,	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	1000	4.	Dulk	uen			Onset and Death
	resulting in deeth) e.	S A CONSEQUENCE O	n y	Buy	7			
_	- Serie	18 6	mpy	Bile	- De	Lea	e	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	A CONSEQUENCE D	n. 7	0	1 /	1	1	
ج ا	ceuse. Enter UNDERLYING	edely	Her fo	un of 1	ity o Ca	este	al	About
Ĭ	CAUSE (Disease or Injury thet initiated events	A CONSEQUENCE C	PF):	101	1/2	,	, ,	5/
=	resulting in death) LAST	utry -	-Var	with 1	Hum	un		9
5	PART II. Other algoriticent conditions contributing to death	but not mould!	In the control	des seuss abas A	Dam I Tas una	AN AUTODO	v T.	A WEDE AUTOROX FINDINGS
4		(1)	10 .	ing cause given in		AN AUTOPS FORMED?	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
를	aciffen inon	1 Ino	steer	- W/	4 /	2 🗌 NO	Car	OMPLETION OF CAUSE
	helawslead	n= kg	et the	1 = 516	rally to	cocc	4	YES 2 NO
z	His House of C	rese Til	· la	ut Fa	elic			
5	25. WAS CASE REFERRED TO MEDICAL HOSPITAL:	- grown	OTHER:	PLACE OF DEATH (C	neck only only)			
PHYSICIAN: ME	1 YES 2 NO 1 Inpatient 2 ER/O			lome 5 ☐ Rasidenca				
F	27. MANNER OF DEATH  28a. DATE OF INJUR (Month, Day, Year	Y 28b. TH	JURY	INJURY AT WORK?	28d. DESCRIBE HO	W INJURY C	CCURED	
À	1 Natural 5 Pending 2 Accident Investigation			YES 2 NO				
	3 Suicide 8 Could not be 28e. PLACE OF INJU building, etc. (S.	RY — At home, farm, pecify)	street, factory,	ffice	28f. LOCATION (St. City or Town, S	eet and Numi ete)	per or Rural	Route Number,
	4   Houncoa							
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kn	owledge, death occur	red at the time,	data end placa, end dua	to the cause(e) end	manner se s	stated.	
COMPLEIED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner se stated.							
	296. SIGNATURE AND TITLE OF CERTIFIER	/		29c. LICENSE NU	MBER	29d. C	ATE SIGNE	O (Money Day Year)
BE	In C- P. Ville	111 111		C1002075	5	-	3/1	2/6/
2	30. NAME AND ADDRESS OF PERSON WINO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Plint)	9. 4	-		1	111
	1 JOSE C- PAM	INTU	AN	M.	D-		0.5	/
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SI	Marketson-Har	dalle					
	MAR 1991 2000	and latens						

BALTIMORE, MARYLAND 21203-3146	TENDING THE COMMISSION IN THE PROBLEM CONTINUES TO SECURE AND THE PROBLEM OF THE	TOR; Am the concern has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, after deal we have been signed by the attendand Mental Hygiene prior to burial, cremation, or removal.	28 is memory or term 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NIVISION OF VITAL RECORDS, P.O. BOX 13146,	e be executed	sician and com	traumatic ev
P.O. B	death certificat	attending phy	ry, or other
CORDS,	ires that the	signed by the Health and Me	in 23 shows any injury, or other
TAL RE	the law requ	the Dept. of	um 23 sho
I OF VI	<b>WENNEROWN</b>	14 011 011	Photogram
IVISION	OR ATTENDIN	OURS after de	em 28 is m
Ω	TO THE HOSPITAL OR AITE	TO THE FUNERAL D	IMPORTANT: If It

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	REGISTRAR CERTIFICATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	3. TIME OF DEATH					
	CHARLES EDWIN CLARKSON	3 16	91 1055 PM					
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday)  F UNDER 1 YEAR  F UNDER 24 HRS.  7 (3 YRS.  MONTHS  DAYS  HOURS  MIN.	7. DATE OF BIRTH (North, Day, Year)	S. BIRTHPLACE (State or Foreign Country)					
	9s. FACILITY NAME (if not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF		COUNTY OF DEATH					
TOR	10026 DO HIELD Rd. OWINGS MILLS RESIDENCE OF DECEDENT	1 MD K	BALTO.					
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION OWINGS MILL	-5	10d. INSIDE CITY LIMITS? 1 YES 2 HO					
FUNERAL	100.26 DOLFIELD Rd, 101. ZIP CODE 21111	7	O. CITIZEN OF WHAT COUNTRY?					
BY	11. MARITAL STATUS  1 Never Married 2 Married  12. WAS DECENDENT OF HISP FORCES? 1 YES 2 NO 11 YES, apecity Cuban, Maxis 1 YES, GIVE WAR OR DATES  13. WISOECENDENT OF HISP 11 yes, apecity Cuban, Maxis 1 YES 2 NO Specific Cuban, Max		14. RACE — American Indian, Black, White, atc. Specify: H / TE					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  CARPENTER	16b. KIND OF BUSINE	SS/INDUSTRY					
E CON		HAME (First, Middle, Melden Surri HEL HU						
TO BE	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rura		nte, Zip Code) 2 1/1/7					
	20s. METHOD OF DISPOSITION  1 Deurlai 2 Cremation 3 Removal from Stata  4 Donation 5 Other (Specify)	20c. LOCATI	ON — City or Town, State  KESVILLE, MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	FUNERAL	HOME					
	Havey W Haight HAIGHT	FUNE KAL	21784					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, as ehock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):		Interval Between					
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given	In Part I. 24a. WAS AN AUT PERFORMED 1 VES 2	O? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
2			1 TES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (	Check only one)						
SIC	EXAMINER? HOSPITAL: OTHER:	a 6 Other (Specify)						
H	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	28d. DEŞCRIBE HOW INJU	RY OCCURED					
	1 Natural 5 Pending (Month/Day, Year) INJURY WORK?  1 YES 2 NO							
TED BY	2 Accident investigation 3 Suicide 6 Could not be detarmined 6 Could not be detarmined 28e. PLACE OF INJURY — At homa, farm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and a City or Town, State)	1 Number or Rural Route Number,					
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and d							
TO BE C	Little of Huran MD Attending physician 200. LICENSE N	10MBER 29	d. DATE SIGNED (Month) Day, Year)					
	Arthur Ti Lomant MD 1702 (1868) RD.	ELVERSBUR	6, Mo. 21984					
	31. DATE FILEPATPHID: ON: NOT 4 32. BAGILT-RAPE SIGNATURE							

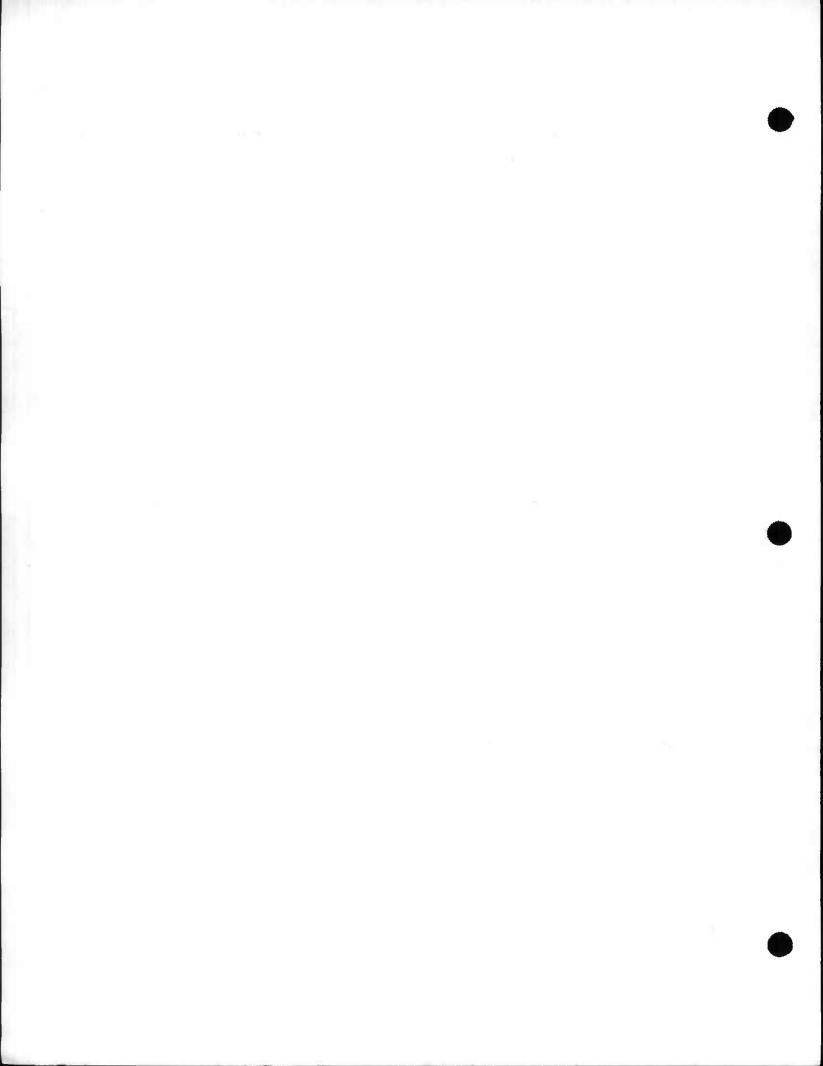
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BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

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The Institute of ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the host	OTHE FOREITAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached hours after death with the State hand of Health and Mental Housing prior to build, cremation, or removal.	MPORTANT II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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_	FOR STATE REGISTRAR	STATE OF MA			TMENT O			D MEN	ITAL HYGIENE REG. NO.		91	08664
	1. DECEDENT'S NAME (First, Middle, Last)						-		DATE OF DEATH		YEAR 3.	TIME OF DEATH
1	ANNE C.	CARTE	-						AREH 11.			06.45 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (in yrs. last	birthday)	IF UNDER 1 Y		F UNDER 24 HRS	s. 7. C	ATE OF BIRTH	118	BIRTHPL	ACE (State or Foreign
	2-14-30-9456 90. FACILITY NAME (If not institution, give	1 M 2 F	86	YRS.			LOCATION OF		Month, Day, Year) C.6, 1904	9c. COUNT		YLAND
DIRECTOR	PENINSULA GENERAL				SALIS					WICO	MICO	
E I	10e. STATE 10b. COUNT	Υ		10c. CITY	, TOWN OR I	LOCATIO	N				10	od. INSIDE CITY LIMITS?
5	MARYLAND WI	COMICO			SAL1	SBU	RY				1	YES 2 NO
AL	10e. STREET AND NUMBER					10f. Z	IP CODE			10g. CITIZE	N OF WHA	AT COUNTRY?
EB	OAKRIDGE TRAILE	R PARK					2180	01			US	SA
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	YES 2 NO	MED O	If yo	es, speci		xican, Pu	RIGIN? (Specify Yee arto Rican, atc.)	or No— 1	4. RACE — Black, V Specify:	Amarican Indien, WHITE
	15. DECEDENT'S EDU (Specify only highest grade	JCATION Completed			USUAL OCCL		of working		16b. KIND OF BUS	INESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)	ing most i	or worning					
MPI	UNK	UNK	DI	ESIG	VER				FLOR	IST		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					1	is. MOTHER'S	NAME (F	First, Middle, Maiden S	Surneme)		
BE	JOHN EMO	RY	ELLIOT				LUC			HERIN		ITCHELL
2	190. INFORMANT'S NAME (Type/Print)	O T O T D D							Number, City or Town		Code)	- 1
	GLADYS LAYFIELD-		20b. PLACE C				SALISI			80 I Pation — Ci		2011
	20e. METHOD OF DISPOSITION 3 / 157 Burlel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	other place C	OSPUS VCHTI	I.I. MEN	or cemet √ΩRV	GARDI	or TNS		EBRON		, State
	21. SIGNATURE OF FUNERAL SERVICE U	CENSEE ,	DIKI	101111	-		ADDRESS OF			LDROM	, III	
	· NRH	llen	1	43					L HOME, PA		M D	21801
	23. PART I. Enter the diseases, or shock, or heert fellure.											Approximete interval Between
	IMMEDIATE CAUSE (Finel disease or condition				lida.		00	لاند. ،	the Oesci	م ل		Onset and Death
	resulting in death)	OUE TO (C	OR AS A CONSEO	UENCE O	F):	real	<u> </u>	<u> </u>	In Opsica	185		1.01(43)
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	bDUE TO (C	OR AS A CONSEO	UENCE O	F):							
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	OR AS A CONSEO	UENCE O	Đ:							+
H	resulting in deeth) LAST	d										
	PART ii. Other significent condition	ns contributing to d	leath but not re	esuiting	in the unde	erlying	ceuse giver	in Pari	i. 24s. WAS AN	AUTOPSY	24b. W	/ERE AUTOPSY FINDINGS
CAL	Mal nutritio								PERFOR		A	MAILABLE PRIOR TO COMPLETION OF CAUSE
					<del></del>				1   YES 2	X NO		F DEATH?
≥ ;												
₹ I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PLA	CE OF OEATH	(Check o	only one)			
S	1 X YES 2 □ NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	g Home	5 🗆 Reelder	nce 8 🗆	Other (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF II (Month, Day	NJURY v, Year)	28b. TIM	IURY	Sc. INJUI	RY AT K? S 2 NO		d. DEȘCRIBE HOW II	NJURY OCC	UREO	
D BY	2 Accident Investigation 3 Suicide S Could not be	28e. PLACE OF building, a	INJURY — At hor	me, ferm,			2 0 110		LOCATION (Street & City or Town, State)	and Number o	or Rural Ros	ite Number,
ETE	4 Homicide datermined							$\perp$				
COMPLETED	29e. CERTIFIER (Check only one) 1 🔀 CERTIFYINO PHYS	SICIAN: To the best of r										and manner se atated.
BE	296, SIONATURE AND TITLE OF CERTIFIE HUMAN & Helf	R-MO. A	Nedral	Dine	tor.		29c. LICENSE		08	29d. DATE	SIGNED (A	Jorth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	HILL JR.			Prine) me	Blu	HR	d, :	Salishw	zy N	16.	21801
	MAR 1 3 91	32. REGISTRAF	S SIGNATURE	1,00			11			J		
		P- WA	- VIWIN	and distance								



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TOTIE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

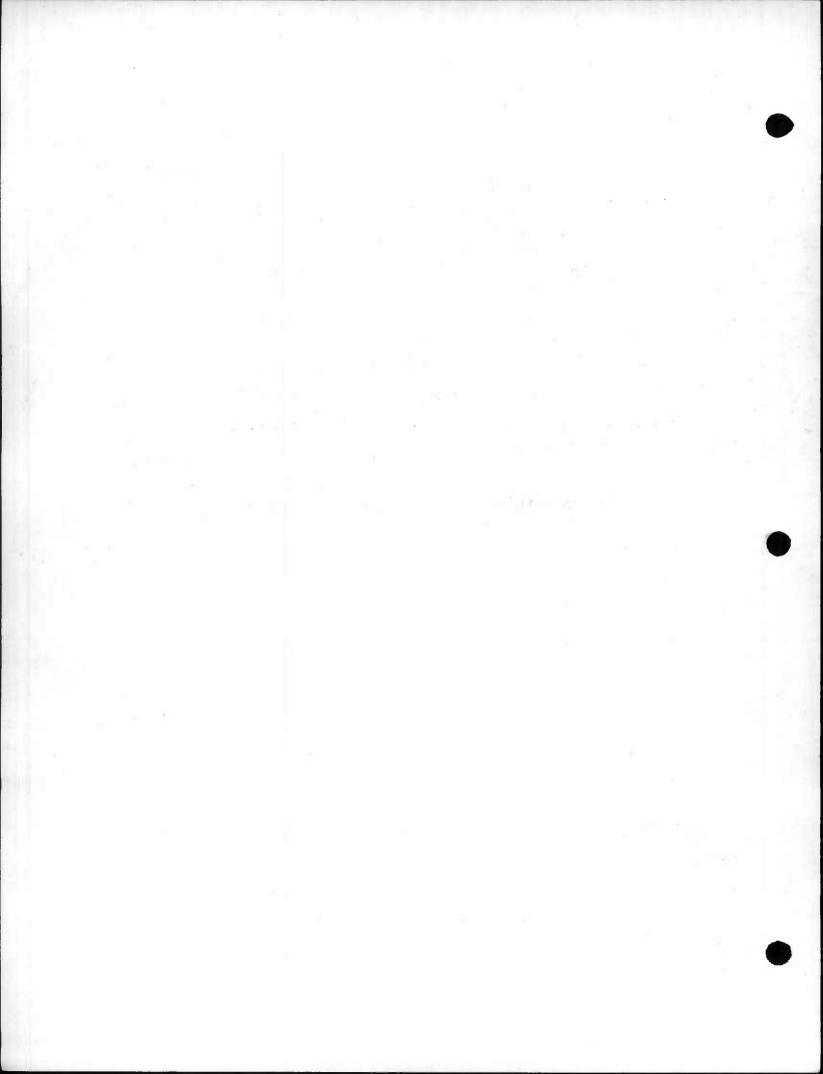
31. DATE FILED (Month.

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Day Moar)

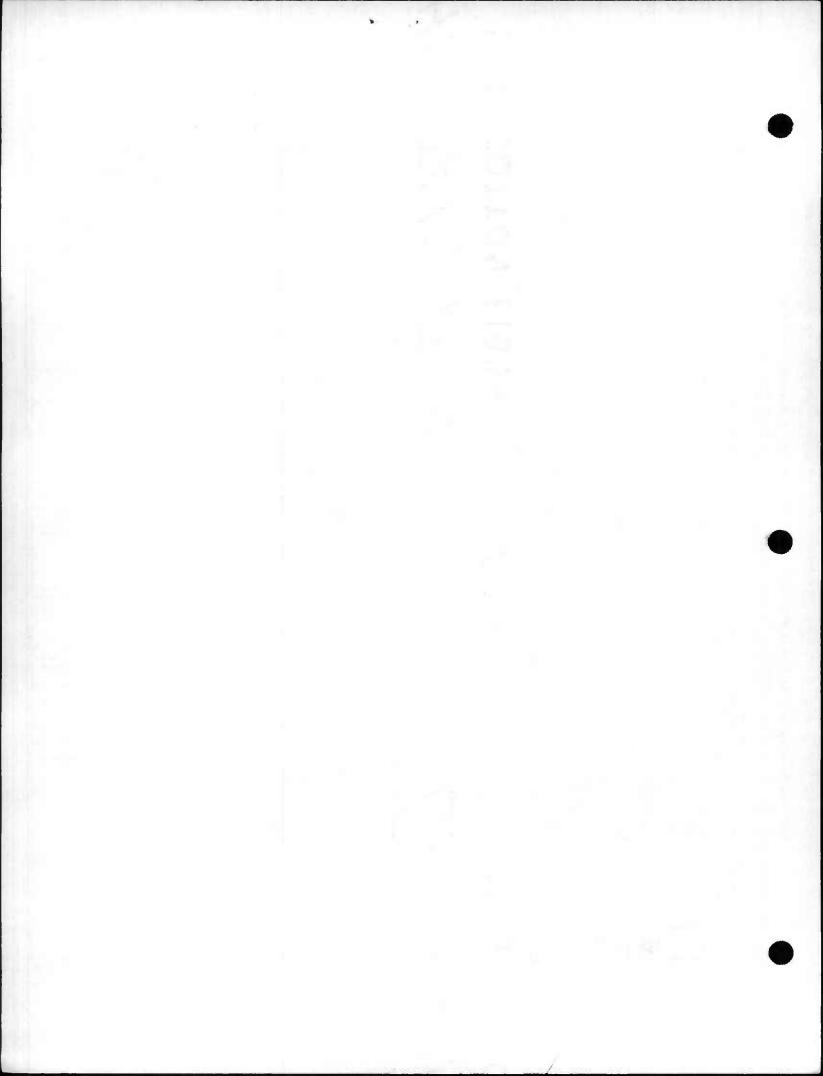
32 REGISTRAR'S SIGNATURE PANDALL

DECEDENT'S NAME (Fin	of Adjoinin Land			OLIVIII	OAIL	71 0	EATH	REG. N	0.		TIME OF PEATH
RUTH		יישבים		CDC	1011			MONTH	DAY	YEAR	3. TIME OF DEATH
. SOCIAL SECURITY NUM		HEP.	8. AGE (in yrs.	CROU	JCH IF UNDER 1 YE	AD IS	F UNDER 24 HRS.	MARCH 8	, 199		9:45 a
		1 M 2 X F		YRS.	MONTHS DA		OUPA MIN.	(Month, Day, Year)	1010	Country)	
214-32-165			77		Oh CITY TO	WN OR I	OCATION OF DE	OCT. 17		MAH	RYLAND
720 BAKER								Ain	96. 000		
RESIDENCE OF DE					SAL	ISB	UKY			WICOM	ITCO
Os. STATE	10b. COUNT	Y		10c, CITY	, TOWN OR L	OCATION	1				IOd. INSIDE CITY
MARYLAND	WI	COMICO			SALSI	BUR	Y				YES 2 NO
Oo. STREET AND NUMBE	٩					10f. ZII	P CODE		10g. CIT	IZEN OF WH	AT COUNTRY?
720 BAKE	R STREE	T					21801			US	A
I. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.					IIC ORIGIN? (Specify	fea or No-		- American Indian, White, etc.
Never Married 2			MAR OR DATES	MINO			NO Specifi	n, Puerto Rican, etc.)		Specify	
Wildowed 4 Di										<u> </u>	WHIT
	CEDENT'S EDU nly highest grade		16a.	Give kind of w	vork done durin	PATION g most of	f working	16b. KIND OF	USINESS/IN	DUSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5	+)	lite. Do NOT us							
7 YERAS		NO		SALE	S CLER					RETA	IL
FATHER'S NAME (First,	Middle, Last)	D	000000	D110		16		IAME (First, Middle, Maiden Sumame)			
WILLIE		R.	STEPH				JERDI			TRUIT	T
DO INFORMANT'S NAME		HOURED						Route Number, City or			
FRANCES LO								SS ANNE,		21853	
a. METHOD OF DISPOS  Burial 2 Cremat  Donation 5 Oth		oval from Stata	BEE	CE OF DISPOS F Plece) CHWOOD	CEMET	ERY	ery, crematory or			S ANN	E, MD
. SIGNATURE OF FUNEF	AL SERVICE LI	Clource	20		HOL	LOW		CRAL HOME		, MD	21801
23. PART I. Enter the shock, or iMMEDIATE CAUSE (F disease or condition resulting in deeth)	heart fellura. Inal	e. Due To	use on each 1	lina.					apiratory a	rrest,	Approximate Interval Betwee Onset and De
Sequentisity list cond f any, leading to Imm	itions, ediata YING	G	OR AS A CON								
ause. Enter UNDERL AUSE (Disease or In het Initiated events	ST	d									
ause, Enter UNDERL AUSE (Disease or In hat Initiated events esuiting in death) LA	-	d	death but no	ot resulting l	in the under	rlying c	ause given in	PERI	AN AUTOPSY ORMED? 2 NO		WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ause. Enter UNDERL CAUSE (Disease or in het initiated events esuiting in death) LA PART II. Other signific	cent condition	d contributing to	death but n	ot resulting (				PERI	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
ause. Enter UNDERL AUSE (Disease or Inhet Initiated events soulding in death) LA ART II. Other signific s. WAS CASE REFERRED EXAMINER?	cent condition	HOSPITAL:			OTHER:	26. PLAC	E OF DEATH (Ch	PERI 1 NES	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
AUSE (Disease or in at initiated events southing in death) LA	cent condition	HOSPITAL:	□ ER/Outp#tlen	t 3 □ DOA	OTHER:	26. PLAC	E OF DEATH (Ch	PERI 1 YES	PORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
ART II. Other significations of the Examiner?  LAWSE CASE REFERRED EXAMINER?  MANNER OF DEATH	cent condition	HOSPITAL: 1   inputiont 2	□ ER/Outp#tlen	R 3 □ DOA	OTHER: 4   Nursing E OF   28	Home	E OF DEATH (Ch	PERI 1 NES	PORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
ause. Enter UNDERL AUSE (Disease or in heat Initiated events assulting in death) LA ART II. Other signific  S. WAS CASE REFERRED EXAMINER?  1  YES 2 NO  MANNER OF DEATH  1  Accident 3  Suicide 6	TO MEDICAL  Pending Investigation  Could not be	HOSPITAL: 1   inputient 2 26a. DATE 0 (Month,	☐ ER/Outpation	R 3 DOA 26b. TIM	OTHER: 4   Nursing E OF   28	26. PLAC Home c. INJURY WORK	E OF DEATH (Ch	PERI 1 YES	ORMED?  2 NO  N INJURY Of the and Number and	CCUREO	MMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH! 1 YES 2 NO
AUSE (Disease or Inhat Initiated events esuiting in death) LA  ART II. Other significations of the control of t	TO MEDICAL  Pending Investigation  Could not be determined	HOSPITAL: 1   inpatient 2 26a. DATE 0 (Month, 26e. PLACE building	ER/Outpation FINJURY Day, Year)  OF INJURY — A , etc. (Specify)	29b. TIM	OTHER: 4   Nursing E OF   28 URY   1 street, factory,	28. PLAC Home c. INJURY WORK YES	E OF DEATH (Ch 6) Realdence Y AT 3 2 \( \) NO	PERION (Specify)  6 Other (Specify)  28d. DESCRIBE HO  26f. LOCATION (Str. City or Town, St	2 NO N INJURY O	CCUREO  or or Rural Ro	MMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH! 1 YES 2 NO
S. WAS CASE REFERRED EXAMNER?  1 YES 2 NO  7. MANNER OF DEATH  1 Netural 6 EACHORING  3 Suicide 6 EACHORING  4 Homicide  9a. CERTIFIER (Check only)	TO MEDICAL  Pending Investigation  Could not be determined	HOSPITAL: 1   inpertent 2 26a. DATE 0 (Month, 26e. PLACE building	□ ER/Outpation F INJURY Day, 'bar')  OF INJURY — A, etc. (Specify) If my knowledge	26b. TIM INJ thome, ferm, o	OTHER: 4   Nursing E OF   28 URY   1 street, factory,	28. PLAC Home c. INJURY WORK YES offica	E OF DEATH (Ch. 6) Realdence 7 AT 3 2 NO	PERI 1 YES  1 YES  6 Other (Specify)  28d. DE\$CRIBE HO  28f. LOCATION (Sinc. City or Town, Si	ORMED?  2 NO  V INJURY O	or or Aural Ro	MARLABLE PRIOR TO COMPLETION OF CAUSI OF DEATH!  1 YES 2 NO
Cause. Enter UNDERL CAUSE (Disease or In that Initiated events resulting in death) LA PART II. Other signific  S. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Netural 2 Accident 3 Suicide 4 Homicide  9a. CERTIFIER (Check only)	Pending treetigation  Could not be determined  RTIFYING PHYS  DICAL EXAMINI	HOSPITAL: 1 Inputient 2 26a. DATE O (Month, 26b. PLACE building	□ ER/Outpation F INJURY Day, 'bar')  OF INJURY — A, etc. (Specify) If my knowledge	26b. TIM INJ thome, ferm, o	OTHER: 4   Nursing E OF   28 URY   1 street, factory,	PLAC Home c. INJUR WORK YES offica data and	E OF DEATH (Ch. 6) Realdence 7 AT 3 2 NO	PERI 1 YES  1 YES  6 Other (Specify)  26d. DE\$CRIBE HO  26f. LOCATION (Str. City or Town, St	ORMED?  2 NO  N INJURY One of and Numbers of and due to	or or Rural Ro	MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH!



		ges 1, 2,	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPIDAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, is fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
OX 1	ate be end	ysician a	traum
.O. B	n certifica	nding ph Hygiene	or other
S, P.	the death	d Mental	Injury, o
CORE	lines that	signed by Health an	ws any
L RE	law requ	as been Jept. of	23 sho
VITA	IAN: The	rtificate h	or Item
OF	PHYSIC	r this cent	arked,
SION	TENDING	TOR: After	28 is m
	AL OR AL	A DIREC	If Item
	HOSPIT	FUNERA Within 7	TANT: 1
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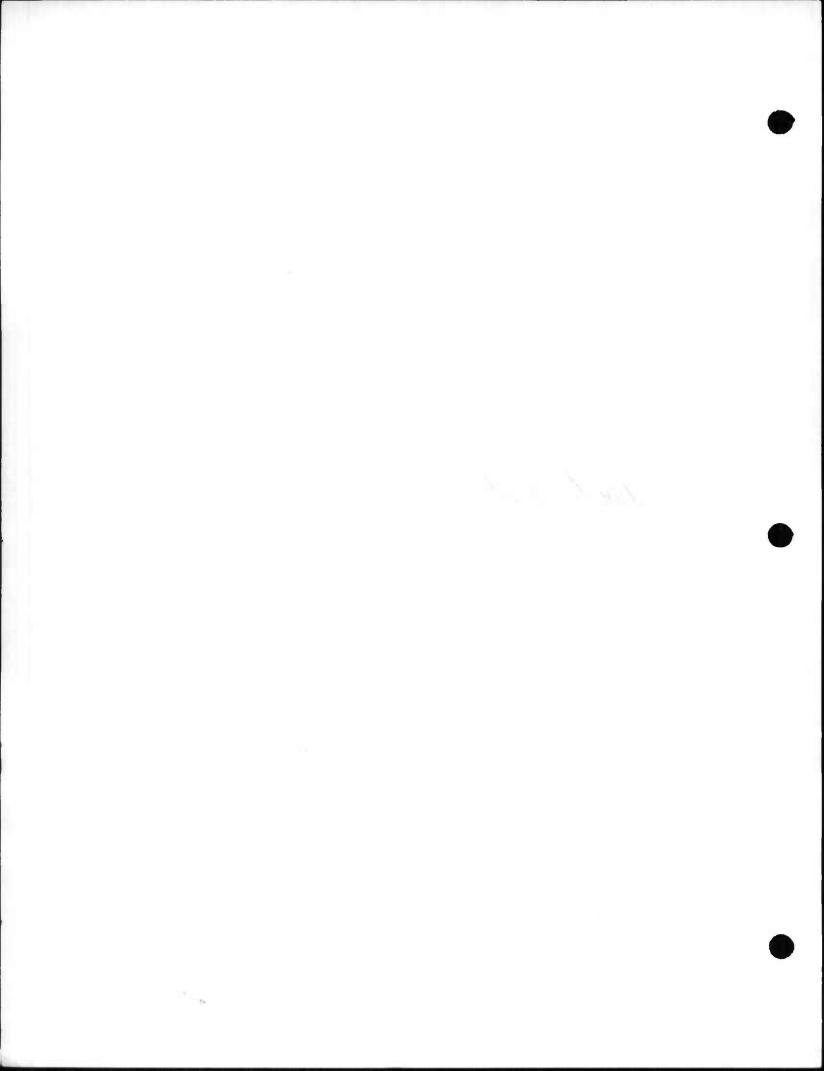
1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Las G. FRANCIS	0	DAW			2. DATE OF DEATH DA MARCH 15,		3. TIME OF DEATH 12:15 A.
4. SOCIAL SECURITY NUMBER 578-09-9574	1 X M 2 🗆 F	86 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JUNE 12,19	904 WA	HTHPLACE (State or Foreign buntry) SHINGTON, D. (
9a. FACILITY NAME (If not institution, given KENSINGTON GARDI			KENSIN	GTON	EATH	MONTG	
TOO. STATE 10b. COUNTY  MARYLAND MON	my NTGOMERY		TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10a. STREET AND NUMBER		011		1, ZIP CODE		2.15	OF WHAT COUNTRY?
10820 GEORGIA AV 11. MARITAL STATUS 1	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	2 NO	If yes, o		NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	S	A  ACE — American Indian, Black, White, atc.  pecify:  ITE
15. OECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	OUCATION ide completed) College (1-4 or 5+)	16a. OECEDENT'S U (Give kind of wo life. Do NOT use PRINTER	ork done during m retired.)	ON pet of working	16b. KINO OF BUS	INESS/INOUSTR	Υ
17. FATHER'S NAME (First, Middle, Last)	DAW				ME (First, Middle, Melden LIA McCA)		
19a. INFORMANT'S NAME (Type/Print)  CATHERINE B. DA	AW (WIFE)				Route Number, City or Town #309 SILVE		G,MD. 20902
20e. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Re 4 Donation 6 Other (Specify)	emoval from State	other place) GATE OF H	EAVEN C	EMETERY	SIL	CATION — City of VER SPR	r Town, State ING, MARYLAN
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE BIA	le~	FRANC		LLINS FUNE		E, INC. R.,MD.20901
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO IGHT AS	A CONSEQUENCE OF	ry /	fail	urest		
PART II. Other significant condit	ons contributing to death	but not resulting in	the underlying	g cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (C		J.	
27. MANNER OF DEATH  1 Natural 6 Pending	28e. DATE OF INJUR (Month, Day, Year	7 28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO	6 ☐ Other (Specify)  28d. DE\$CRIBE HOW I	NJURY OCCURE	0
2 Accident Investigation 3 Suicide 6 Could not 1 4 Homicide determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, st pecify)	reet, factory, offi	De .	281. LOCATION (Street City or Town, State)		iral Route Number,
and army	YSICIAN: To the best of my kn						use(s) and manner as stated
206. SIGNATURE AND TITLE DECENTED  30. NAME AND AGDRESS OF PERSON	NEO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	29c, LICENSE NU	544	29d. DATE SIG	NED (Month) Day, Year)
JOHN MERENDING 31. DATE FILED (MORID, Day, Your) MAR 1 8 '91	32. BEGISTRAR'S SH		ROAD #	216 ROC	KVILLE, MA	RYLAND	20852



TO BE COMPLETED BY FUNERAL DIRECTOR

1		, 2, 3		
BALTIMORE, MARYLAND 21203-3146	NG PHYSICIAN: The law requires that the death certificate be executed within 24-rours after death. Page 6 may be retained by the hospital or attending physician.	fler this certificate has been signed by the attending physician and completely filled in by the funeral directiol, page 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3,	ation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notifiled at once.

	REGISTRAR		CE	RTIF	CATE C	F DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last) EDGARDO	٧.	d	e LEC	N		2. DATE OF DEAT MONTH March		1991	3. TIME OF DEATH 7:30 AM M
	553-85-9812	1 📉 M 2 🗆 F	6. AGE (In yrs. lasi		IF UNDER 1 YEA	S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 6-10-192	26	Mar	nila
PO	9a. FACILITY NAME (If not institution, give stre 14402 Innsbruck Co	17.				n or Location of DE	ATH		ntgor	
5.4	10a, STATE 10b, COUNTY			100 CITY	TOWN OR LO	CATION				10d, INSIDE CITY
- DIRECTOR	Maryland Montg	omery			ver S	ring		T		LIMITS? 1 X YES 2 NO
FUNERAL	14402 Innsbruck					10f. ZIP CODE 20906			USA	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 ( IF YES, GIVE WA		MED IO	If yes	DECENDENT OF HISPAN, specify Cuben, Maxica YES 2 1 NO Specify	n, Puarto Rican, atc		14. RAC Blac Spec	E — American Indian, ck, White, etc. city: Asian
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elamentary/Secondary (0-12) 1 1 2	completed) College (1-4 or 5 +)	(Gi	ive kind of w Do NOT use	sual occup ork done during retired.)	most of working		BUSINESS/II		rlines
Σ	17. FATHER'S NAME (First, Middle, Last)		3				ME (First, Middle, Mi	_		
BE CC	Ignacio deLeo	on	-			Rosari	lo Verga	a		
2	190. INFORMANT'S NAME (Type/Print)  Resurrection del	Leon				eet and Number or Rural in ruck Court				Md. 20906
	20a METHOD OF DISPOSITION 1 Wourlai 2 Commodon 3 Remod	val from 960	20b. PLACE other pla	of dispos Gate	of He	cometery, crematory or aven Cemet	ery \$1	Location -	- City or T prin	own, Stata
	21. SIGNATURE OF FUNERAL SERVICE POE	Mark	į.		22 NAM Hin	es/Rinald	Funera:	l Home		, Md. 20904
	23. PART i. Enter the diseases, or contained, or heart feliure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	ist only one caus	ceused the dese on each line	Sing	PN.	Range of dying, euc	h ea cardlec or i	espiratory a	irrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events recuiting in desth) LAST		OR AS A CONSE						_	
岚	4									
MEDICAL	PART II. Other significent conditions	contributing to	deeth but not a	resulting i	n the under	ying ceuse given in	PE	S AN AUTOPS REFORMED?	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ż	l					10.71				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? /	HOSPITAL:				8. PLACE OF DEATH (CA	eck only one)			
S	1 VES 2 NO	1   Inpetient 2	ER/Outpatient 3	DOA	OTHER: 4 Nursing	Home 5 🖺 Realdence	8 Other (Specify	)		
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, Da		28b. TIMI	JRY	INJURY AT WORK?	28d. DESCRIBE	OW INJURY O	CCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined		F INJURY — At he atc. (Specify)	ome, farm, s			281. LOCATION (S City or Town,		ber or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOUNTING PHYSIC					data and place, and due				(a) and menner as stated.
BE	296. SIGNATURE AND TIPLE OF CERTIFIER	A MA	The '	mx		29c. LICENSE NU	MBER 8	29d. D	TE SIGNE	(Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO Kenneth D. Mill					p Dr., 01:	ney, MD	20832		
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE							1.0



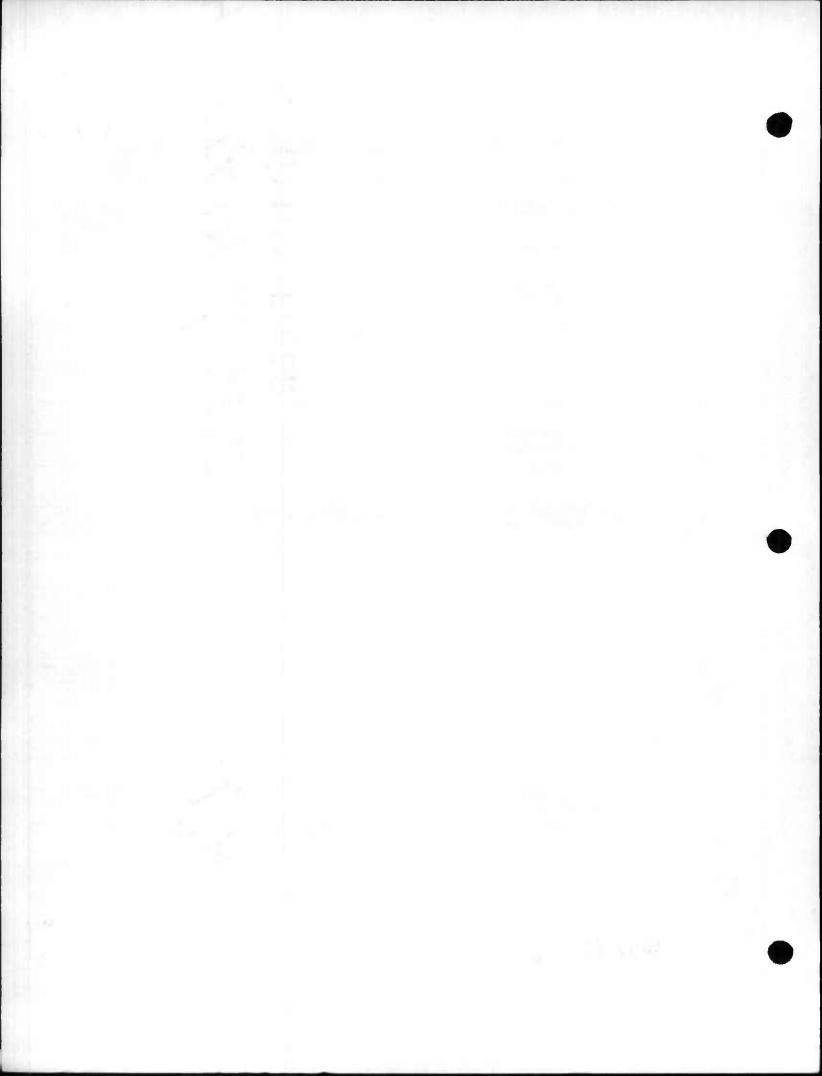
13146,
BOX
, P.O.
RECORDS, I
OF VITAL
DIVISION

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	1	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should		1
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DIVISION OF VITAL RECORDS, P.O. BOX 13146.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 nours after death. Page 6 may be retained by the hospital or attending physician.	RECT	be filed within 72 hours after death with the State Dept. or Hearth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)
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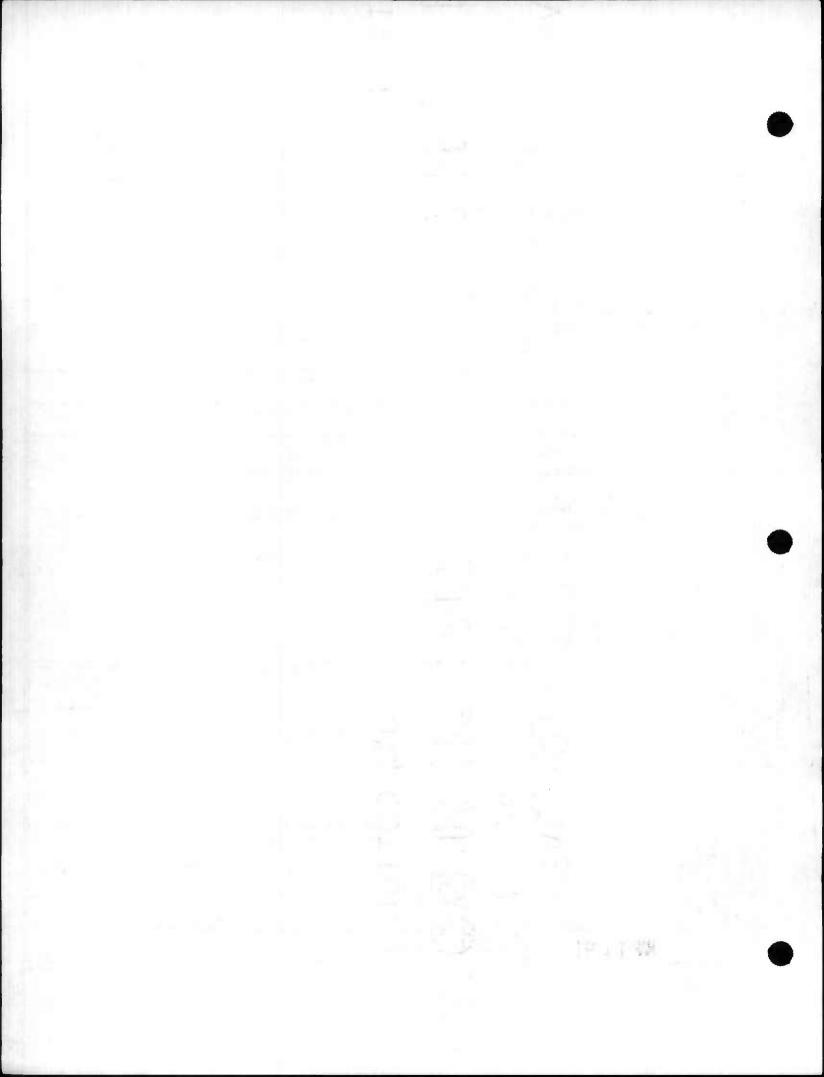
32 REGISTRAR'S SIGNATURE
Julia Davidson Randall

	FOR STATE REGISTRAR	STATE OF N	IARYLAND / DEP/ CERTI	ARTMENT (	OF HEALTH AND OF DEATH	MENTAL HYGIEN	_	08668
	1. DECEDENT'S NAME (First, Middle, Last)  ROSE P. DINNEE					MARCH 7	1991	3. TIME OF CEATH
	4. SOCIAL SECURITY NUMBER 022-09-8978	5. SEX 1 M 2 7 F	8. AGE (In yrs. lest birthda	MONTHS	DAYS HOURS MIN.	JUNE 21, 1	BIRTHPLACE (State or Foreign Country) ASSACHUSETTS	
TOR	9a. FACILITY NAME (II not institution, give some state of the state of			96. COUNTY OF DEATH SILVER SPRING MONTGOMERY				
DIRECTOR	MARYLAND MONT	GOMERY	10c. (	SILVE	LOCATION R SPRING			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER  1001 SPRING STREE  11. MARITAL STATUS		T EVER IN U.S., ARMED		101. ZIP CODE 20910		US	
ВУ	1 Never Married 2 Married 3 🛱 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NO	H y	IS DECEMBENT OF HISP rea, specify Cuban, Mexi YES 2 X ND Spe		oa or No—	I. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8 +	(Give kind	Tues retired.)	SUPATION ring most of working	16b. KINO OF BU	ISINESS/INDUS	
OM	17. FATHER'S NAME (First, Middle, Last)		DIOKE	OWNER	18. MOTHER'S I	NAME (First, Middle, Meide	n Surname)	
BE C	MICHAEL J. CAI	LLAHAN			HANN	NAH M. LONG		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	ING ADDRESS (	Street and Number or Run	al Route Number, City or To	wn, State, Zip Co	ode)
	MAURICE R. DINNE	EEN (SO			ENWELL COU			NTA 22015
	20s. METNOD OF DISPOSITION  1 VBurial 2 Cremation 3 Rem  4 Donation 5 Other (Specify)		other place)	HEAVEN	of cometery, crematory of CEMETERY	SIL		RING, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	laclary		FRA	NCIS J. CO UNIVERSIT	LLINS FUNE	RAL HO	ME, INC. PR.,MD. 20901
	23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition	List only one csu	se on each line.				~	interval Between
	resulting in death)	DUE TO	(OR AS A CONSEQUENCE	E OF):		-1,2		
ATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING	b. OUE TO	(OR AS A CONSEQUENCE	OF):	anter	2 15.	500	٠. عـ
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSEQUENCE	E OF):				
PHYSICIAN: MEDICAL CI	PART II. Other significent condition	ns contributing to	death but not resulting	ng in the und	erlying couse given		N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
.ï								1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 DO/	OTHER:	26. PLACE OF DEATH (			
ВУ РНУ	27. MANNER OF DEATH  1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF (Month, D		TIME OF 2	8c. INJURY AT WORK?	28d. DEŞCRIBE NOW	INJURY OCCU	RED
0	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE D building,	F INJURY — At home, fan etc. (Specify)	m, street, factor	y, office	281. LOCATION (Stree City or Town, Stat		Rural Route Number,
COMPLETE	(Silout Sily)		my knowledge, death occ					l. cause(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CENTURE	Oà	6	ne	29c. LICENSE N	NUMBER 8546	29d. DATE 5	SIONED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	-		8 w	Sons	.(0)	DUR NO



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removal	edical
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cremation,	vent, the
irs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
Hygiene pr	or other t
nd Mental	Injury, 1
of Health a	shows any
Sept.	23
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FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF H		MENTAL HYGIEN				
1. DECEDENT'S NAME (First, Middle, Last DONALD	HENRI	DES	JARDINS,	SR.	2. DATE OF DEATH ON THE O	195	3. TIME OF DEATH 7:00 P		
4. SOCIAL SECURITY NUMBER  579-30-3472  9a. FACILITY NAME (If not Institution, give	1 💢 M 2 🗆 F	(In yrs. lest birthday) 63 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 13,	(	SHINGTON, DC		
9412 GARWOOD			SILVER				GOMERY		
10a. STATE 10b. COUNTY MARYLAND	MONTGOMERY	10c, CI	SILVER	SPRING			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10e. STREET AND NUMBER 9412 GARWOOD	STREET		101	ZIP CODE 209	001	10g. CITIZEN	OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR 1951-1953	2 NO	If yes, spi		NIC ORIGIN? (Specify Ye in, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc. Specify: WHITE		
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 1 2	DUCATION	16a. DECEDENT'S		N at of working	NATION		D ASSOCIATIO		
17. FATHER'S NAME (First, Middle, Last) HENRI G.	DES JAI	RDINS		18. MOTHER'S NA	ME (First, Middle, Maider B •	Surname) ETCHIS	ON		
	199. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  200. METHOD OF DISPOSITION  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  30 BARLEY FIELD COURT, DICKERSON, MARYLAND 2  200. METHOD OF DISPOSITION  200. PLACE AND DATE OF DISPOSITION (Name)  201. DATE 202. LOCATION — City or Town, State								
1 \( \) Buriel 2 \( \) Cremation 3 \( \) Re 4 \( \) Donetion 6 \( \) Other (Specify) \( \) 21. SIGNATURE OF FUNERAL SERVICE	emoval from State	ob. PLACE AND DATE COMPANY COMPANY OF T	YEAVEN CE	METERY	SI	LVER SP	RING, MARYLA		
- andruce	L. Cole		500 UN	IVERSITY		, SIL.S	P., MD 20901		
23. PART I. Enter the diseases, or shock, or heert fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on Rupting	A CONSEQUENCE O	te Our	Lurysn			Approximate interval Between Onset and Des		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE (							
PART II. Other significant condition	iona contributing to death	but not resulting	in the underlying	g cause given in		RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (C/	heck only one)				
27. MANNER OF DEATH	1 Inpatient 2 I ER/Os  28s. DATE OF INJURY (Month, Day, Year)	7 26b. TI	4 Nursing Hom ME OF 28c, INJ IJURY WO	URY AT	6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUR	ED		
1 Netural 6 Pending 2 Accident Investigatio 3 Suicide 6 Could not t 4 Homicide determined	28e. PLACE OF INJUI building, etc. (%)	RY — At home, farm, secify)		YES 2 NO	261. LOCATION (Street City or Town, State		Sural Route Number,		
one)	YSICIAN: To the best of my kno						ause(a) and menner as stated.		
30. NAME AND ADDRESS OF PERSON	TER WALL	And		29c. LICENSE NU	MBER		GNED (Month, Day, Year)  13 1991		
	LUE JR. Y	XP.	111 P	ENN STRE	ET BALTI	MORE, M	ARYLAND 2120		

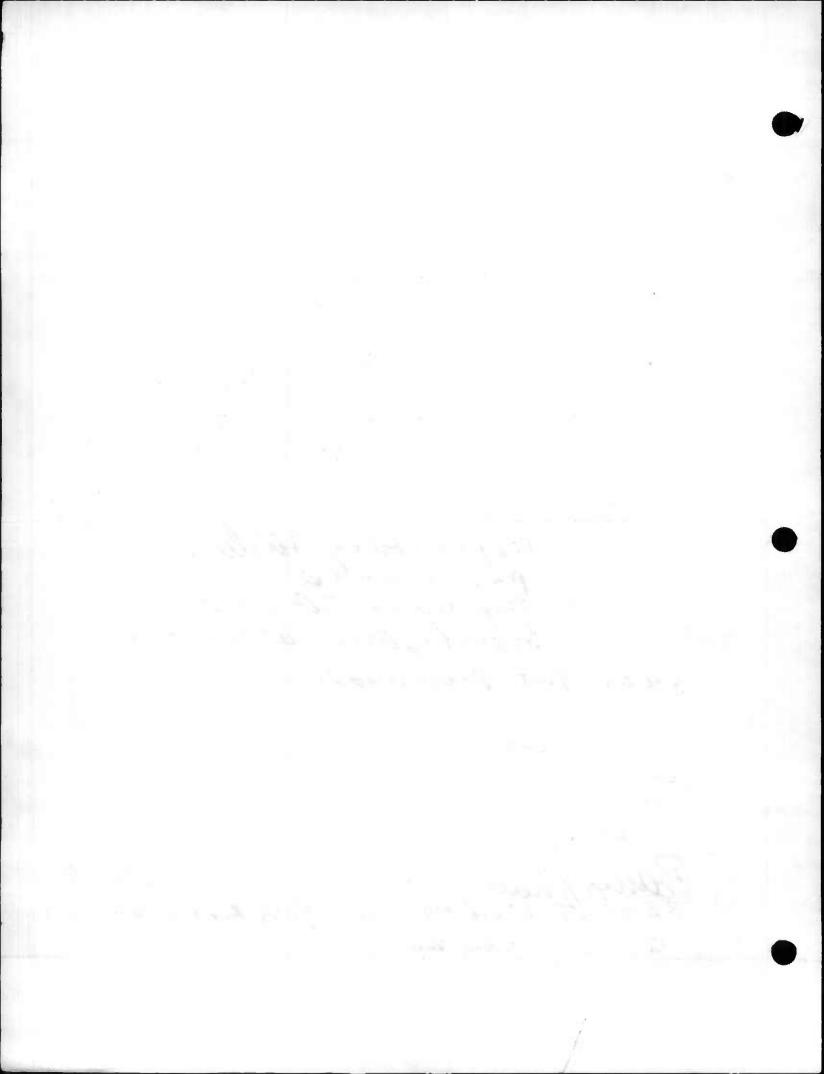


2301

DHMH-16 Rev 1/89

_	REGISTRAR		CERTIF	CATE OF	DEATH	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Last)	bert L.				2. DATE OF DEATH MONTH	DAY - GI	3. TIME OF DEATH
) ;	4. SOCIAL SECURITY NUMBER 27-34-1784	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	28 a. BIR COU	
108	90. FACILITY NAME (If not institution, give so  FOR COSS  RESIDENCE OF DECEDENT	Hospital		SI V	er Sp1	EATH /	9c, COUNTY OF	ntgomery
- DIREC		lontgomer		TOWN OR LOCAT	Sprin	29		10d. INSIDE CITY LIMITS2  1 VES 2 NO
FUNERAL	2402 Darrou		,		2090	2	1.5	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Narried 3 Divorced	12. WAS DECEDENT EYER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO		city Cutten_Mexico	NIC ORIGIN? (Specify ' an, Puarto Rican, atc.) fy:		CE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION FOR done during mode retired.)	ON at of working		motive	
	17. FATHER'S NAME (First, Middle, Lest) Alonza Dudley		140011	arro	18. MOTHER'S NA Betsy	ME (First, Middle, Meid Gibson	en Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Pauline Dudle	У	196. MAILING 241.0	ADDRESS (Stroot a	nd Number or Rurel OW Stre	Poute Number City or Te et/Silv	own, State, Zip Code) er Spri	ng, Md2090
	20e FETHOD OF DISPOSITION 1. Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	b. PLACE OF DISPOS Other places HOLLY	Memoria	al Gard	lens C	LOCATION — City or harlott	Town, State esville, V
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		-	gue Fur	neral Se	rvice 2	260 Ivy Rd har'vlle,V
Z	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. PLE TOPOR AS	A CONSEQUENCE OF	lucy	The	illu	epiratory errest,	Approximate Interval Between Onset and Deeth
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE OF	enie	- Ca	run	Uma	<
MEDICAL	PART II. Other eignificent condition	ge contributing to death	but not resulting	in the underlying	g ceuse given in	PERF	AN AUTOPSY 2 COMMED?	4b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPUTAL:	Ipatient 3 🗆 DOA	OTHER:	ACE OF DEATH (C	heck only one)  6  Other (Specify)		
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		URY WO	URY AT PRK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCURED	
ETED B	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, etc. (Sp.	Y — Al home, ferm, : ec/ly)	street, factory, offic	•	281. LOCATION (Stre City or Town, Str	et and Number or Run ete)	al Route Number,
COMPLE	(Original Orin)	ICIAN: To the best of my kno						e(s) and menner as stated.
TO BE CO	206. SIGNATURE VANO TITLE OF CERTIFIE  AND MARKE AND ADDRESS OF PERSONNEY	housen	no,	)	29c. LICENSE NU		29d. DATE SIGN ▶ 3/	24/91
	31. DATE FILED (Month, Day, Veer)	COMPLETED CAUSE OF B	ומי,	-480 ,	1 MAS	5. Aug.	N·w-n	ASH, D.C
	MAR 28 '91	Ata Buide	m Andell			,		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit pern, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

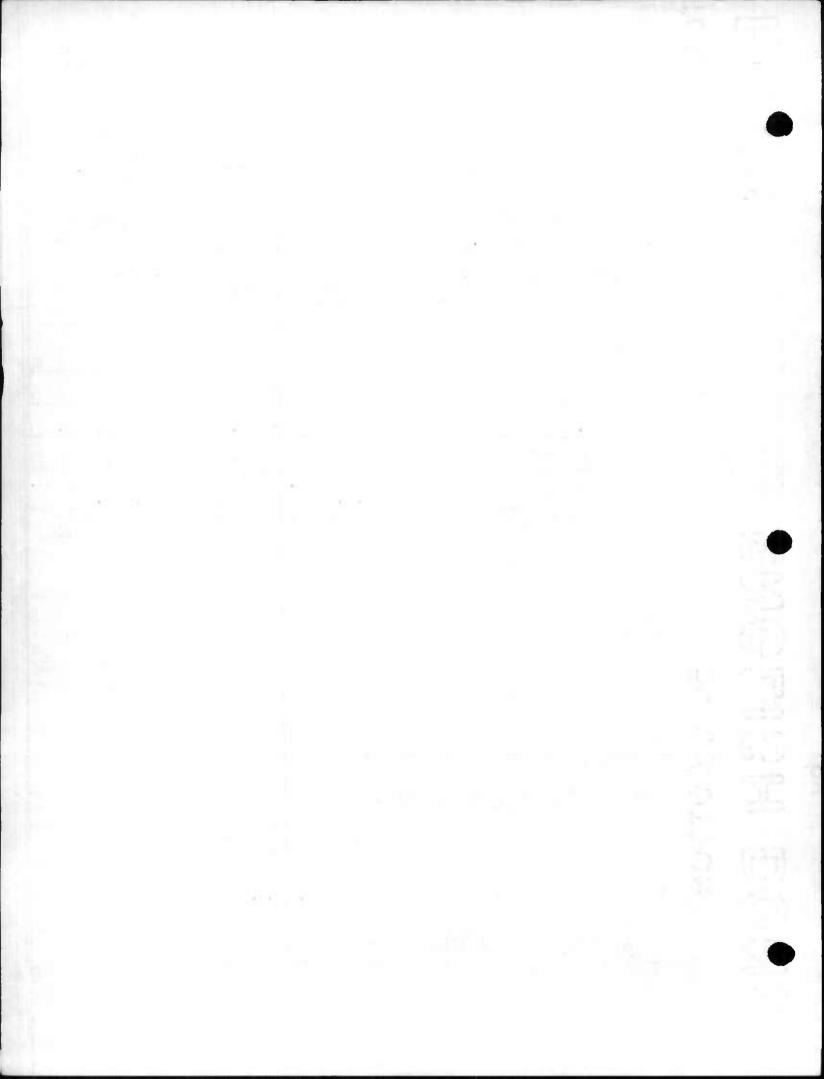
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, APR

32. REGISTRAR'S SIGNATURE
Gulia Davidson

REGISTRAR  DECEDENT'S NAME (First, Middle, Lest)		OEF	1111110	7.12 01	DEATH	2 DATE	REG. NO.			3. TIME OF DEATH
LISA	LYNN			DAVI	S	MONT 03		8	YEAR 91	9:15 P
SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. last b		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			IPLACE (State or Foreign
214-13-9668	1 🗆 M 2 🙀 F	18	YRS.	NTHS DAYS	HOURS MIN.	3-	7-197	3	Count	" MD.
FACILITY NAME (If not institution, give	street and number)		96	L CITY, TOWN	OR LOCATION OF D			9c. COUN	ITY OF D	DEATH
WASHINGTON COUNT	Y HOSPITA	AL.		HAGERS	TOWN			WASH	ING	TON COUNTY
e. STATE 10b. COUNT			10. 00777 77	OWN OR LOCAT	TION .					10d. INSIDE CITY
	ngton C			r Spr						LIMITS?
STREET AND NUMBER	.11g 0011 0	0.	Olca.		L ZIP CODE		_	10g. CITIZ	ZEN OF V	1 YES 2 NO
11731 Rocky	Meadow	Rd		- 02	21722				S.A	
. MARITAL STATUS		IT EVER IN U.S. ARME	ED		ENDENT OF HISPA	NIC ORIGII	i? (Specify Yes			E — American Indian, k, White, etc.
Never Married 2 Merried	FORCES?	YES 2 NO			ecity Cuben, Mexic		Ricen, etc.)		Spec	46
Widowed 4 Divorced						,		F		Whited
15. DECEDENT'S EDI (Specify only highest grad		16a. DECE (Give	EDENT'S USU	UAL OCCUPATION done during monthing.)	ON ost of working	168	. KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)					Cobo	- 3		
11		Ja	uden	U			Scho			
FATHER'S NAME (First, Middle, Lest) ichard Thomas	David				18. MOTHER'S N		Middle, Malden aria		0.770	
	Davis									
Richard T. I	ania				M 02 d 01					ng. MD.2
METHOD OF DISPOSITION			1 -	FOISPOSITION		-	E 20c. LO		ula .	
SIGNATURE OF FUNERAL SERVICE L	ICENSEE O	o'cretara:	rematory or i	Win Place Place A Dona P.O.	morial PADDRESS OF F	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	- Happson Spar Sp	gers Fune prin	tow ral	n, MD Home,In MD.21722
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SIONATURE OF FUNERAL SERVICE L  3. PART I. Enter the diseases, or ahock, or heart failure MMEDIATE CAUSE (Final isease or condition equiting in death)  equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events	complications th. List only one ca	at caused the deat	th. Do not  TUS W  JENCE OF):	22. NAME A DONA P. O	morial NO ADDRESS OF F	4-1-1-1 h omp	- Happson I	gers Fune prin	tow ral	n, MD Home,Ind ND.21722
Autorial 2 Cremetion 3 Rer Donation S Other (Specify) Signature of Funeral Service L Signature of Funeral Service L  3. PART I. Enter the diseases, or ahock, or heart failure MMEDIATE CAUSE (Final sease or condition seulting in death)  equentially list conditions, any, leading to immediata ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events seulting in death) LAST	complications th. List only one ca	at caused the deat use Dn aach lina.  TES MEILIT D (OR AS A CONSEOU	th. Do not  TUS W  JENCE OF):	22. NAME A DONA P. O	morial NO ADDRESS OF F	4-1-1-1 h omp	- Happson I	gers Fune prin	tow ral	n, MD  Home, Inc  MD.21722  Approximate interval Between
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SIGNATURE OF FUNERAL SERVICE L  SIGNATURE OF FUNERAL SERVICE L  3. PART i. Enter the diseases, or ahock, or heart failure along the sease or condition selling in death)  equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events resulting in death) LAST  ART II. Other significant conditions.	complications that. List only one ca	of central consequence of central consequence of co	th. Do not  TUS W.  JENCE OF):  JENCE OF):  suiting in t	the undarlyin	morial NO ADDRESS OF A Box 310 Nda of dying, su MPLICATION OF CAUSE GIVEN IN	ACLITY TO OMY ONS ONS	Happson Dear Street Str	gers Fune prin iratory arr	towral	n, MD  Home, Inc  ND.21722  Approximate interval Between Onset and Date  D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SIGNATURE OF FUNERAL SERVICE L  SIGNATURE OF FUNERAL SERVICE L  AND	complications that. List only one ca	of ceneral constant and constant caused the death use on each line.  The second constant cons	th. Do not  TUS W.  JENCE OF):  JENCE OF):  JENCE OF):	the undarlying 28. P	morial NO ADDRESS OF F BOX 310 Nda of dying, su MPLICATION OF CAUSE GIVEN IN	ACLITY IN OM ONS ONS ONS	Happs on Jean Specific Specify)	gers Fune prin ratory arr	towral g,	n, MD  Home, Inc  ND.21722  Approximate interval Between Onset and Dase  b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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Departion Other (Specify)  SIGNATURE OF FUNERAL SERVICE L  AND SIGNATURE OF SIGNATURE  AND SIGNATURE OF SIGNATURE  AND SIGNATURE OF SIGNATURE  AND SIGNAT	Complications this. List only one catalogue to the complex to the catalogue to the catalogu	of ceneral constitution of the constitution of	th. Do not  TUS W.  JENCE OF):   the undarlyin  22. NAME A  23. NAME A  P . O .  enter tha mo  ITH CO!  the undarlyin  28. P  THER:  Nursing Hor  Nor IN  M 1    Det, factory, officet the det	morial ND ADDRESS OF F BOX 310 Nda of dying, su MPLICATI  Ig cause given in LACE OF DEATH (C) THE 5 Recidence ORK? YES 2 NO Ce	ACLITY IN OMY Consider to the control of the contro	Hagos on Jean State of Responsibility of Specify)  24a. WAS AN PERFORM  1  YES 2  CATION (Street or Town, State)	AUTOPSY MALEO  AUTOPSY MALEO  AND	tow ral g, oat, cureo or Rural	Home, Inc.  MD.21722  Approximate interval Betwee Onset and Data  D. WERE AUTOPSY FINDING AMALBLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	



DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

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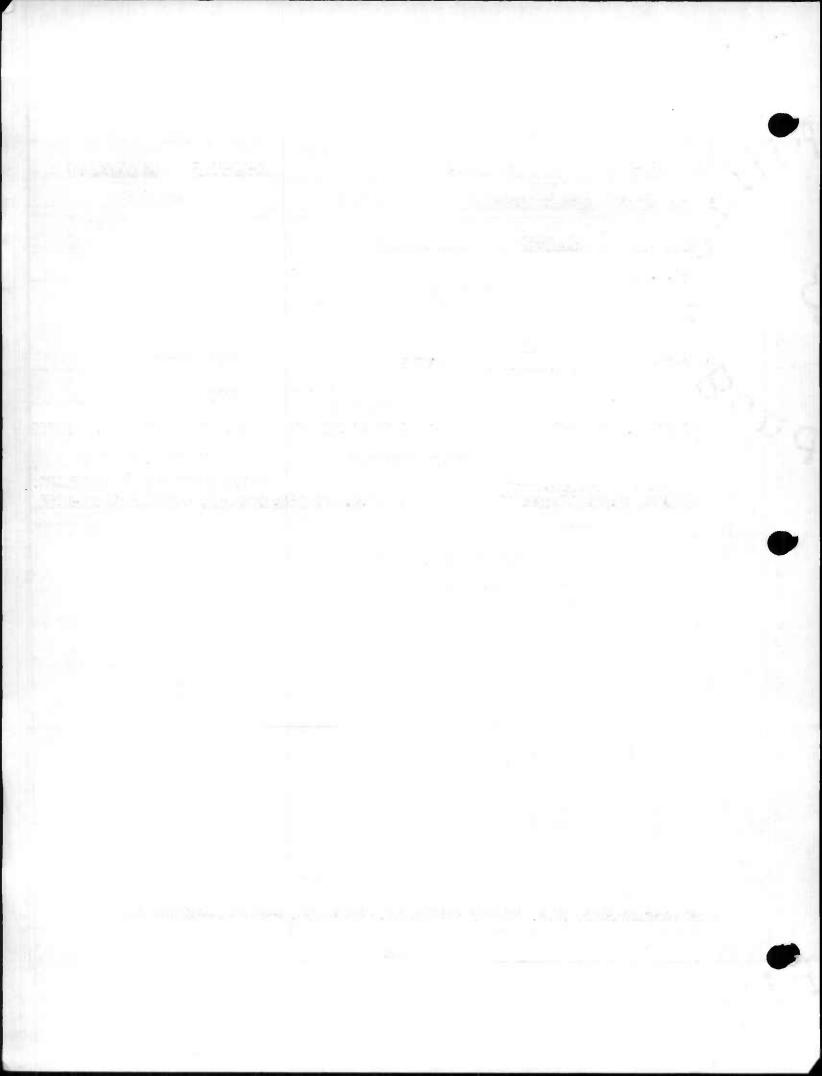
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ICIAN: The law requires that the death certificate be executed within c., yours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dent, or Health and Mental Hydiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this certise fled within 70 hours after death with the	IMPORTANT: If item 28 is marked,
	SPIT	NER.	=
	유	5	M
	王	五	2
	2	22	3

STATE REGISTRAR 1 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH LOULIE MARCH **PUGH** DODSON 19 1991 8:17A 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 🗌 M 2 👿 F 215-38-5142 83 9-28-1907 MISSISSIPPI 9e. FACILITY NAME (If not institution, give street end number) 95 CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH CHARLES PHYSICIANS MEMORIAL HOSPITAL LA PLATA RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND 1 YES 2 X NO **CHARLES** WELCOME 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P.O. BOX 90 20693 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indien, Black, White, stc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-PACES? 1 YES 2
YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 N NO Specify: 1 Never Merried 2 Merried
3 Widowed 4 Divorced Specify: WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) **12TH** AGENT REAL ESTATE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) JOSEPH S. PUGH LOULIE DICKINSON 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2825 FRIENDSHIP SCHOOL RD, MECHANICSVILLE, MD 20659 SUSAN D. GARDINER 20e. METHOD OF DISPOSITION
1 □ Burtel 2 N Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of com 20c. LOCATION - City or Town, State WALDORF, MARYLAND HUNTT CREMATORY 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY THE HUNTT FUNERAL HOME, INC. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Huntt yvan 7. JOAN F. HUNTT D00227 P.O. BOX 156, WALDORF, MARYLAND 20604-0156 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heert fellura. List only one cause on each line. Onset and Death **IMMEDIATE CAUSE (Final** disease or condition QY resulting in death) DUE TO OR AS A CONSEQUENCE OF hysema Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 - YES 2 X NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO ient 2 🗆 ER/Outpetient 3 🗆 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide 29e. CERTIFIER

Charle and:
1 September 1 September 1 September 1 September 200 Septem ition and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner as stated. 29c. LICENSE NUMBER D12587 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Dev. Year) My Millan ▶3-19-91 Heneyv Nath 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prim)
G SHANKAR, RAMH, M.D. 7C POST OFFICE RD. CENNA CTR. WALDORF, MARYLAND 20602 G SHANKAR.RAMH ,M.D. 31. DATE FILED (Month, Day, Year)
MAR 22 91 32. REGISTRAR'S SIGNATURE

Silia Davidson Randalle

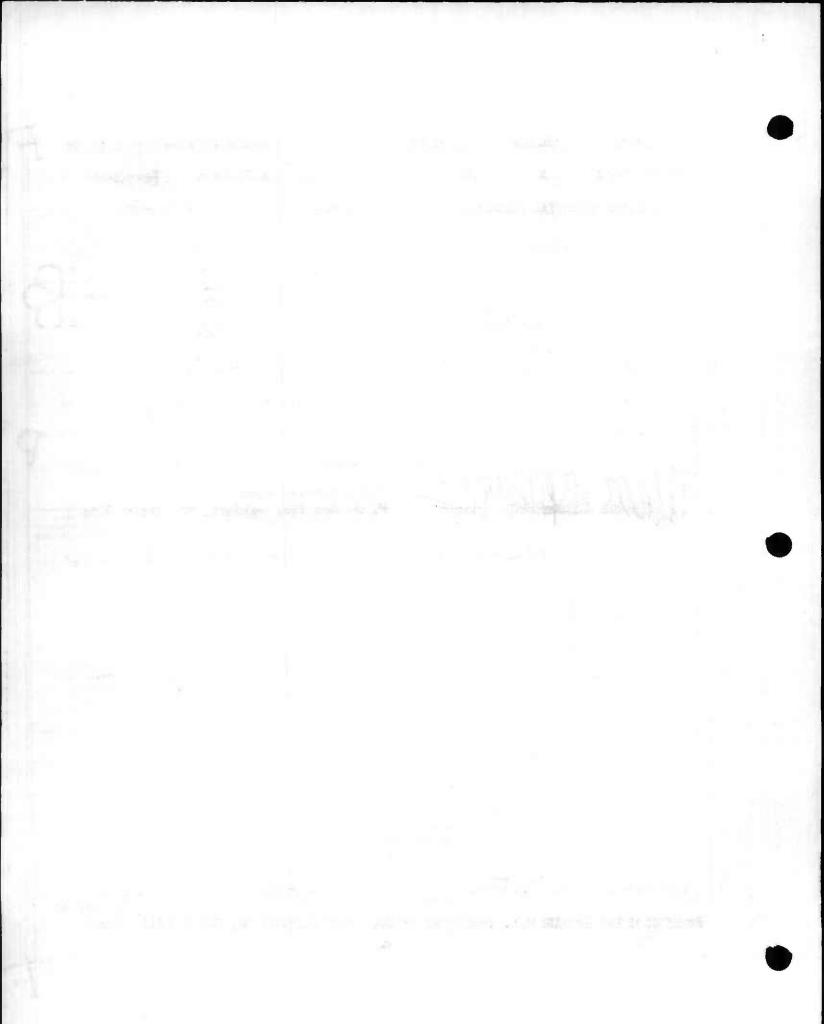


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7 mouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2.3 and filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

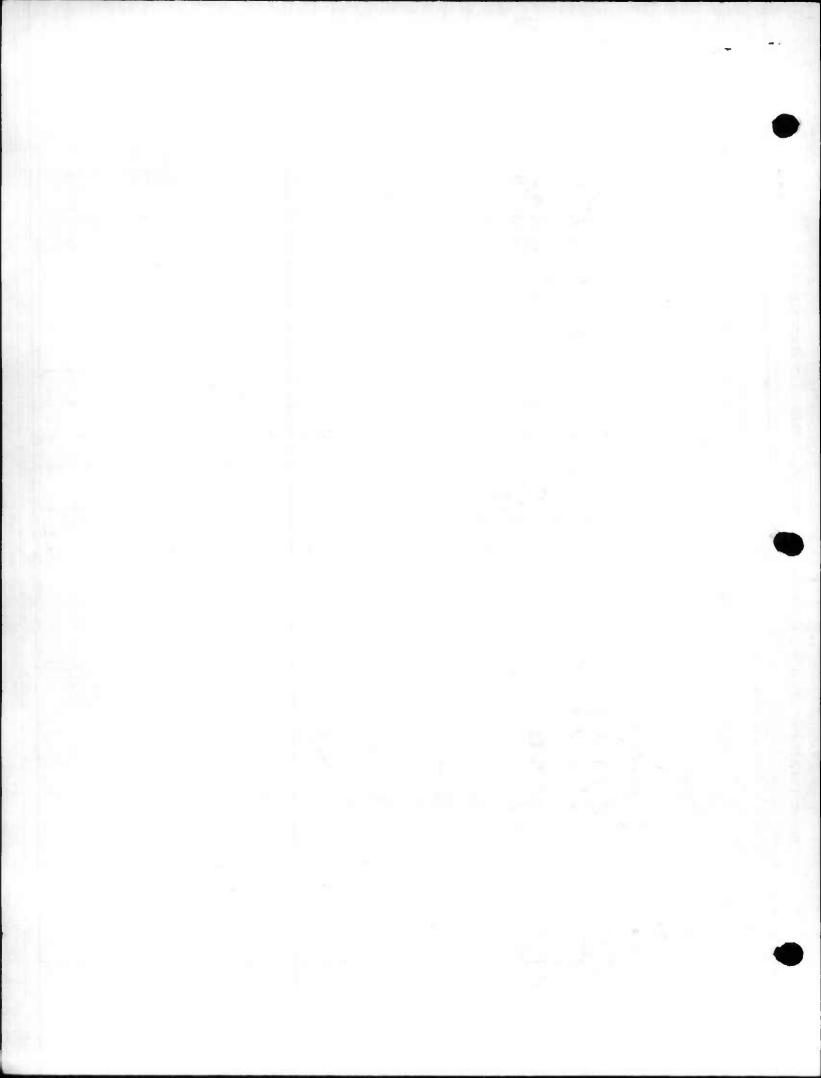
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					TENIAL HYGIEI REG. NO			,00,10
10	1. DECEDENT'S NAME (First, Middle, Lat	st)	OLITTI.								. TIME OF DEATH
	RICHARD	COLTON	DUTTON					MARCH 21			1.15 AM M
\	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	In yrs. last birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign
	215-38-4983	1 1 m 2 □ F 6 (	YRS.	MONTHS	DAYS	HOURS	MIN.	4-21-1930	)	Mary.	land
	9e. FACILITY NAME (If not institution, give	re street end number)		9b. CITY	, TOWN D	R LOCATIO	N DF DE	ATH	9c. COU	INTY OF DEA	тн
OR	PHYSICIANS MEN	ORTAL HOSPITA	Ţ.,	I.	A PI	ATA			CH	IARLES	
5_	RESIDENCE OF DECEDENT  10a. STATE  10b. COU			Y, TOWN I	DR LOCAT	IDN				10	0d. INSIDE CITY
DIRECTOR		Charles				lains					LIMITS?
7	10e, STREET AND NUMBER	idi ici		AALIT		ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		^//
R	Rt. 1, Box 388				2069	25		USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II				ENDENT O	F HISPAN	IC DRIGIN? (Specify Y	e or No-	14. RACE	- American Indian.
	1 Never Married 2 XXMerried	FDRCES? 1 X YES				ecify Cube 2 □xND		i, Puerto Rican, etc.)		1,000	White, etc.
ВУ	3 Widowed 4 Divorced	1954-1956								Specify: Wh:	ite
COMPLETED	15. DECEDENT'S E (Specify only highest gr		16e. DECEDENT'S (Give kind of	work done	during mo	ON at of workin	g	16b. KIND OF B	JSINESS/IN	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Contra					· ·			
MP	17. FATHER'S NAME (First, Middle, Last)		CUILLIA	CLUI		14 MOT	JED'O MAI	Consti		ON	
	Notley T. Dutton							Roberta Mo		kov	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRES	S (Street a			Noute Number, City or To			
2	Rita W. Dutton		Rt. 1	. Bo:	x 38	8. Wh	nite	Plains, M	Md. 2	0695	
	20e. METHOD OF DISPOSITION	200	. PLACE OF DISPO	SITION (N	ame of ce	netery, cren	natory or			- City or Town	n, State
	1 Duriel 2 D Cremetion 3 D 5 4 D Sonation 5 D Other (Newshy)	lemoval from State	St. Jose	ph's	Cem	etery	/	F	omfr	et, Ma	aryland
-	21. SCHATUTE OF PURPLAD SERVICE			22.	NAME A	ND ADDRE	SS DF FA	Home			
	MILLIAN K	Vde	1577					Waldorf.	Mad	20/0/	0156
	23. PAHJ/I Enter the diseases,	or complications that cause	d the deeth. Do								Approximete
	shock, or heart failu IMMEDIATE CAUSE (Final	re. List only one cause do e	1								Interval Setween Onset and Death
	disease or condition	ADENOC	CARC	in,	OW	A	0	F PRO	STA	TE	1200
Ì	resulting in death)		A CONSEQUENCE		-						
Z	Sequentially list conditions,	Б.									
	it eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE	OF):					i		
5	CAUSE (Disease or injury	c. DUE TO (OR AS	A CONSEQUENCE	DFI:						<u> </u>	
CERTIFICATION	that initiated events resulting in death) LAST	Total									
CE		0.						5 I			
CAL	PART II. Other algnificant condi	tiona contributing to deeth i	but not reaulting	in the u	ınderiyin	g cause	given in	PERF	N AUTOPS		WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE
							_	1 YES	2 NO		OF DEATH?
M											1 TYES 2 ND
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICA						PATH 60h				
IC.	EXAMINER?	HOSPITAL:		OTHE	R:			eck only one)			
ΗXS	1 VES 2 NO	1 Inpatient 2 ER/Out 28e. DATE DF INJURY	patient 3 DOA	_	7	JURY AT	esidence	6 Other (Specify) 28d. DESCRIBE HON	V INJURY O	CCURED	
	1 Natural 5 Pending	(Month, Day, Year)		NJURY	W	ORK? YES 2	NO				
ВУ	2 Accident Investigat 3 Suicide 6 Could not	28e. PLACE OF INJUR	Y — At home, farm	, street, fa	ctory, offi	ce ce		26f. LOCATION (Street		per or Rural Ro	oute Number,
ם	4 Homicide datermine		вслу)					City or Town, Sta	10)		
Ä	29a. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the best of my know	wiedge, death occu	rred at the	time, dat	e and plec	e, end due	to the cause(e) and i	nanner as a	itated.	
COMPLETED	(Crieck orny	MINER: On the basis of examinati									end manner as stated.
_	29b. SIGNATURE AND TITLE OF CERT	(IFIER L				29c. LIC	ENSE NU	MBER	29d. D	ATE SIGNED	(Month, Day, Year)
) BE	pull	M. Matter	٠			I	)-283	352	•	3-2.	1-91
5	30. NAME AND ADDRESS OF PERSON										WALDORF MD.
	KRISHAN MURRI M	ATHUR M.D. PEN	MBROOKE	SQUA	RE 5	046 F	HIGHW	VAY 301 S	DUTH	#213	20603
	31. DATE FILED (MONTY DON'S YOU'S 91	32. REMSTRAR'S BIG	NATURE Rand	i							



BALLIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	hin	tely illed mation, o	t, the n
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	cuted with	od compler	tlc even
۲ 2	e be exe	sician an	trauma
2	certifica	fing phy ygiene	other
7.	death	atten ental H	٦, ٥٢
2	at the	by the	y Inlu
Š	res th	igned ealth	rs an
H H	requi	been s	shov
AL	The law	e has	m 23
5	SIAN:	rtifical he Sta	or He
5	PHYSIC	with t	rked,
Z	DING	After	s ma
0	LEN	TOR:	28
2	OR A	DIREC	tem
	TAL	RAL	= :
	HOSE	FUNE	TANI
	出	THE	POR
	2	23	Ξ

	FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF H		MENTAL HYGIEN	0.00	08674	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YI	3. TIME OF DEATH	
	PHYLLIS	J. DAVIS				3 23		9:16 P M	
)	219-36-2103	5. SEX 6. AGE (In yrs. In	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/13/40	8. BIRTHPLACE (State or Foreign Country) W. VIRGINIA		
HO	99. FACILITY NAME (If not institution, give s 1758 GLEN COVE			-	9b. CITY, TOWN OR LOCATION OF DEATH DARLINGTON HARFORD				
DIRECTOR	100. STATE 10b. COUNTY			, TOWN OR LOCAT	COVE	D n	10d. IN		
	MD HARFORD  100. STREET AND NUMBER			10f	νυ.	D . 1 YES			
FUNERAL	DARLINGTON				21034		USA		
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 YES GIVE WAR OR DATES				ecify Cuben, Mexico	NIC ORIOIN? (Specify Yean, Puerto Rican, etc.) y:	n or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE	
	15. DECEDENT'S EDU- (Specify only highest grade	completed) ((	Give kind of w	USUAL OCCUPATION		16b. KIND OF BU	SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	SECRE	ETARY	SS					
	17. FATHER'S NAME (First, Middle, Last) AARON ROLA?	N D			18. MOTHER'S NA	AME (First, Middle, Melden	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		9b. MAILINO	ADDRESS (Street e		Route Number, City or Tox			
2	LEE ROY DAVIS		1758			D., DARLI			
	20e. METHOD OF DISPOSITION V. Surial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	ioval from State other p	E OF DISPOS	ITION (Name of cer	netery, cremetory or	20c. LC	CATION — City	or Town, State	
	21. SIONATURE OF FUNERAL SERVICE LIC	1 000	LIN	SOUTHER 22. NAME AT	N ADDRESS OF FA		RLINGT	ON, MD.	
	1/chn 18.	Tillet						PA.,17314	
	23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on each lin	10. EAT	70		C (W M		Approximete Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	bDUE TO (OR AS A CONSE							
ERT	reaulting in death) LAST	d							
PHYSICIAN: MEDICAL	PERFORMED?  1 YES 2 NO COMPLETION DE CAL DE DEATH?							24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?  1 YES 2 NO	
SIAP	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C/	heck only one)			
YSIC	1 VES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient	3 DOA	OTHER: 4  Nursing Hom	e 5 Residence	6 Other (Specify)			
	27, MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	URY AT PRK?	28d. DESCRIBE HOW	NJURY OCCUP	RED	
TED BY	Accident investigation  3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At Inbuilding, etc. (Specify)	home, ferm, s			281. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLETED	anal .	ICIAN: To the best of my knowledge, of							
		ER: On the basis of examination end/or	r investigatio	n, in my opinion o					
) BE	29K SIGNATURE AND THE OF CHITHE	Way V	w		D3/	T 75	MAR (	ONED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH				D EA	LCTON MI		/ // 1 // 1	
	JOAN EDWARDS, 31. DATE FILED (Month, Day, Year) MAR 25 91	32. REGISTAAR'S SIGNATURE GUNA DAMON	n-Rand	LEE RUA	וע) וא	LSTON, MI			



1:00

10d. INSIDE CITY

1 TES 2 NO

White

**Approximate** 

OF DEATH? 1 TYES 2 T NO

**Onset and Death** 

PM

2. DATE OF DEATH MONTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Flynn,

1 -

13146,	
BOX	
P.0.	
RECORDS,	
VITAL	
OF	
NOISIA	

17, 1991 Elmer Ray Dillon March 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER s SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. A. BIRTHPLACE (State or Foreign Day, Year DAYS HOURS West Virginia 219-22-6004 1 🔯 M 2 🗌 F 63 Nov. 1927 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 906 Shamrock Ct. Glen Burnie DIRECTOR Anne Arundel RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Glen Maryland Anne Arundel Burnie 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101. ZIP CODE burial-transit 21060 906 Shamrock Ct. U.S.A. vours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried Specify. 1 TYES 2 NO Specify: BY 3 Widowed 4 Olvorced use as the COMPLETED 15. OECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INOUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) detached for 12 Truck Driver Transportation once. 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 按 funeral director, page 5 should be Carl Berkley Sadie Dillon notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) 0 Ruth C. Maryland 21060 Dillon Shamrock Ct., Glen Burnie, must be 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 20e. METHOD OF DISPOSITION Metro Crematory, Inc. Catonsville, Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME ANO ADDRESS OF FACILITY examiner Kirkley Funeral Home filled in by the figure, or removal. 421 Crain Hwy. S.E., Glen Burnie, Maryland 21061 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final cremation, DUE TO (DR AS A CONSEQUENCE OF) disease or condition resulting in death) attending physician and completely intra Hygiene prior to burlal, crematic within , event, AdenomA executed traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate 2 Muelom cause. Enter UNDERLYING MULTI certificate CAUSE (Diseese or Injury other DUE TO DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST + 24 Dell 6 death IN THE FUNERAL DIRECTOR: After this certificate has been signed by the atten in filed, within 72 hours after death with the State Dept. of Health and Mental I IMPORTANT; If item 28 is marked, or item 23 shows any Injury, o 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL requires that DEMENTIA 1 - YES 2 - NO PHYSICIAN: MB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) He H OTHER:
4 | Nursing Home | 5 | Residence | 6 | Other (Specify) HOSPITAL: 1 TES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCUREO 28b. TIME OF 1 Natural
2 Accident 5 Pending 1 YES 2 ND BY ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 | Homicide 80 29e. CERTIFIER (Check only one)

The CERTIFIER PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.

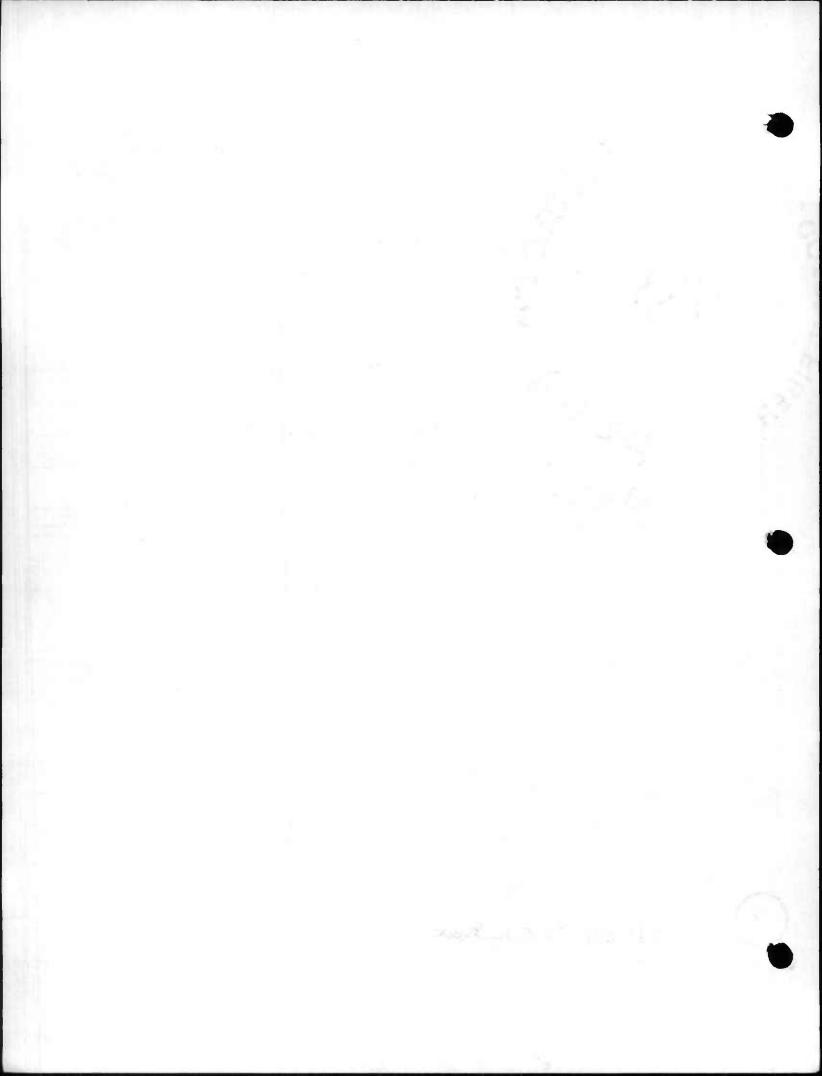
The CERTIFIER PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and dus to the ceuse(e) and manner as stated. 2 b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 불북물 6 MD March 18, 1991 2 SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1830 E. Monument Sr., Suite 9020, Baltimore, Maryland 21205

Julia Devillera Str., Sui

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



	t permit. Pages 1, 2, 3 should	
Hospital or attending prosident.	INTECTOR. INTECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	38.
TOTALINE PRINCIPAL THE SAM TEQUITES UM INC. DESCRIPTION OF STREET OF THOSE STREET COUNTY OF THE SAME TEQUITES STREET OF THE SAME TEQUITES STREET OF THE SAME TEQUITES STREET OF THE SAME TEMPRINE STRE	director, page 5 should be deti	NATE II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
U WILLING 24 HOURS ALLON UCAUL.	impletely filled in by the funeral, cremation, or removal.	event, the medical examin
the beattl certificate be execute	r the attending physician and code Mental Hygiene prior to buria	Injury, or other traumatic
SICIAN: The law requires that	certificate has been signed by the State Dept. of Health an	I, or Item 23 shows any
SPERMING FOR	THE TE TOWN SHEET OF After this thin 72 hours after death with	INT. If them 28 is marked

STATE	0F	MARYLAND / DEPARTMENT	0F	HEALTH AND	MENTAL	HYGIENE
		CERTIFICATE	0	F DEATH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTA			MENTAL HYGIEI			
	DECEDENT'S NAME (First, Middle, Last)     MARY	F.		DAV		2. DATE OF DEATH MONTH March 14	1 9 9 1	3. TIME OF DEATH 10:35P	
	4. SOCIAL SECURITY NUMBER  218-74-3868  9e. FACILITY NAME (If not Institution, give si	5. SEX 6. AGE (In y	YRS.	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 5-6-19	08	BIRTHPLACE (State or Foreign Country)  Md	
TOR	96. FACILITY NAME (If not institution, give street and number)  96. COUNTY OF DEATH  Memorial Hospital & Medical Center Cumberland  Allegany  FESIDENCE OF DECEDENT								
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	legany		ECITY, TOWN OR LOCATION Frostburg			10d. 1 [		
IERAL	100. STREET AND NUMBER  Rt. 1. Box	588		10f	21532	10g. CITIZEN OF WHAT COUNTRY?			
à l	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	S ARMED 2 ANO SS	If yes, spe		IIC ORIGIN? (Specify Yon, Puarto Rican, etc.)	na or No 14.	or No- 14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	icity only highest grade completed)  (Give kind of with the Do NOT use life.			SUAL OCCUPATION rk done during most of working retired.)				
TO BE COMPI	1.2 17. FATHER'S NAME (First, Middle, Last) David Chapman		Homen	laker		ME (First, Middle, Meide			
	19a. INFORMANT'S NAME (Type/Print)  Lola M. Davi				nd Number or Rural F	rostbur	wn, State, Zip Cod		
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of comelary, crematory or other place)  4 Donation 5 Other (Specify)  20c. LOCATION - City or Town, State of comelary, crematory or other place) Frostburg Memorial Pk 3/17 Frostburg, Md.								
	21. SIGNATURE OF FUNERAL SERVICE LIC	Horn			t Funer		, Fros	tburg, Md.	
	IMMEDIATE CAUSE (Final disease or condition	List Dniy Dna cause Dn aacl	h iina.				piratory arrest	Approximate interval Between Onset and Death	
_	iMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Cucummy Pue traves  Due to (or as a consequence of):								
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):							
AP.	PART II. Other algolificent condition	a contributing to deeth but	not recuiting in	the underlying	g cause given in	Part i. 24a. WAS / PERF(	ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2  NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH	HOSPITAL: 1 Minpetient 2 ER/Outpeti	lent 3 DOA 4	THER:  Nursing Hom P 28c. INJ	URY AT	eck only one)  6  Other (Specify)  28d. DE\$CRIBE HOW	INJURY OCCUR	AED	
BY	1 Netural   8 Pending   Investigation   2 Accident   3 Suicide   8 Could not be determined   S Could not be determined   City or Town, State)   State   Stat						Rural Route Number,		
COMPLETED	contain only	HCIAN: To the best of my knowled ER: On the basia of examination e						ause(s) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Budy 6	u)		29c. LICENSE NUI D17246	MBER	29d. DATE S	IGNED (Morith, Day, Year)	
		emorial Hospit	al Medic		lding, C	umberland	, MD 2	1502	
	31. DATE MAR 2 0 1991	32. REGISTRAR'S SIGNAT	ndell						

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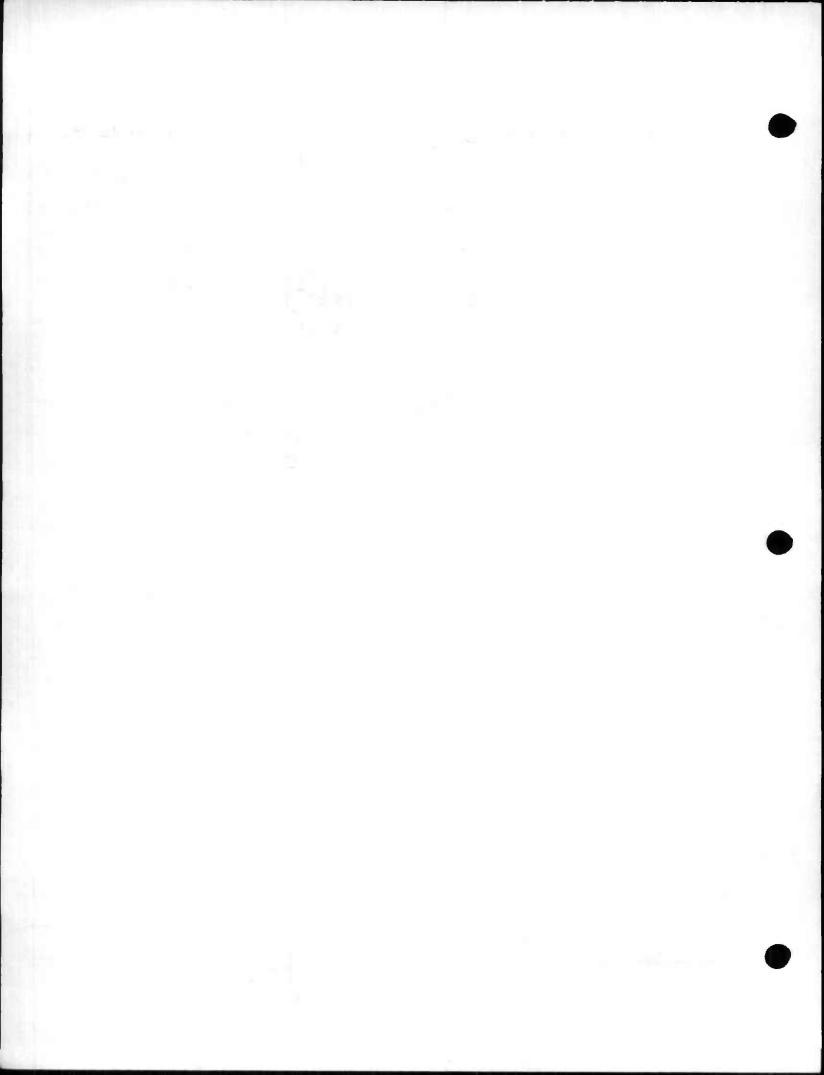
. . .

1 - FOR STATE REGISTRAR

,

1	1. DECEDENT'S NAME (First, Middle, Last)	M	Da	landa Mu	uriel	DAY	2. DATE MONT	3 DEATH	21 3	7/ 14	5:40 M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs.		IF UNDER 1	YEAR IF UNDER 24 H	Mont	of BIRTH b, Day, Ybar) 1y 12,		Country)	E (State or Foreign Virginia	
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF CEATH											
5	Washington County Hospital Hagerstown Washington											
DIRECTOR	10s. STATE 10b. COUNTY Maryland	Washington	n	10c. CITY,		LOCATION Erstown					INSIDE CITY LIMITS? YES 2 NO	
	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?	
ᄬᆘ	105 Fairground Avenue 21740 U.S. A.  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No. — 14. RACL											
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	YES 2 OR DATES	XNO	H y	IS DECENDENT OF HI res, specify Cuban, M YES 2 XNO S	exican, Puerto	47 (Specify Yea Rican, etc.)		Black, Wh Specify: Whit			
CD	15. DECEDENT'S EDU (Specify only highest grade	16a	. DECEDENT'S U	SUAL OCC	SUPATION ring most of working	161	. KIND OF BUS	SINESS/INDUS	TRY			
COMPLET	Elementary/Secondary (0-12) 12	College (1-4 or 5+)		Clerk	retired.)		D	istrib	uting	Compa	any	
OS	17. FATHER'S NAME (First, Middle, Lest)	_				18. MOTHER	S NAME (First,	Middle, Malden				
E E	Grover  19a. INFORMANT'S NAME (Type/Print)	Evans	S	19h MAILING A	LDDRESS /	Street and Number or F	Cora	aber City or Town	Gerr			
유	Brenda J. Your	ng		- OF SECULO		rn Road					1782	
	20a. METHOD OF DISPOSITION 1 X Burial 2 □ Cremetion 3 □ Ram	0	20b. PL			e of cemetery, cremator			CATION — City			
	4 Donetion 5 Other (Specify)		1 -	lar Law	7			Ha	gerstown, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		< 0	22. N	AME AND ADORESS (		Minnic	h Fune	ral 1	Home	
	Minnich Funeral Home 415 E. Wilson Blvd. Hagerstown, Md. 2174											
	23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on each	line.	de						Approximate interval Between Onset and Deat	
NO	Due To (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):											
CATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c.	AS A CO						0/3-			
ERTIFI	that initiated events resulting in death) LAST  oue to (or as a consequence of):  d.											
DICAL C	PART II. Other algnificant condition	na contributing to de	eath but r	not resulting in	the und	erlying cause give	en in Part i.	PERFO	PERFORMED? AWAILABLE		RE AUTOPSY FINDINGS MLABLE PRIOR TO MPLETION OF CAUSE DEATH?	
MED						OF DEATH?						
Ä	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF OEAT	711 (0) 1 1					
SICIAN	EXAMINER?  1 YES 2 NO	HOSPITAL:	R/Outpatie		OTHER 4   Number							
PHY	27. MANNER OF OEATH	28a. DATE OF IN. (Month, Day,	JURY	28b. TIME	OF	28c. INJURY AT WORK?	T	ESCRIBE HOW	INJURY OCCU	REO		
BY	1 Netural 5 Pending 2 Accident Investigation				М	1 YES 2 N						
ETED !	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF II building, etc	NJURY ( Specify)	At home, farm, et	treet, facto	ry, office	281. LC	CATION (Street y or Town, State	and Number or )	Rural Route	Number,	
COMPLE	(Check only	SICIAN: To the best of my ER: On the basis of axan				THE RELEASE OF THE PARTY OF THE					nd manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	ER 1				29c. LICENS	E NUMBER		29d. DATE S	SIGNEO (MC	onth, Day, Year)	
2	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH	(ITEM 27) /lime	Print)	12/1	13		1	-	191	
	ABOUL WATER	0 MO- 1	610	- OAK	141	(AVE. H	AGRRS	TOWN	MÓ	2174	10	
	MAR 25 '91	Julia Davie	dson-l	Pandelle					/			
	1 10 to 1	L/										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DIRECTOR

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Item 2

marked, or

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TO THE FUNERAL DIREC be filed within 72 hours MPORTANT: If Item

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TO THE HOSPITAL

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COMPLETED

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29a. CERTIFIER

	4	lete
46	× pa	E .
SION OF VITAL RECORDS, P.O. BOX 13146,	THE COURT HYSICIAN: The law requires that the death certificate be executed within	TOR: After this certificate has been signed by the attending physician and complete
×	2	cian :
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08678 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO. 1. DECEDENT'S NAME (First, Middle, 2 DATE OF DEATH 3 TIME OF DEATH DAY 1120P or se 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 VF 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MONTGOMERY AS BURY METHODIST HOME GATTHERS 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY MONTGOMERY 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 20877 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE Black If yes, specify Cuttan, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 YES 1 Never Married 2 Mer IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple-16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) High School Wi 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) EUGENE BNACK ISTEN 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Stree 9 ETHEL L. 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 20b. PLACE OF DISPOSITION (Man CEMETERA 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or the part fallure. List only one cause on each line. 40,2184 Approximate Interval Retween Onset and Death IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 70 Sala PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events reaulting in death) LAST

PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceues given in Pert I.

24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIDE TO COMPLETION OF CAUSE DF GEATH? 1 TES 2 NO 1 YES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

AVE

25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** 1 TES 2 NO

26. PLACE OF DEATH (Check only one) OTHER:

1 YES 2 NO

27. MANNER OF OEATH Natural Investigation 2 Acident

t | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY 28b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK?

3 Suicide 8 Could not be determined 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 5096

29c. LICENSE NUMBER 580CT

Wesconsin

29d. DATE SIGNED (Month, Day, Year) 14

P20

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3208

ber 0 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE Lelie Deviden

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

MAR 19 '91 Tues

Additional Texts of the said of the

YEAR

MD 21601

Approximate Interval Between

Minute

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

3. TIME OF DEATH

:40

2. DATE OF DEATH DAY YES

MARCH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

ELSIE

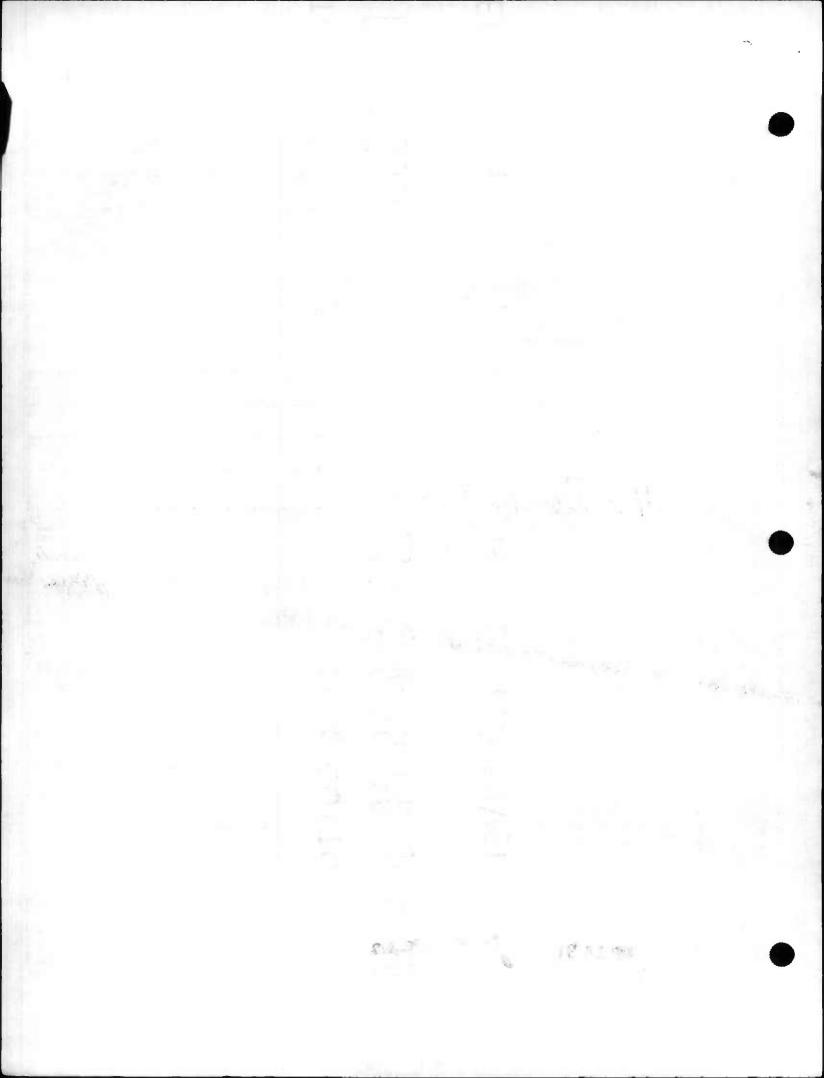
TAYLOR

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1 -

- /	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. last birthday)			IF UNDER 24		DATE OF BIF			VCE (State or Foreig
	218-03-0758	1 🗆 M 2 🗔 🔀	7	5 YRS.	MONTHS	DAYS			(Month, Day,	2/15	MD Country)	
TOR	MEMORIAL HOS		96. CITY, TOWN OR LOCATION OF DEAT  EASTON  10c. CITY, TOWN OR LOCATION  Easton					POEATH Sc. COUNTY OF DEATH TALBOT				
DIRECTOR	MD 106. CC										d. INSIDE CITY LIMITS? X YES 2 \( \) NO	
FUNERAL	8 Laurel St.	reet			101. ZIP CODE 21601						USA	
	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced		NT EVER IN U. 1 Tyes 2 War or date:	NO XNO		If yes, sp	ENDENT OF I	Mexican, Pu	RIGIN? (Spe uerto Rican,	etc.)	14. RACE — Black, W Specify: Whit	American Indian hite, etc.
	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) Cotlege (1-4 or 5	+)	(Give kind of life. Do NOT	ENT'S USUAL OCCUPATION ind of work done during most of working NOT use retired.)				16b. KIND OF BUSINESS/INDUSTRY			
	11		,	Waitr	ess		T .		Foo			
COMPLETED	17. FATHER'S NAME (First, Middle, Las	f.								Maiden Surname)		
H	Perry D. Ta	ATOT		T					Reed			
၉	19e. INFORMANT'S NAME (Type/Print)	-le 1 d								y or Town, State, Zi	,	
	Gladys A. E	cketiin						et Ea	-	n, MD	2160	
	20e. METHOD OF DISPOSITION 1 DyBuriel 2 Cremetion 3 D	Removal from State		.PLACE ANO OATE OF DISPOSITION (Name DATE 20c. LOC. emetary, crematory or other place)					20c. LOCATION —	City or Town,	State	
ч	1 Denition 5 Other (Specify)			cing Hill Cem.				3/16	East	on, M	D	
	21. SIGNATURE OF FUNERAL SERVI	LICENSEE	-				ND ADDRESS					
	NVI Is . I	Lourdan	0,43	C45	N	ewn	am Fu	inera	ат но	ome		
	23 PART i Enter the diseases	or complications th	et caused th	e death Do								Approxima
	23. PART i. Enter the diseases, or complications that caused the death. Do not snter the mode of dying, such as cerdiec or respiratory smeat, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a										Interval Be Onset and Mun	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										Yea	
CERT	resulting in desth) LAST											-
MEDICAL	PART II. Other significent con-	Mellulus	not resulting	in the u	nderlyln	ig cause giv	en in Par		WAS AN AUTOPSY PERFORMED? YES 2 M NO	CO	ERE AUTOPSY FIN MILABLE PRIOR T DMPLETION OF CA F DEATH?	
Σ												
NN: M												
CIAN: M	25. WAS CASE REFERRED TO MEDIC EXAMINER?			- 1	ОТНЕ		LACE OF OEA	ATH (Check	only one)			
YSICIAN: M	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 X YES 2 \( \text{NO}\)	HOSPITAL:	(XER/Outpatk	ent 3 🗆 DOA	OTHE	R:	LACE OF OEA	b		cify)		E3.
PHYSICIAN:	EXAMINER?  1	HOSPITAL: 1 Inpatient 2 28e. DATE C (Month,	<u> </u>	ent 3 DOA	4 🗆 Nu	R: raing Hor 28c, IN	ne 5 🗆 Residury AT	dence 6 =	Other (Spe	city) E HOW INJURY OC	CCURED	
ED BY PHYSICIAN:	EXAMINER?  1 97 YES 2 NO  27. MANNER OF OEATH  1 1 Natural 5 Pending	HOSPITAL: 1 Inputent 2 28e. DATE (Month, attion at be building	Day, Year)	28b. Ti	4 DNu	Pt: raing Hor 28c. IN W	JURY AT ORK?	dence 6 28	Other (Spe	E HOW INJURY OO		te Number,
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigs 3 Suicide 8 Could netermine 4 Homicide 8 Could netermine  29e. CERTIFIER Check only 1 CERTIFYING	HOSPITAL: 1 Inputent 2 28e. DATE (Month, attion at be building	OF INJURY Day, Year)  OF INJURY — g, etc. (Specify)  of my knowled	At home, ferm	4 Nu	Pt: raing Hor 28c. IN W 1  ctory, office	JURY AT DRK? YES 2	dence 6 28 NO 28 and due to t	Other (Spe d. OESCRIBI R. LOCATION City or Tow the cause(a)	E HOW INJURY OC It (Street and Number m, State)	or or Rural Rou	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires, we may no effect be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.

10 THE FUNERAL DIRECTOR: After this certificate has been signed the interest physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and health hospital private prior to burial, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR ment of incate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC				REG. NO.		
DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	-	3. TIME OF DEATH
John Samuel Ell	iott					/23/91	, TE	0315a
SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	(Month	OF BIRTN , Day, Year)	0. 8	BIRTHPLACE (State or Foreign Country)
214 20 7143  FACILITY NAME (If not institution, give a		3 YRS.				9/27		Maryland
Calvert Memoria				Frederic			ec county Calve	
ESIDENCE OF DECEDENT					-12		Carve	
0a. STATE 10b. COUNT			TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
Caryland Ca	alvert	Bro		sland Roa	ad		10a. CITIZEN	1 ☐ YES 2 反 NO OF WHAT COUNTRY?
8851 Broomes Is:	land Road			20615			USA	
1. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED		CENDENT OF HISPAN				RACE — American Indian, Black, White, atc.
Naver Married 2 Married  Widowed 4 Divorced	FORCES? 12 YES	2NO		ecity Cuben, Mexica 2 A NO Specifi		ilcan, etc.)		Specify: White
15. DECEDENT'S EDU	WW		PILAL OCCUPATION	ON	1 405	VIND OF BUSI		
(Specify only highest grade	completed)	18a. DECEDENT'S US (Give kind of work life. Do NOT use r	k done during me	oat of working	16b.	KIND OF BUSI	vess/INDUST	ni .
Elementary/Secondary (0-12)	College (1-4 or 5+)	waterm			f	ishing		
7. FATNER'S NAME (First, Middle, Lest)				16. MOTHER'S NA				
Guy Wilmer Elliot	tt			Helen 1	[11ee	n Sewe	11	
9a. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Numb	ber, City or Town,	State, Zip Coo	io)
D. Juanita Ellic		same a						
ne. METHOD OF DISPOSITION  Burlel 2 Cremation 3 Rem	noval from State	b. PLACE AND DATE O	of DISPOSITION	netery 3/	/26/9	1 Broom	TION — City	or Town, Step Land Maryland
Donation 5 Other (Specify)      SIGNATURE OF FUNERAL SERVICE LIP				ND ADDRESS OF FA	OILITY			
· 220	1					murach I		
ahock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause on a	ach lina.	t antar the mo	ode of dying, suc	slan	d Road	Port	Approximate Interval Between Onset and Deat
ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate	a. DUE TO (OR AS A		Cover	ode of dying, suc	slan	d Road	Port	Republic Mar
ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS A	Stath C A CONSEQUENCE OF):	Cov-	ode of dying, suc	slan	d Road	Port	Republic Mar Approximata Interval Betwee Onset and Daat
ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR A DUE	A CONSEQUENCE OF):  A CONSEQUENCE OF):	Covered	Mom	islan	d Road	Port story arrest,	Republic Mar  Approximate Interval Between Onset and Dast  ONG YES  24b. WERE AUTOPSY FINDINGS
ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant conditions.	a.  DUE TO (OR AS A  d.	A CONSEQUENCE OF):  A CONSEQUENCE OF):	Covered	Mom	islan	d Road	Port story arrest,	Republic Mar Approximate Interval Between Onset and Daet Once year
ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	a.  DUE TO (OR AS A  d.	A CONSEQUENCE OF):  A CONSEQUENCE OF):	Covered	Mom	islan	d Road  liac or respire  Lucian  246. WAS AN APPERFORN	Port story arrest,	Republic Mar  Approximate interval Betwee Onset and Daet  ONG YEA  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE
ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant conditions.	a.  DUE TO (OR AS A  d.	A CONSEQUENCE OF):  A CONSEQUENCE OF):	t enter the mo	ode of dying, suc	Part I.	d Road  d Road  liac or respire  24e. WAS AN A PERFORM  1 □ YES 2	Port story arrest,	Approximate interval Between Onset and Daet  ONG YCC  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST  PART II. Other significant conditions.  Sequentially list conditions are under the conditions of the condit	B. DUE TO (OR AS A DUE TO (OR	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	t enter the mo	ng cause given in	Part I.	d Road dlac or respire  246. WAS AN A PERFORM 1 UPS 2	Port story arrest,	Approximate interval Between Onset and Daet  ONG YCC  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant conditions.  SYNTOLIA  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   2   NO	B. DUE TO (OR AS A DUE TO (OR	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	the underlyin	ode of dying, such	Part I.	d Road da Road	Port  tory arrest,  y  urropsy led?	Approximate interval Between Onset and Daet  OUL YES  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant conditions.  EXAMINER?  1   Yes 2   No  27. MANNER OF DEATH  1   Netural 5   Pending	B. DUE TO (OR AS A DUE TO (OR	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	the underlyin  26. P  OTHER:  Nursing Hor  OF 28c. IN RY	ode of dying, such that the su	Part I.	d Road dlac or respire  246. WAS AN A PERFORM 1 UPS 2	Port  tory arrest,  y  urropsy led?	Approximate interval Between Onset and Daet  OUL YES  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ahock, or heart failure.  IMMEDIATE CAUSE (Final diseases or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant conditions.  EXAMINER?  1 YES 2 NO  17. MANNER OF DEATH  1 Natural 5 Pending Investigation	B. DUE TO (OR AS A DUE TO (OR	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  petient 3 DOA 4	the underlyin  26. P  OTHER:	place of dying, such	Part I.	24a. WAS AN A PERFORM 1 YES 2  OF (Specify) SCRIBE NOW IN	Port  Nortest,  Port  Nortest,  Nort	Approximate interval Between Onset and Daet  OUL YES  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ahock, or heart failure.  MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, fany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury hat initiated events eaulting in death) LAST  PART II. Other significant conditions.  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   2   NO  7. MANNER OF DEATH  1   Natural   5   Pending investigation	B. DUE TO (OR AS A DUE TO (OR	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  petient 3 DOA 4	the underlyin  26. P  OTHER:	place of dying, such	Part I.	24e. WAS AN A PERFORM 1 VES 2	Port  Nortest,  Port  Nortest,  Nort	Approximate interval Between Onset and Daet  OUR YEA  24b. WERE AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Abock, or heart failure.  MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  SYMPHONE OF DEATH  1 Netural 5 Pending investigation 3 Suicide 6 Could not be detarmined  9a. CERTIFIER (Check only 1 CERTIFYING PNYS)	BLIST ONLY DATE OF INJURY  A. DUE TO (OR AS A  DUE TO (OR	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  perlant 3 DOA 4  28b. TIME (NJUF  Y — At home, farm, streetly)	the underlyin  26. P  OTHER:  Nursing Hor  OF  OF  A  Section, officetory, officets the time, det	ode of dying, such that the property of the pr	Part I.  Part I.  6 Other  28f. Loc City	24s. WAS AN A PERFORM 1 YES 2 (  ATION (Street ar or Town, State)	Port  Itory arrest,  UTOPSY IED?  No  No  No  No  No  No  No  No  No  N	Approximate interval Betwee Onset and Daat  OUL YES  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant conditions.  SYNDICUM  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   Yes 2   NO  27. MANNER OF DEATH 1   Natural 5   Pending investigation   Suicide   Could not be determined   Check only one)   2   MEDICAL EXAMINERS.	B. DUE TO (OR AS A  DUE	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  perlant 3 DOA 4  28b. TIME (NJUF  Y — At home, farm, streetly)	the underlyin  26. P  OTHER:  Nursing Hor  OF  OF  A  Section, officetory, officets the time, det	PLACE OF DEATN (Crome 5   Residence JURY AT ORK? YES 2   NO	Part I.  Part I.  28f. LOC City  a to the case time, deta	24s. WAS AN A PERFORM 1 YES 2 (  ATION (Street ar or Town, State)	UTTOPSY IED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Approximate interval Between Onset and Daet Onset O
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation   1   Centrifying PNYS (Check only)   1   CERTIFYING PNYS (CHECK only)   1	B. DUE TO (OR AS A  DUE	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  perlant 3 DOA 4  28b. TIME (NJUF  Y — At home, farm, streetly)	the underlyin  26. P  OTHER:  Nursing Hor  OF  OF  A  Section, officetory, officets the time, det	pda of dying, such that the property of the policy of the	Part I.  Part I.  6 Other  28d. DE:  28f. LOC City  in to the care in time, deta	24s. WAS AN A PERFORM 1 YES 2 (  ATION (Street ar or Town, State)	UTTOPSY IED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Approximate interval Between Onset and Daet  ONG YEA  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  ED  Rural Route Number,  suee(a) and manner as stated.
ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   Yes 2   NO  27. MANNER OF DEATH 1   Natural 5   Pending investigation   Suicide   Could not be determined   Check only one)   2   MEDICAL EXAMINERS   ME	BLIST ONLY DATE OF INJURY (Month, Dey, Year)  BLIST OF THE BEST OF	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  Expetient 3 DOA 4  28b. TIME INJUST  Y — At home, farm, strending in and/or investigation,	the underlyin  26. P  OF 28c. IN  T   Compared to the limit of the lim	PLACE OF DEATN (Crome 5   Residence JURY AT ORK? YES 2   NO	Part I.  Part I.  6 Other  28d. DE:  28f. LOC City  in to the care in time, deta	24s. WAS AN A PERFORM 1 YES 2 (  ATION (Street ar or Town, State)	UTTOPSY IED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Approximate interval Between Onset and Daet Onset O
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4. SOCIAL SECURITY NUMBER

215-34-2347

Theodore Stanley Entwisle JR.

5. SEX

1 € M 2 □ F

54

DAYS.

IF UNDER 24 HRS.

HOURS

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR

YRS.

3. TIME OF OEATH

B. BIRTHPLACE (State or Foreign Country)

Washington, D

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sician.	an signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa of Health and Mental Hygiene prior to burial, cremation, or remoral.	
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equires that the death certificate be executed within 2 ours after death. Page 6 may be retained by the hospital or attending physician.	should	have any lating on other function around the medical averagence married he modified of come
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

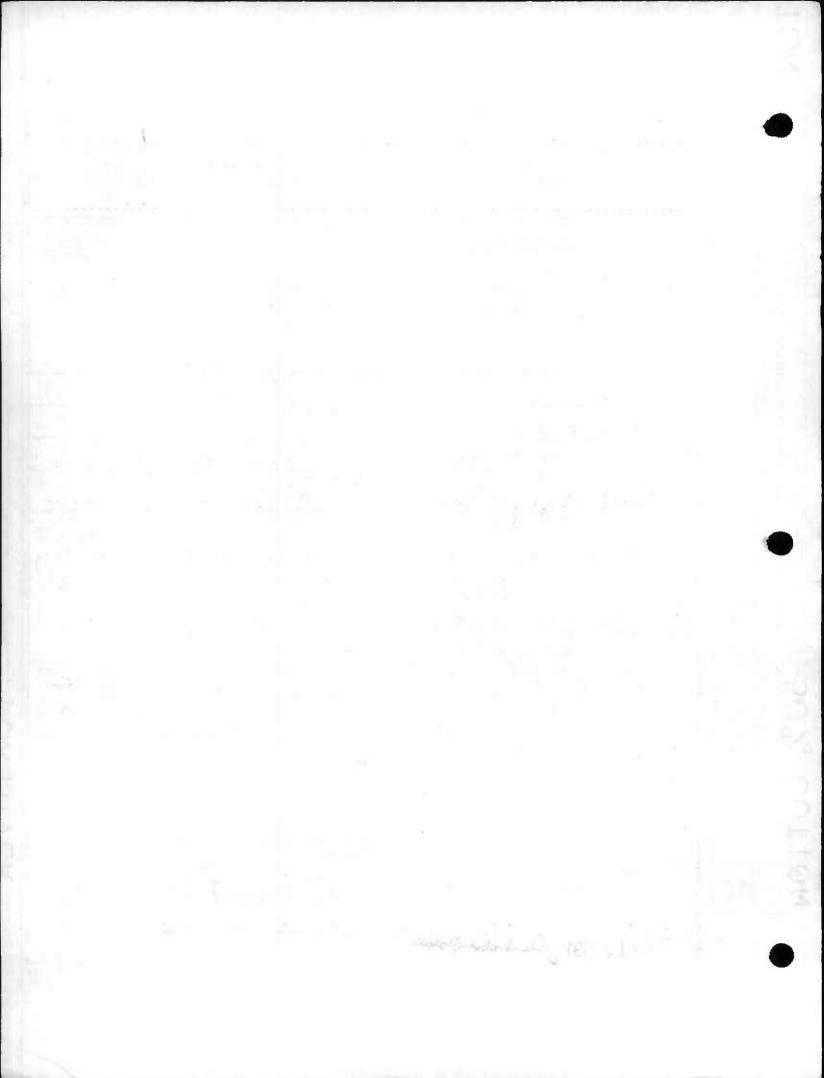
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E G	9e. FACILITY NAME (If not institution, give street and number)  1129 Turkey Point Road				9b. CITY, TOWN OR LOCATION OF GEATH Edgewater				9c. COUNTY OF OEATH  Anne Arundel		
6	RESIDENCE OF DECEDENT									Aru.	ndel
	MD Anne	Arundel								4.7	I. INSIDE CITY LIMITS?  YES X NO
A	10e. STREET AND NUMBER							10g. CITIZEN OF WHAT COUNTRY?			
E	1129 Turkey Po	int Road				2 <b>1</b> 037			USA		
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	ER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORI			n, Puerto Rici	RIGIN? (Specify Yes or No.   14. RACE - American Indian					
			(G/	ilve kind of wo	rk done during i	TION most of working	16b. K	INO OF BUS	INESS/INDUST	TRY	
APLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)			retired.)		Ad	ams-	Burch	Со	•
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Mid	dle, Meiden	Surneme)		
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	Date 1	LARA			12	Ridgely	Aven	ue.	Annap	oli	s. MD
		a. ISCA I	AS A CONSEC	OUENCE OF)	4		-1-		,	,	Approximata Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST  b. CARDIO RESTIRATORY ARMEST  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  d.										5 mos
	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS										
WE								ALABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF OBATH (Ch	eck only one)				
Sic	EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	Outpatient 3	DOA	OTHER:			Snec(h/)			
Y PHY	27. MANNER OF OEATH  1 Natural 5 Pending Investigation	28s. OATE OF INJU	JRY	_	OF 28c.	NJURY AT WORK?		-,,-	NJURY OCCUR	NEO	
тер в	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc.	JURY — A1 home, farm, atreet, factory, office 28				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Number,	
OMPLE	one)									ause(s) an	d manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ER 1	vi)			D3 19	MBER 7		29d. DATE S	IGNED (MC	onth, Day, Year)
٩			F DEATH (ITE	M 27) (Type, I		Jurray A	tre	Anr	20di		21461
			SIGNATURE L						- FOR	4	
The same of the same of	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED	TIPE TURKEY PORESIDENCE OF DECEDENT 109. STATE 109. STATE 109. COUNT Annoted 100. STREET AND NUMBER 1129 TURKEY PORESIDENCE OF DECEDENT'S EDUCATION OF DISCOSITION 100. STREET STATUS 1   Never Merried 2   Married 3   Widowed 4   Divorced    15. DECEDENT'S EDUCATION OF DISPOSITION 100. STREET STATE   ST	The odore S. Entwisle Sr. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury th	The properties of the proper	The state   The	Table   Turkey   Point   Road   Edge	Time   The continue of personal   The control of the personal   The control of personal   The control of personal   The control of the personal   The cont	The continue of the control of the	The street and number   The	TAY TO THE PART NAME (For inhalton, per some and named)  112 TUNKEY POINT ROAD  113 TUNKEY POINT ROAD  114 TUNKEY POINT ROAD  115 TUNKEY POINT ROAD  115 TUNKEY POINT ROAD  116 TUNKEY POINT ROAD  117 TUNKEY POINT ROAD  118 TUNKEY POINT ROAD  118 TUNKEY POINT ROAD  119 TUNKEY POINT ROAD  119 TUNKEY POINT ROAD  119 TUNKEY POINT ROAD  110 TUNKEY	THE ADMITT NAME (or chindron, plus stored and number)  1129 TUNKEY POINT ROAD  1130 MARKET AND NUMBER  1129 TUNKEY POINT ROAD  1130 MARKET AND NUMBER  1129 TUNKEY POINT ROAD  11 NA ADMITT STATUS  11 NA ADMITT STATUS  12 NA ADMITT STATUS  13 NA ADMITT STATUS  14 NA ADMITT STATUS  15 NACED TO RECEIVE TO STATUS OF THE CONTROL

## DIVISION OF VITAL RECORDS, P.O. BOX 68/60, IN THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THEFRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked, or them 28 shows any injury, or other traumatic event, the medical examiner must be notified at once.

for STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIEN REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last				2. DATE OF DEATH DATE OF	YEA!	3. TIME OF DEATH				
MARIAN I	E. SEX S. AGI		RGOTT				12:45 AM M			
216–28–9377	1 M 2 TF	E (In yrs. last birthday) 59 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign untry)			
9a. FACILITY NAME (If not institution, give	1.	39	9b. CITY, TOWN (	OR LOCATION OF DE		1931 Maryland				
		SPITAL ASSOCIATION GLEN BUI					. COUNTY			
10a. STATE 10b. COUN	TY	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?			
Maryland Ann	e Arundel	Pa	sadena				1 YES 2XXNO			
10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?			
7908 Liberty C	Circle	le 21122				U.S	.A.			
10e. STREET AND NUMBER  7908 Liberty C  11. MARITAL STATUS  1 Never Married 2XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	If yes, sp		NIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, White, stc. Specify: White					
15. DECEDENT'S ED (Specify only highest grade telementary/Secondary (0-12)  Grade - 11  17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S (Give kind of w iife. Do NOT us	186. KIND OF BUS	SINESS/INDUSTR	Y					
Elementary/Secondary (0-12)	College (1-4 or 8+)									
Grade - 11 17. FATHER'S NAME (First, Middle, Last)	None	Plant As	sembly	Genera ME (First, Middle, Malden	1 Elect	ric Co.				
	sman			Mary	B. Wrigh					
19a INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow					
Walter L. Erg	ott	200			Pasadena M					
29a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION			CATION — City o				
1X Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)		of cemetary, crematory len Haven		ark 03-	18-91 Gle	n Burni	e, Maryland			
21. SIGNATURE OF FUNERAL SERVICE I			22. NAME A	ND ADDRESS OF FA	CILITY		, , , , , , , , , , , , , , , , , , , ,			
Rirkley Funeral Home 421 Crain Hwy. S.E., Glen Burnie, MD 21061  23. PART I. Enter the disease, or complications that caused the death. DD not enter the mode of dying, such as cardiac or respiratory streat,   Approximate										
immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition resulting in deeth)  s. Cull Submidger of the following of the followi									
PART II. Other significant conditions of the con	_ /	but not resulting i	•	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
25. WAS CASE REFERRED TO MÉDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	neck only one)					
1 YES 2/ NO	1 hpetient 2 ER/O		4 - Nursing Hor		6 Other (Specify)					
27. MANNER OF DEATH  1 Netural 5 Pending	28a, DATE OF INJUR (Month, Day, Year	r) 28b. TiMi	URY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE				
2 Accident Investigation	28s, PLACE OF INJU	IRY — At home, farm, a		281. LOCATION (Street City or Town, State	and Number or Ru	ral Route Number,				
one)	YSICIAN: To the best of my kn						se(a) and manner as stated.			
296. SIGNATURE AND TITLE OF CERTIF	Marton	am	Delay	29c, LICENSE NU	307	P 3	NED (Mayth, Day, Hair)			
RANI S. KARIPIN	ENI, M.D./33	7 HOSPITA		BLDG. I	B/GLEN BURI	NIE, MA	RYLAND 2106			
WAR 19 1991	Julia Davido	- Jande 22								



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31. DATE FILED (Month, Day, Year) MAR 25

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TO THE FUNERAL DIRECTOR: After the continent matters with the attending physician and completely filled in by the	be filed within 72 hours after two with the State Deep of Hearn an Wental Hygiene prior to burial, cremation, or remova	IMPORTANT: It item 28 is marked, or item 23 informatily injury, or other traumatic event, the medical	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 503 Lena R. Easterday D 3 Lena AM 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 215-50-2638 VBS Keedysville, Md. 07-05-02 9a. FACILITY NAME (If not institution, give street end number) 9c COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Colton Villa Nursing Center Washington Hagerstown RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington 1X YES 2 □ NO Maryland Boonsboro FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4 Lakin Ave. 21713 U. S. A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried 3 Widowed 4 Divorced BY  $\bar{\mathbf{X}}$ White 18e. DECEDENT'S USUAL OCCUPATION

The line of work done during most of working COMPLETED 15, DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 6 Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) Jacob Evers Nicodemus Rosa Belle Springer 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 9 Robert S. Easterday 332 N. Main St., Boonsboro, Md. 20e. METHOD OF DISPOSITION
1√D Burlet 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State 1 Donation 5 Other (Specify) Boonsboro Cemetery Boonsboro, Md. 21713 22. NAME AND ADDRESS OF FACILITY 7606 Boonsboro Pike John H. Bast, 21713 BAST FUNERAL HOME, Boonsboro, Md. 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, **Approximata** shock, or haart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Prennania 3- udays resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the undariying cause given in Part I. 24s. WAS AN AUTOPSY 246. WERE AUTOPSY FINDINGS MEDICAL **MAILABLE PRIOR TO** Senil Demention A3 CVD COMPLETION OF CAUSE 1 YES 2 AO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 D Hursing Home 8 Residence 8 Other (Specify) 1 YES 2 JAO 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Matural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE Vangosti mo 3.2271 D (80(7 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VASANT MILL ST MAGERITOWN MOZITYO DATTA mo 334

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

17 hall Karley

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TO THE HOSPITAL OR AUTHORN PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNE M. CHECKER AND CONTROL AND THE DAY CONTINUES DOES SIGNED by the attending physician and comple be filed within 72 from the performance the State Dept. of Health and Mental Hygiene prior to burial, cre-	IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic even
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32. REGISTRAR'S SIGNATURE "a Tavidson Randalle

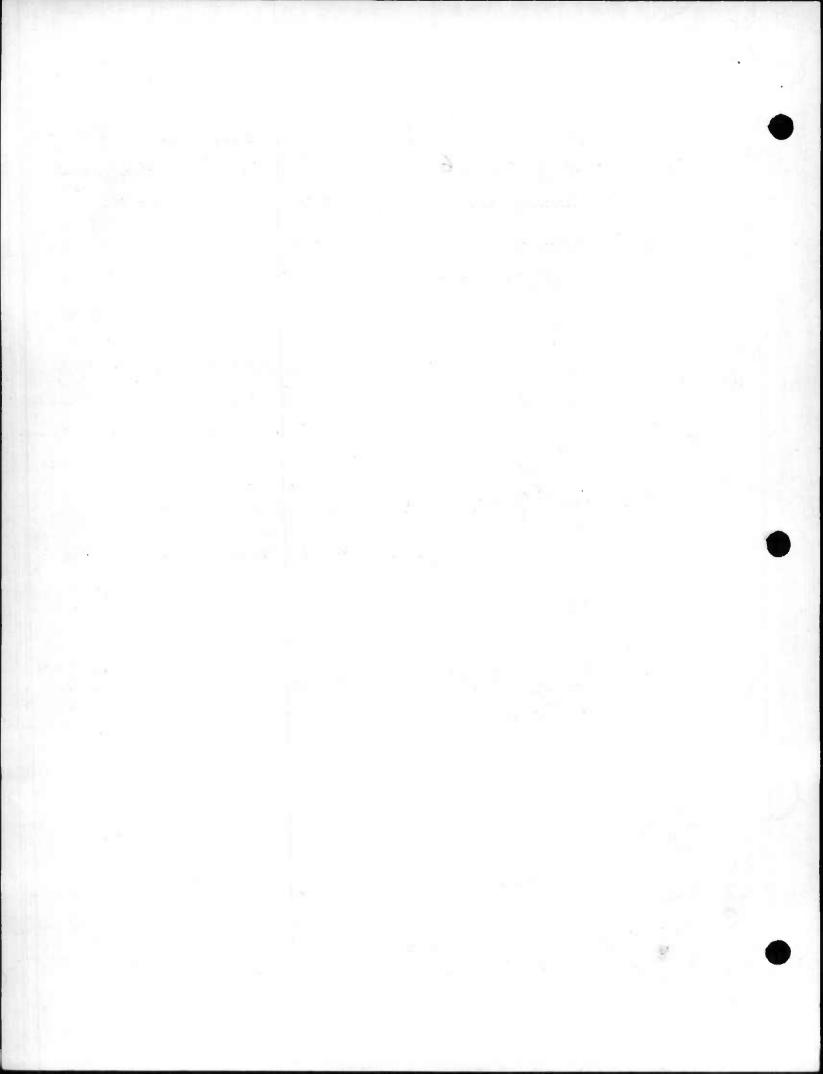
31. DATE FILED (Month, Day, Year)

**B**R 1 X

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) ELVA RICEBANE 2. DATE OF DEATH 3. TIME OF DEATH 05 e VA 6. AGE (In 7. DATE OF BIRTH (Monty, Day, Year A SOCIAL SECURITY NUMBER 5 SEX IF UNDER 1 YEAR 8. BIRTHPLACE (Sta IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 1 M 2 560 And 9a. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR DECEDENT RESIDENCE toa. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MANULANO 1 VES 2 NO FUNERAL 10g. CITIZEN OF WNAT COUNTRY? CODE 5. 20646 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: t Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade come Elementary/Secondary (0-12) College (1-4 or 6+) HIGH SCHOOL MEDICAL ASSISTANT HEALTH/MEDICAL 17, FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) UNKNOWN RICE UNKNOWN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 WILLIAM REA 4033A DURHAM CRT. R4 PLATA, MD. 20646 LA 20s. METHOD OF DISPOSITION
1 □ Burisl 2 □ Cremation 3 □ Ramoval from State
4 □ Donation 6 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or 20c. LOCATION - City or Town, State HUNTT CREMATORY WALDORF, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY AREHART FUNERAL HOME, INC. 23. PART I. Enter the diseases, or complications that disease the death. Do not enter the mode of dying, such as cardisc or respiratory strest, **Approximate** shock, or heert feilure. List only one cause on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Fins)** disease or condition\_ Un resulting in death) DUE TO (OR AS A CONSCOUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disessa or Injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in deeth) LAST PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given/ii) Part i. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS MEDICAL **AVAILABLE PRIOR TO** COMPLETION OF CAUSE 1 TYES 2 NO DF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL OTHER:
4 | Nursing Homa 6 | Rasidenca 6 | Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpetlant 3 DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my howledge, deeth occurred et the time, deta and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER nation and/or investigation, in my opinion, deeth occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER '29d. DATE SIGNED (Mpnth\_ Day, BE 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMN-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

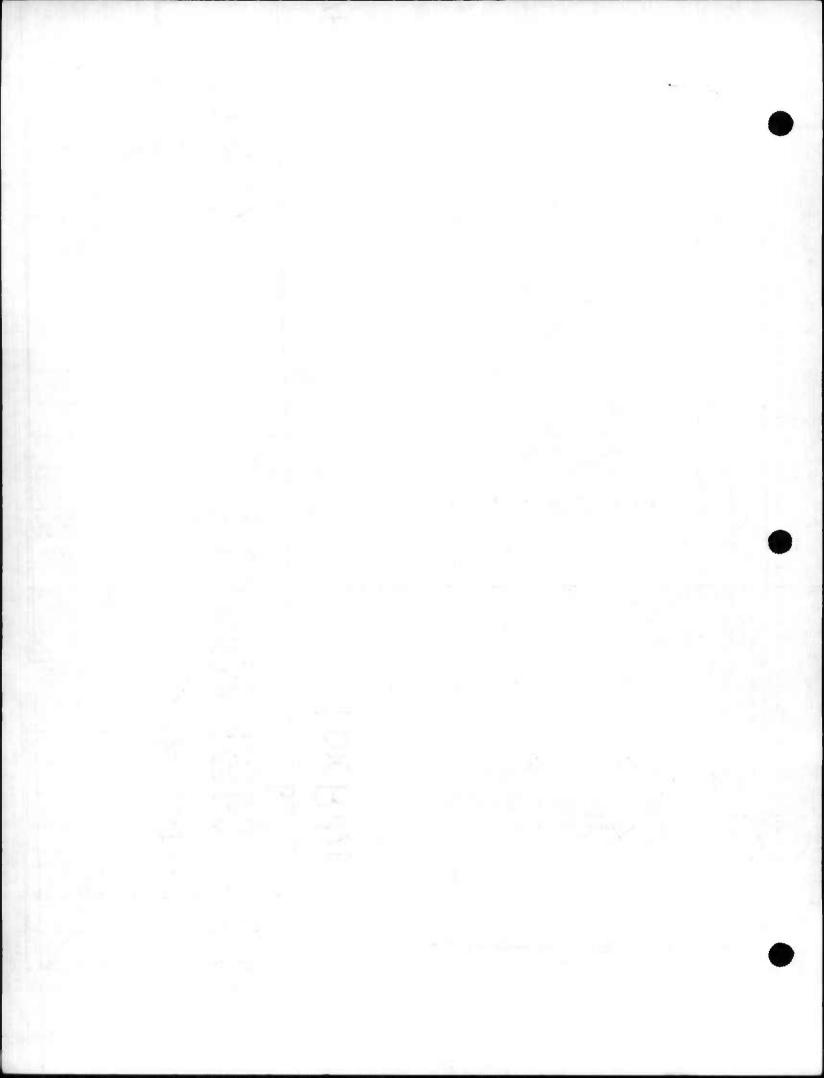
TO BE COMPLETED BY FUNERAL DIRECTOR

DWISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HISPAN, DRIVENDENT THE LAW requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR	OF MARYLAND / DE	PARTMENT OF H		MENTAL HYGIENE REG. NO.	7 1	00000	
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
ROSALIE MAXWELL EVANS				MARCH 13		7:25 AM	
4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2	6. AGE (In yrs. lest birth	rday) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 10-06-191	9	NRTHPLACE (State or Foreign	
9e. FACILITY NAME (If not institution, give street and number	per)	9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH	
SACRED HEART HOSPITAL		CUMBER	RLAND		LLEGANY		
10e. STATE 10b. COUNTY	10	c. CITY, TOWN OR LOCA	TION	10d. INSIDE CITY LIMITS?			
MD Allegany	C	umberland,		XX YES 2 NO			
10e. STREET AND NUMBEP		1	. ZIP CODE	OF YEAT COUNTRY?			
560 Patterson Avenue	CEDENT EVER IN U.S. ARMED		1502		USA		
11. MARITAL STATUS 1 Never Married XXX Married 3 Widowed 4 Divorced  12. WAS DE FORCES IF YES,	If yes, sp		ilC ORIGIN? (Specify Yes on, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S EDUCATION	16a. DECEDI	ENT'S USUAL OCCUPATION	ON .	16b. KIND OF BUSI	NESS/INDUST		
(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-	4 or 8+)	nd of work done during mo NOT use retired.)					
12	fon	mer employ	ee	texti:	le		
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Meiden S	iumame)		
Francis Marion Short			Ada Ma	e Pyles			
19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Town,			
Mr. Ernest C. Evans				Cumberland,			
28s. METHOD OF DISPOSITION  AP Burial 2 Cremation 3 Removal from St  4 Donation 5 Other (Specify)	20b. PLACE AND OF COMPANY COMP	Bate of disposition		3-15-61mb		or Town, State	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	relli	Scar	nd Address of FA celli Fur erland, N	neral Home			
23. PART 1. Enter the diseasea, or complication ahock, or heart feilure. Liet only or IMMEDIATE CAUSE (Finel disease or condition resulting in death)			ode of dying, suc	h se cardisc or respir	atory srrest	Approximate interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT)	ASHOWA-					
PART II. Other significant conditions contribut		iting in the underlying	g cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF DEATH (C/	eck only one)			
EXAMINER?	AL: int 2 DER/Outpatient 3 D (	OTHER:	ne 6 🗆 Residence	6 Other (Specify)	a'Y		
27 MANNER OF DEATH	ATE OF INJURY forth, Day, Year)	b. TIME OF 28c. IN	JURY AT DRK?	26d. DESCRIBE HOW IN	JURY OCCUR	ED	
1 Natural 5 Pending Investigation	ioni, oay, ioar)	17.700.01	YES 2 NO				
3 Sulcide	LACE OF INJURY — At home, uliding, etc. (Specify)	farm, street, factory, offi	ce	28f. LOCATION (Street a City or Town, State)	nd Number or I	Rural Route Number,	
29e. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the bar one) 2 MEDICAL EXAMINER: On the bar						euse(s) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER	CII	11	29c, LICENSE MII	MBER I	29d, DATE S	IGNED (Monito, Day, Year)	
Kichard (	9 Sthoo	+W)	D26	333	▶ 3	14/91	
30, NAME AND ADDRESS OF PERSON WHO COMPLETE	P. COM	belland 1	nd als	02			
31. DAY AND GOOD 999 Seeles 3200	GISTRAR'S DIGNATURE						



BALTIMORE, MARYLAND 21203-3146

TO THE HIGH CHASTICIAN: The law requires that the death certificate be executed within 22 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE PURCHAST CHASTICIAN: The law requires has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

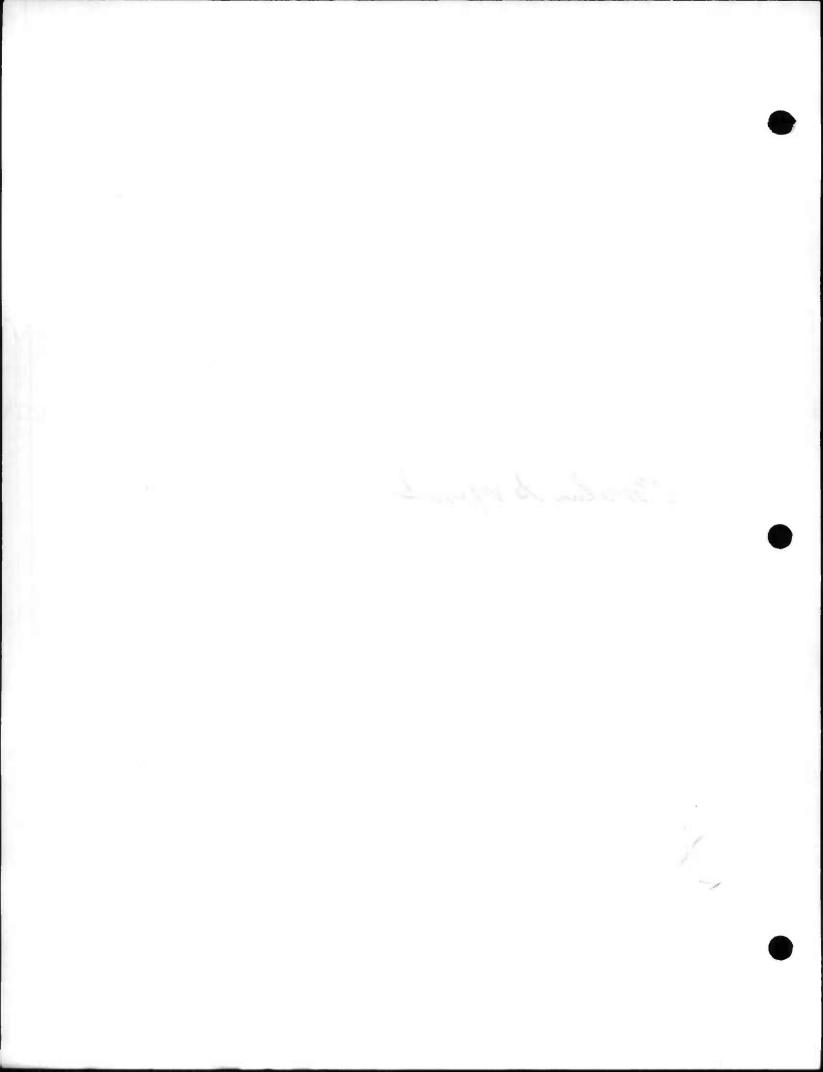
INPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND I	MENTAL HYGII		0000		
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF OEATN		3. TIME OF OEATN		
		EVANJ				MARCH				
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	MONTHS DA	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year		8. BIRTHPLACE (State or Foreign Country)		
	222-26-4009		G YAS.	ah CITY TO	WN OR LOCATION OF O	OEATN Sc. COUNTY OF DEATN				
۳	PENINSULA GENERA				SBURY	AIN	WICOMICO			
2	RESIDENCE OF DECEDENT									
DIRECTOR	10a, STATE 10b. COUN			Y, TOWN OR L	OCATION		10d. INSIDE CITY LIMITS?			
	De. Suss	ex	L	elmar	101, ZIP COOE		1 ☐ YES 2 🔯			
RA	RT#2 Box 257				19940		A			
FUNERAL	11. MARITAL STATUS	12. WAS OECEOENT EVER IN FORCES? 1 YES	U.S. ARMEO		OECENOENT OF HISPAI	Yea or No-	14. RACE American Indian, Black, White, etc.			
BY F	1 Never Married 2 Married 3 Wildowed 4 XX Vorced	FORCES? 1 YES			s, specify Cuban, Maxics YES 2 XNO Specif			Specify:		
ED B	15. OECEOENT'S EO	HICATION	16a. DECEOENT'S	1101141 00011	DATION	THE KIND OF	BUSINESS/INOL	White		
	(Specify only highest grad	de completed)		vork done durir	ng most of working	188. KIND OF	BUSINESS/INO	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Laborer			Alle	n's Ha	tcherv		
COMPLET	17. FATHER'S NAME (First, Middle, Last)		<u> </u>		16. MOTHER'S NA	ME (First, Middle, Mai				
BE	Justin W. Hamil	ton, Sr.				ane Denni				
2	19a. INFORMANT'S NAME (Type/Print)				treet and Number or Rural			Code)		
	Sharon Cline	200			257 Delmar	·-··		City or Town, Stata		
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donation 6 Other (Specify)	movel from State	other place)					mar, De. 19940		
	21. SIGNATURE OF FUNERAL SERVICE L		1	22. NAI	ME ANO AOORESS OF FA	CILITY		DC: 17740		
	Milliani	M L	H		rt Funeral Box 204	-		40		
	23. PART I. Enter the diseases, or	complications that cause	the death. Do					eat, Approximate		
	IMMEDIATE CAUSE (Final	. List only one cause on a	ach lina.		,			Interval Between Onset and Death		
	disease or condition resulting in death)		elu -	m	lmin	my a	me	est		
		DUE TO (OR AS A COMBEDUENCE OFF								
<u>S</u>	Sequentially list conditions,	b DUE TO (OR AB A	CONSEQUENCE O	n:	. 2009		000			
8	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		20 mars 20 mars 11 mars	712	35					
	that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):						
CERTIFICATION		d								
SAL S	PART II. Other algnificant condition	one contributing to death t	out not reaulting	in the unde	rlying ceuse given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO		
						1 _ YE	S 2   NO	OF DEATH?		
PHYSICIAN: MEDI						_		1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	1			26. PLACE OF OEATN (C	heck only one)				
딩	EXAMINER?  1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	Home 5 - Residence					
Ĭ	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN		c. INJURY AT WORK?	28d. OESCRIBE NO	W INJURY OCC	CURED		
BY P	1 Natural 5 Pending 2 Accident Investigation				1 YES 2 NO					
	3 Suicide 6 Could not b	28a. PLACE OF INJURY building, etc. (Spe		street, factory	, office	28f. LOCATION (St. City or Town, S		or Rural Route Number,		
				-						
COMPLETED	cont orny	SICIAN: To the best of my know								
ខ្ល	29b. SIGNATURE AND TITLE OF PLANT	10	on and/or investigate	on, in my opir			3-1-2-1-2-1	e cause(a) and manner as stated.		
B	290. SIGNALDINE AND TITLE OF BEING	1 Lean			29c. LICENSE NU	2-0 G		E SIGNEO (Month, Day, Year)		
٩	30. NAME AND ADORESS OF PERSON Y	HO COMPLETED CAUSE OF O	EATN (ITEM 27) (Type	r, Print)	10 ~3					
,	JOHN MCLEA	FN 560 R	-119251	UE DA	BIUI	SALI	BURT	1,30 21801		
6	31. DATE FILEO (Month, Day, Year) MAR 1 8 91	12. REGISTRAR'S SIGI	NATURE							
- 1	I PART 1 0 J I	I was remided	-Mariana							

William W. Shitt

TO THE HUSPING OF ATTACHM. PHYSICIAN: The law regules that the death certificate be executed within 24 mount after death. Page 6 may be retained by the hosp	TO THE RIVERAL DESCRIPTION with this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the complete or the complete of the co	INPORTANT. If tem 25 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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五二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	第 1	E
T C	E :	MP
100	¥ 1	5 ≡

	1 - STATE REGISTRAR	STATE OF N	/ MARYLAND CE	DEPAR	TMENT OF H	DEATH	MENTAL HYGIE REG. 1	NE J	1 00001		
	1. DECEDENT'S NAME (First, Middle, Last)				· ·	_	2. DATE OF DEATH	DAY _	YEAR 3. TIME OF DEATH		
	MARTHA	W.			Evan.	5	00 1	15,1	991 1948 M		
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. last		MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLACE (State or Foreign Country)		
	212-74-7809	1 😾 M 2 🗆 F	85	YRS.			2-22-1				
~	9a. FACILITY NAME (If not institution, give :	itreet and number)			96. CITY, TOWN C	R LOCATION OF DE	ATH	9c. CO	UNTY OF DEATH		
2	PENINSULA GENERA	L HOSPITA	AL		SALISB	URY		W)	COMICO		
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY		
片	Md. W	Wicomico Nantico							1 XYES 2 NO		
AL	10e. STREET AND NUMBER				101	. ZIP CODE		10g. CI	TIZEN OF WHAT COUNTRY?		
FUNERAL	Rt. 349					21840	)		U.S.A.		
5	11. MARITAL STATUS  1 Never Married 2 Married		T EVER IN U.S. AR				HC ORIGIN? (Specify n, Puarto Rican, atc.)		14. RACE — American Indian, Black, White, atc.		
ВУ	3/2/Widowed 4 Divorced			2 X 80 Specify			SpecHy: White				
	15. DECEDENT'S EDU	ICATION	16a, DE	CEDENT'S	USUAL OCCUPATION	ON .	16b, KIND OF	BUSINESS/IN			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(Gi	ve kind of	work done during mo se retired.)	st of working					
7	12	College (1-V cl. o V		Home	Maker		Ov	n Ho	me		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					T .	ME (First, Middle, Mak				
BE C	Adolphos	Lake S	Seabrea	se		A1phc	onso Ell	iott			
	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Street s	and Number or Rural i	Route Number, City or	Town, State, 2	Zip Code)		
10	Violet Nichol	S		914	Tamara	c Drive	, Salis	bury	, Md. 21801		
	20a. METHOD OF DISPOSITION 5. Burial 2 Cremation 3 Ran	noval from Stata	20b. PLACE other ple	208)		netery, crematory or			- City or Town, Stata		
	4 Donation 5 Other (Specify)		_	Τι				lanti	coke, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	100-417	/		ick Fun		me.	P.O. Box 61		
	Comelin	0 2.1	1/200	erb			ryland				
	23. PART I. Enter the diseases, or ahock, or heart failure.				not antar tha mo	da of dying, auc	h ea cardisc or re	spiratory s	rrest, Approximate Interval Between		
	IMMEDIATE CAUSE (Final								Onset and Dasth		
	disease or condition resulting in death)	a. 'OU	all f	Qu	emon	dey &	Lund		lean		
		DUE TO	(OR AS A CONSE	AVENCE C	)F): )	He . A	1. 1.	er - 0			
ON	disease or condition resulting in death)  a. 'Call, Dulmondey Idum  DUE TO (OR AS A CONSEQUENCE OF):  Sequentisty llat conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	If eny, leading to immediate		•						1		
1 %	cause. Enter UNDERLYING										
FICA	CAUSE (Disease or Injury that Initiated events	cDUE TO	OR AS A CONSE	QUENCE C	OF):						
ERTIFICA	CAUSE (Disease or Injury	c. DUE TO	OR AS A CONSE	QUENCE C	PF):						
- CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d				a cause alven in	Part I. 24s, WAS	AN ALITOPS	Y 24b. WERF AUTOPSY FINDINGS		
ابا	CAUSE (Disease or injury that initiated events	d				g cause given in	PER	FORMED?	AVAILABLE PRIOR TO		
اب	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d				g cause given in	PER		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d				g cause given in	PER	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificent conditions are selected to the selected to	d			In the underlyin	g cause given in	1 TYE	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent condition	dna contributing to		resulting	In the underlyin	LACE OF DEATH (C/	1 VE	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	dna contributing to	ER/Outpetient 3	DOA 26b. Til	In the underlyin  26. P  OTHER: 4 □ Nursing Hon  ME OF □ 28c. IN.	LACE OF DEATH (C/r	1 TYE	FORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 MO  27. MANNER OF DEATH  1 Natural 5 Pending	dna contributing to	DER/Outpetlent 3	DOA 26b. Til	In the underlyin  26. P  OTHER: 4 □ Nursing Hon  ME OF 28c. IN. WE W	LACE OF DEATH (C)	PER 1 YE:	FORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Retural 5 Pending Investigation  3 Suicide 6 Could not be	HOSPITAL: HOSPITAL: HOSPITAL: HOSPITAL: HOSPITAL: HOSPITAL: HOSPITAL: 28a. DATE Of (Month, I	ER/Outpatient 3 F INJURY Doy, Year)	DOA 26b. Til	In the underlyin  26. P  OTHER: 4 □ Nursing Hon  ME OF 28c. IN. WE W	LACE OF DEATH (C/r	PER 1 YES  Deck only one)  6 Other (Specify)  26d. DESCRIBE HO	FORMED?  S 2 NO  W INJURY C	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 MO  27. MANNER OF DEATH  1  Natural 5  Pending Investigation	HOSPITAL: HOSPITAL: HOSPITAL: HOSPITAL: HOSPITAL: HOSPITAL: HOSPITAL: 28a. DATE Of (Month, I	ER/Outpetlent 3 F INJURY Doy, Year) OF INJURY — At he	DOA 26b. Til	26. P OTHER: 4 Nursing Hon MC OF 28c. IN. JURY W M 1	LACE OF DEATH (C/r	PER 1 VE	FORMED?  S 2 NO  W INJURY C	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
LETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Retural 5 Pending Investigation  3 Suicide 6 Could not be	HOPPITAL: Postant 2  28a. DATE 01  (Month, I	ER/Outpetient 3 F INJURY — At ho, etc. (Specify)	DOA 26b. Till	26. P OTHER: 4   Nursing Hon ME OF JURY M 1   stree1, factory, office	LACE OF DEATH (C/r ne 6 Realdence JURY AT DRK? YES 2 NO	PER 1 VE	S 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  DOCCURED  DOC Or Rural Route Number,		
MPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Matural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only Check only 1 CERTIFYING PHYS)	HOPPITAL: Post and 2  28a. DATE 01  (Month, I  26a. PLACE 6  building	ER/Outpatient 3 F INJURY — At ho, etc. (Specify)	DOA 26b. Till some, farm,	26. P  OTHER: 4 Nursing Hon ME OF JUHY W M 1  atree1, factory, office	LACE OF DEATH (C/r ne 6 Residence JURY AT PROPERTY PROPERTY RES 2 NO ce a and place, and due	PER 1 VE  1 VE  Onck only one)  6 Other (Specify)  26d. DESCRIBE HC  City or Town, S  of the cause(s) and	FORMED?  3 2 NO  W INJURY C	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  DOCCURED  DOC Or Rural Route Number,		
E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Matural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only Check only 1 CERTIFYING PHYS)	HODITAL: HODITAL: HODITAL: HODITAL: HODITAL: HODITAL: HODITAL: HODITAL: SICIAN: To the best of the basis of t	ER/Outpatient 3 F INJURY — At ho, etc. (Specify)	DOA 26b. Till some, farm,	26. P  OTHER: 4 Nursing Hon ME OF JUHY W M 1  atree1, factory, office	LACE OF DEATH (C/r ne 6 Residence JURY AT PROPERTY PROPERTY RES 2 NO ce a and place, and due	PER 1 YES  1 YES  1 YES  1 Other (Specify)  26d. DESCRIBE HO City or Yown, S  to the cause(s) and	FORMED?  3 2 NO  W INJURY C  eet and Numble  menner as e  a, and dua 10	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  DOCCURED  DOC Or Rural Route Number,		
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BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSE TAL:  HOSE TAL:  Photostant 2  28s. DATE Of (Month, I)  26s. PLACE (building)  SICIAN: To the best of other completed call.	DER/Outpatient 3 FINJURY — At ho, etc. (Specify) If my knowledge, deaxamination and/or	DOA 26b. Till investigat	26. Pl OTHER: 4   Nursing Hon ME OF JURY M 1   stree1, factory, office	LACE OF DEATH (Change 6   Realdence JURY AT DRK? YES 2   NO :a a and place, and due death occured at the	PER 1 YES  1 YES  1 YES  1 Other (Specify)  26d. DESCRIBE HO City or Yown, S  to the cause(s) and	FORMED?  3 2 NO  W INJURY C  eet and Numble  menner as e  a, and dua 10	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  DOCCURED  DOC OF Rural Route Number,  Attend.  ATE SIGNED (Month, Day, Year)  3		
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DIO  27. MANNER OF DEATH  1 Metural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.  29b. SIGNATURE AND TITLE OF CERTIFIER USERVALLE.	HOPPITAL:  Prostant 2  28a. DATE 0  (Month, I  26a. PLACE 0  building  SICIAN: To the best of other  ER  HO COMPLETED CAL  32. REGISTR	ER/Outpetient 3 FINJURY — At ho, etc. (Specify) of my knowledge, de axamination and/or	DOA 26b. Till investigat	OTHER: 4 Nursing Hon ME OF MURY M 1  atree1, fectory, office red at the time, date tion, in my opinion, of	LACE OF DEATH (Change 6   Realdence JURY AT DRK? YES 2   NO :a a and place, and due death occured at the	PER 1 YE  1 YE  1 VE  1 VE  26d. DESCRIBE HO  26f. LOCATION (Shr City or Yown, S	W INJURY Coest and Numbers as a sent dual to	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  DOCCURED  DOC OF Rural Route Number,  Attend.  ATE SIGNED (Month, Day, Year)  3		



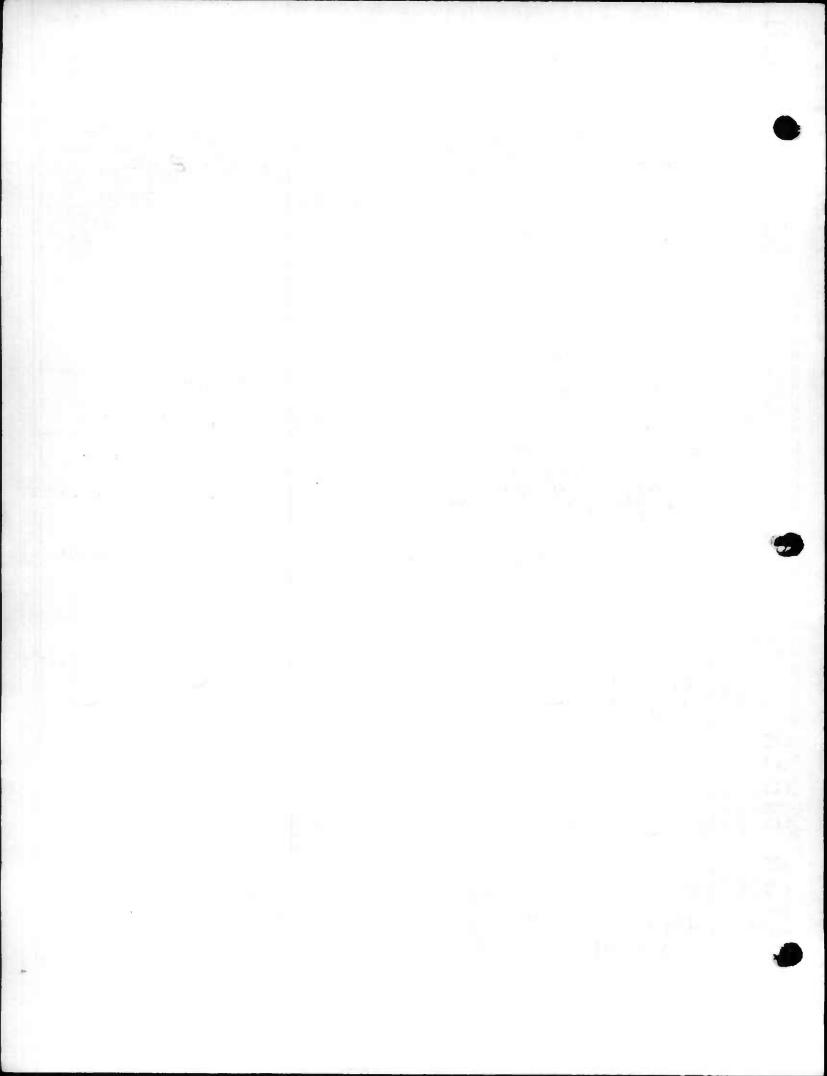
31. DATE FILED (Month, Day, Your)
MAR 1 8 '91

1		and the last	
	(	P	
	1	3 spoul	
BALTIMORE, MARYLAND 21203-3146	lours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 on, or removal.	shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the m

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RACHEL PEARL	FAIR						91	0868		
1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	TMENT OF	HEALTH AND		GIENE G. NO.				
1. DECEDENT'S NAME (First, Middle, Lat	FAIR				2. DATE OF DEA	ATH DAY	XEAR 3	TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 577-84-2895	5. SEX 6. AGE (In y	6. AGE (In yrs. lest birthday)   F under 1 Year   IF under 24 Hrs.   92   Yrs.   MONTHS DAYS HOURS MIN.		7. DATE OF BIR (Month: Day, )	11898	a. BIRTHPL Country) OHIO				
9. FACILITY NAME (If not institution, given FRIENDS NURSIN	G HOME			VN OR LOCATION OF C		7,5	NTGON			
FRIENDS NURSING FRESIDENCE OF DECEDENT 10a. STATE 10b. COU			Y, TOWN OR LO					Od. INSIDE CITY LIMITS?  YES 2 NO		
109. STREET AND NUMBER 17340 QUAKER 11. MARITAL STATUS 1 Never Married 2 Married	LANE			10f. ZIP CODE 208	360	USA		AT COUNTRY?		
11. MARITAL STATUS  1 Never Merried 2 Merried  3 W Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2			DECENDENT OF HISPA , specify Cuban, Mexic YES 2 NO Spec	an, Puerto Rican, a	cify Yea or No-	14. RACE - Black, \ Specify:	- American Indian, White, etc.		
15. DECEDENT'S E					16b. KIND	OF BUSINESS/IND	)ME			
WILLIAM JOH	NSON	FANNIE	Meiden Surname) GLENN							
P 19a. INFORMANT'S NAME (Type/Print) MARY E. McCONNE	LL			DEL CIERVO		or Town, State, Zip		85715		
23. PART I. Enter the diseases, shock, or heart failur immediaTe CAUSE (Finel disease or condition resulting in death)	11 Barker	ne deeth, Do	215		SVILLE R	D. LAYT	ONSVI	Approximate Interval Between Onset and Death		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant conditions of the condition of	liona contributing to death but	not resulting	in the under	lying ceuse given i	F	WAS AN AUTOPSY PERFORMED? YES 2 NO	å	WARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outpeti	ent 3 🗆 DOA	OTHER:	6. PLACE OF DEATH (C		offy)				
27. MANNER OF DEATH  1. Natural 6 Pending 2 Accident Investigation			JURY M 1	INJURY AT WORK?	28d. DESCRIBE	HOW INJURY OC	CURED			
		At home, farm,	street, factory,	office	28f. LOCATION City or Town	(Street and Number n, State)	or Rural Roo	ute Number,		
enel only	IYSICIAN: To the best of my knowled							and menner as stated.		
O PONATURE AND TITLE OF CERTIF	296, SIGNATURE AND TITLE OF CERTIFIER  296, LICENSE NUMBER  296, LICENSE NUMBER  296, LICENSE NUMBER  297, Voer)  30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF REATH (ITEM 27) (IDEA Print)									

20832 32 REGISTRAP'S SIGNATURE
Julia Davidson Angless



	- STATE REGISTRAR	CERT	TIFICA	TE OF	DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE MONT					Y .	YEAR	3. TIME OF D	EATH
	Bruce Otto F	iegenbau	m			March		່ 199		1:10	Рм
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last birth		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E (Month, De			8. BIRTH Countr	IPLACE (State o	r Foreign
	328-07-2039 1♀ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	83 YF	RS. MONT	HS DAYS	HOURS MIN.			907		inois	
	Sa. FACILITY NAME (If not institution, give atreet and number)		9b. CITY, TOWN OR LOCATION OF DE					9c. COU	NTY OF D		
HOT.	10799 Hickory Ridge Road, #	308		Columb	ia			How	ard		
HE	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION								10d. INSIDE C	TY
۵	Maryland Howard		Col	umbia						1 [] YES 2	
FUNERAL DIRECTOR	100. STREET AND NUMBER 10799 Hickory Ridge Road, #	£308	101. ZIP CODE 21044					United States			n
5	11. MARITAL STATUS  1. Naver Married 2 X Married FORCES? 1X	YER IN U.S. ARMED			ENDENT OF HISPAN			or No—	14. RACE	E — American I k, White, atc.	ndlen,
B	1 Never Merried 2 Merried IF YES, GIVE WAR	OR DATES WW II			2 NO Specify		1, 410.)		Spec	tty:	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			L OCCUPATION OF THE PROPERTY O				SINESS/INI		3 5	
<u>u</u>	Elementary/Secondary (0-12) College (1-4 or 5+)	life, Do A	IOT use retir	ed.)		Ins	uran	ice &	. Кеа	l Esta	
MP	2	Owner								Agen	су
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA			,			
BE	George E. Fiegenbaum				Margar						
2	19a. INFORMANT'S NAME (Type/Print)		ILING ADD		nd Number or Rural I	Route Number, (	City or Tow	n, Stete, Zij	p Code)		
	Ruby M. Fiegenbaum	-			netery, crematory or		200 10	CATION	City or To	Page Page	
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 (Cremetion 3 □ Removal from Stale 4 □ Donation 5 □ Other (Specify)	other place)								g, Mar	vland
	21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NORTH										y I di / d
	· Ellen W. Rap	P		3453 North	Hancock Fort My	Bridge ers, F	Par L 3	kway 3903	, 010		
	23. PART I. Enter the diseases, or complications that		Do not e	nter the mo	de of dying, euc	h es cerdiec	or respi	ratory ar	reat,	Approx	
	ahock, or heert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final  Onset and Death										
	disease or condition										
	DUE TO (OR AS A CONSEQUENCE OF):										
NO.	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING	If any, leading to immediate									
임	CAUSE (Disease or injury C.	R AS A CONSEQUEN	ICE OF):							+	
F	resulting in death) LAST										
			t- ab			224					
DICAL	PART II. Other algnificent conditions contributing to de	Mith but not remui	ting in th	e underlyin	g ceuse given in		PERFOR		240	AVAILABLE PR COMPLETION	IOR TO
ă	0.6031255	<del></del> -				—   ¹	YES 2	S MO		OF DEATH?	
Ž						—				1   YE\$ 2	□ NO
AN	25. WAS CASE REFERRED TO MEDICAL			28 D	ACE OF DEATH (Ch	teck only one)					
PHYSICIAN: ME	EXAMINER?  1   YES 2   NO   1   Inpatient 2   E	P/Outpatient 3 □ D	TO AT	HER:	ne 5 Residence		nacific)				
HXS	27. MANNER OF DEATH 28s. DATE OF IN	JURY 28	b. TIME OF	28c. IN	IURY AT	28d. DESCR		INJURY O	CCURED		
	1 Natural 8 Pending (Month, Day,	Year)	INJURY		PRK? YES 2 NO						
BY	3 Bulcide 28e. PLACE OF I	NJURY — Al home,	farm, street	, factory, offi	•	281. LOCATIO	ON (Street bwn, State)	and Numbe	or Rural	Route Number,	
TED	4 Homicide determined building, at	is (Specify)				City of 1	own, State;	,			
Z.	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of m	y knowledge, death o	occurred at	Ihe time, dat	end plece, end due	lo lhe cause(	s) and me	nner ea at	ated.		
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of exam									(s) and menner	es stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	100			29c. LICENSE NU	MBER		29d. DA	TE SIGNE	D (Mongh, Day, )	tar)
O BE	seelt late	14			D 4001	2		<b>▶</b> 7	1/1	6/9/	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27	(Type, Prin	0		0	1	0	0	110	De mes d
	31. DATE FILED (Month, Day, Year) /32. REGISTRAR	S SIGNATURE	FTL	5 HA	Produ	Tha	7	Cow	WB!	- Cura	वणपु
	MAR 18 '91 guha	Davidson-Ra	ndell								

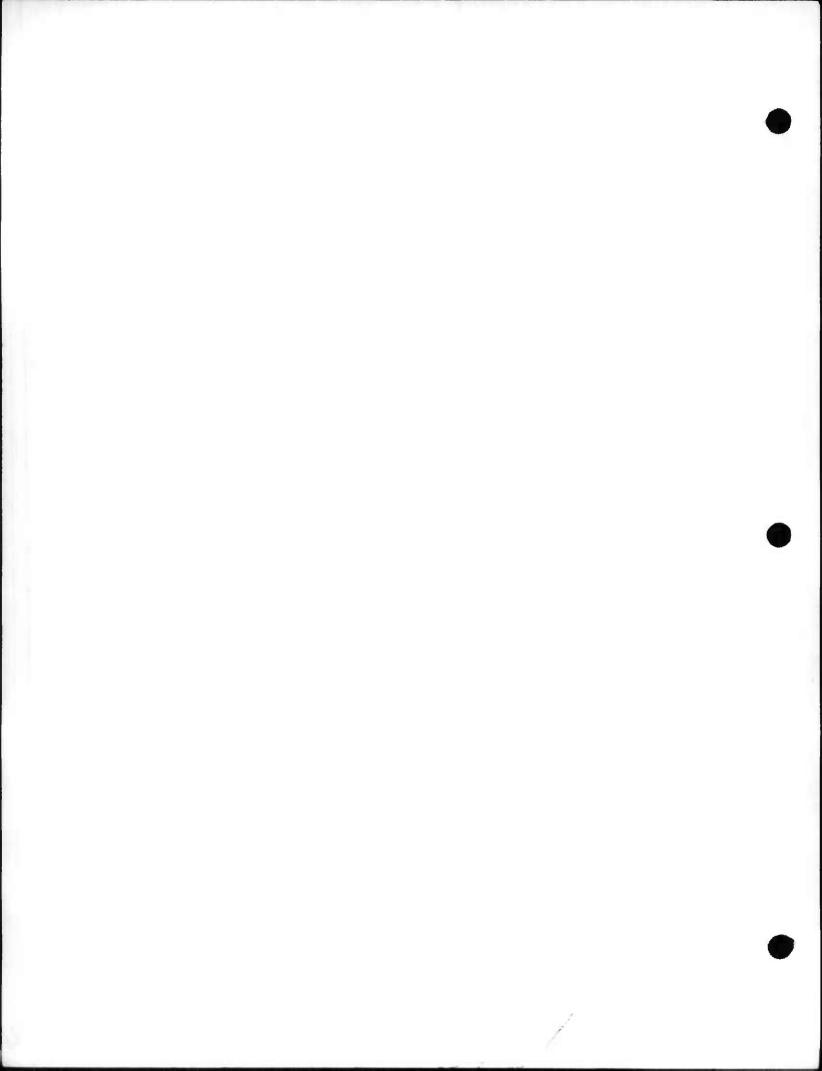
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 6 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,



TO BE COMPLETED BY FUNERAL DIRECTOR.

FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTA	L HYGIEN	_		1865	U
1. DECEDENT'S NAME (First, Middle, Lest)									2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF C	_
HENRY CHAI	NDLEE F	ORMAN							AR. 18, 1991			10:1	0 A.M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		MONTHS	DAYS	IF UNDER	MIN.	(Mon	OF BIRTH		8. BIRTI	HPLACE (Stete of	or Foreign
105-24-8452	1 M 2 F	86	YAS.					6-	18-19	04	NE	W YOR	K
Se. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH				EATH		9c. COU	INTY OF C	DEATH	
RESIDENCE OF DECEDENT	82 REST	ROAD		EASTON					T	ALB			
MARYLAND T	ALBOT		10c, CIT	ry, town oi EA	STC							10d. INSIDE LIMITS?	
10e. STREET AND NUMBER					101	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTR	147
R.D. #1, BOX	82 REST	ROAD				2	160	1		+)	U.S		
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	Never Merried 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES							n, Puerto	N? (Specify Ye Ricen, etc.)	a or No-	Spec	E — American ck, White, etc. c/ly: VHITE	Indian,
15. DECEDENT'S EDU				USUAL OC				16	b. KIND OF BU	ISINESS/IN	OUSTRY		
(Specify only highest grade	College (1-4 or 5	+) life	. Do NOT u	work done d ise retired.)  ORIAI		at of world	ng		ARC	CHIT	ECTU	JAL	
17. FATHER'S NAME (First, Middle, Lest)						16. MOT	HER'B NA	ME (First,	Middle, Maider	Surname)			
HORACE BA	KER F		JR.	G ADDRESS	(Street a	nd Numbe	-		ETH F			ON CHA	NDLE
REBECCA R. FOR	MAN		R.D	. #1	. B	OX 8	82 F	REST	RD.	EA	STON	N,MD.	2160
20e. METHOD OF DISPOSITION  1	loval from State	of cemetary	AND DAT	re of DISPO	OSITION lace)	(Name		DA	TE 20c. L	OCATION -	- City or T	own, State	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	E C.F			NAME AI	ID ADDRE	SS OF FA		NEWNA	M F	UNE	RAL HO	ME
23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final				not enter	the mo	de of dy	/Ing, suc	ch aa ca	rdiac or res	oiratory a	rreat,	Interv	ximete al Between and Death
diseese or condition resulting in deeth)	d	Rost								1 YRS			
	DUE IC	O (OR AS A CONSE	OUENCE	ur):									
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO	O (OR AS A CONSE	OUENCE (	OF):									
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	O (OR AS A CONSE	QUENCE (	OF):		•							
PART II. Other significent condition	ne contributing to	o death but not	resulting	In the un	derlyin	g cause	given In	Part i.	24a. WAS A PERFO 1 📋 YES	RMED?	24	Ib. WERE AUTOP AVAILABLE PI COMPLETION OF DEATH? 1 YES 2	RIOR TO OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER 4 Nurr	₹:			heck only o	one) ner (Specify)				
27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE O		26b. Ti	_	26c. IN.	JURY AT DAK? YES 2			EŞCRIBE HOW	INJURY O	CCURED		П
2 Accident investigation 3 Suicide 8 Could not be determined	28e. PLACE building	OF INJURY — At h	ome, farm,	, street, fact	ory, offic	•		261. LO	CATION (Streety or Town, State	t and Numb	er or Rural	Floute Number,	
const. Only	SICIAN: To the best of											(e) and manner	as stated,
29b. SIGNATURE AND TITLE OF CERTIFIE			-										
290. SIGNATURE AND TITLE OF CERTIFIE		- l	2			29c. LIC	CENSE NU	MBEH	25	29d. D/	Z -	D (Month, Day,	9 1

IDLEWILD DRIVE

EASTON

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 me filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It tem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

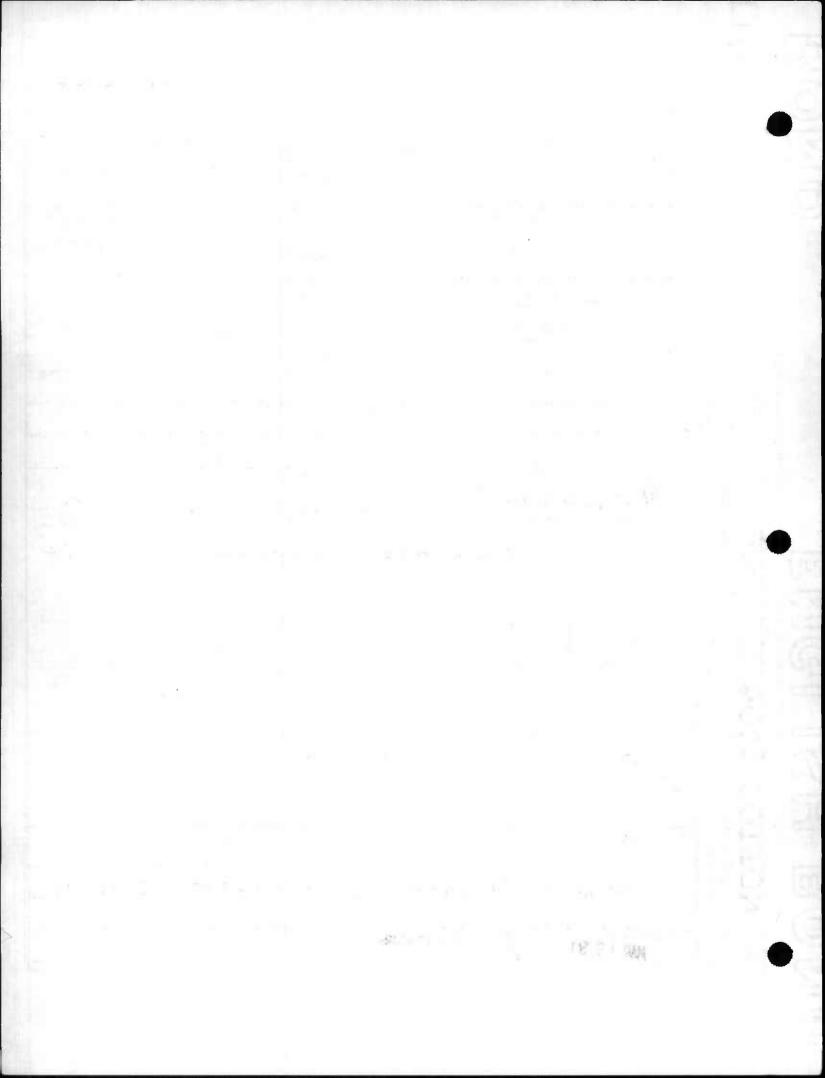
BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

CARNEY

1991

DHMH-16 Rev 1/89



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		in and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be burial commenced for the buria
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-	executed within 2-nours after death. Page 6 may be retained by the hospital or attending physician.	n and completely filled in by the
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A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nouns after death. Page 6 may be retained by the hospital or attending	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the us after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	· · · · · · · · · · · · · · · · · · ·
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STATE OF MARYLAND / DEPARTMEN	IT OF HEALT	H AND	MENTAL	HYGIENE
CERTIFICAT	E OF DE	ATH		REG. NO.

1. DECEDENT'S NAME (First, Mid	idle, Last)							2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
JOHN J. FABB	RI_SR.							03		16	91	1:24 A
4. SOCIAL SECURITY NUMBER	5. SEX		L AGE (In yrs. les		MONTHS I	YEAR IF UND	ER 24 HRS.	7. DATE (Mont/	OF BIRTH		8. BIRTI	HPLACE (State or Foreign ry)
219 14 5539	1 7 1		66	SYRS.					04 2	4		Md.
Se. FACILITY NAME (If not institut			T 0.1			OWN OR LOCA		EATH		9c. COUN		
FROSTBURG CO	ENT	HO251	TAL		FRU	STBURG				I AL	LEG <i>E</i>	NY
***	L COUNTY				Y, TOWN OR							10d. INSIDE CITY LIMITS?
Md a	Allega	ny			Mt. S	10t, ZIP CO				Tana com	ZEM OF 1	1 TYES 2 NO
P.O. Box	287					-0. Harris A. C.	27 5/11	5				5 .A .
11. MARITAL STATUS	12. WAS		EVER IN U.S. A			S DECENDENT	OF HISPAN	HC ORIGIN		es or No—	14. RAC	E — American Indian, it, White, atc.
1 Never Married 2 Mar 3 Widowed 4 Divorced	IF YE	ES, GIVE WA		NO		res, specify Cui			Rican, etc.)		Spec	-Mr:
	NT'S EDUCATION	W	W. 2	CEDENTS	USUAL OCC	IMPATION		100	VIND OF B	USINESS/IND	HOTOV	White
	hest grade completed,	(1-4 or 5+)	(0	ive kind of Do NOT u	work done du	ring most of wor	king	100	KIND OF B	OSINESS/IND	USINT	
12	Conege	(1-4 Or 5 +)		Ti	re Bu	ilder	2		Tir	e Co.	•	
17. FATHER'S NAME (First, Middle	, Last)							ME (First, I	Middle, Maide			
Lucindo										stell		i
19a. INFORMANT'S NAME (Type/			19	b. MAILING		Street and Numb						
Mary G. F.	abbri		20h BLACE	P.O	Box	of cemetery, or		Sa		Md.		
1 Buriel 2 Cremation 4 Donation 5 Other (Spi		State	other p	lace)	and the same	as Cer		D'TT	1,740			ge. Md.
21. SIGNATURE OF FUNERAL SE							1163 6 63	L V	1.7	U . DO	IL V CL	You Mine
an order of construct or	TRYICE LICENSEE	/	20.	100	_	LME AND ADDE		CILITY				0.00
23. PARTA. Enter the dises shock, or hear IMMEDIATE CAUSE (Final disease or condition	ises, or complica t failure. List only	y one caus	caused the de on each lin	eath. Do	Di not enter th	ame and addr arst I	une	ral	Home	, Fro		Approximate Interval Between
23. PARTY, Enter the disea shock, or hear IMMEDIATE CAUSE (Final	ises, or complica t failure. List only	SEV E	caused the d	eath. Do	DI not enter the	ame and addr arst I	une	ral	Home	, Fro		Approximate Interval Between
23. PARTY. Enter the disease shock, or heard lisease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING	ases, or complicate failure. List only	SEVE DUE TO (C	Caused the de on each lin	QUENCE C	22. N/ Dr not enter th	ame and addr arst I	une	ral	Home	, Fro		Approximate Interval Between
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23. PART. Enter the disease shock, or heart immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the cause	Bees, or complicate failure. List only  a  b  c  conditions contril  EDICAL HOSP 1   Inp	DUE TO ((	Caused the de on each line.  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  ER/Outpetient  NJURY	QUENCE CO	22. N/ Dr not enter th	ame and address in the mode of o	e given in	Part I.	Home  24a. WAS / PERF-1 U YES	plratory arr	24	Approximate Interval Betwee Onset and Des / 5 y
23. PART II. Other significant of EXAMINER?  1 Yes 2 ANO 27. MANNER OF DEATH  1 Netural 5 Pen	Bees, or complicate failure. List only  a  b  conditions contril  EDICAL HOSP 1   Inp	DUE TO ((	Caused the de on each line.  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  ER/Outpetient  NJURY	QUENCE CO	22. N/ Dr not enter th	ame and address I are mode of o	e given in	Part I.	Home  24a. WAS / PERF-1 U YES	plratory arr	24	Approximate Interval Betwee Onset and Dec Onset and Dec I S y
23. PART I. Enter the disease shock, or heart immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of DEATH  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pen  2 Accident 5 Death  3 Suicide 8 Cou	Bes, or complicate failure. List only  a  b c  conditions contril  EDICAL HOSP 1   Inp	DUE TO ((	Caused the de on each line.  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  ER/Outpetient  NJURY	QUENCE COOLENCE COOLEN	22. N/ Dr not enter the property of the proper	erlying cause  28. PLACE OF  10 PROMISS 21 P	e given in	Part I.	Home  24a. WAS / PERF  1   YES  re)  or (Specify)  SCRIBE HOW	plratory arr	24	Approximate Interval Betwee Onset and De Ons
23. PART I. Enter the disease shock, or heard immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions in the condition resulting in death)  Sequentially list conditions in the conditions in death in the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of EXAMINER?  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 ANO  27. MANNER OF DEATH  1 Natural 5 Pen Investigation of Second Investigation of Sec	Bes, or complicate failure. List only  a	DUE TO ((	Caused the de on each lin  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  ER/Outpetient  NJURY  ( You')  INJURY — At h	QUENCE COOLENCE COOLEN	22. N/ Dr not enter the property of the proper	erlying cause  28. PLACE OF  10 PROMISS 21 P	e given in	Part I.	Home  24a. WAS / PERF  1   YES  or (Specify) SCRIBE HOW	plratory arr	24	Approximate Interval Betwee Onset and Decorate and Decora
23. PATT. Enter the disease shock, or heart immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions of tary, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant of the EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pen Investigation of the In	Bess, or complicate failure. List only  a  b  c  d  conditions contril  EDICAL HOSP 1   Inp  ding estigation and not be armined  ING PHYSICIAN: To dispersion and not be armined	DUE TO (()  DUE TO	Caused the de on each lin  PR AS A CONSE  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  INJURY — At h  to. (Specify)	QUENCE COOLERCE COOLE	22. N/ Dr not enter th  O P ( OF):  OF):  OF):  In the und  OTHER: 4   Numbir  ME OF   2  UURY M   2  street, factor	erfying cause  28. PLACE OF  19 Home 5   10 YES 2  17, office  10 Added and place  10 Added and place  10 Added and place  11 Added and place  12 Added and place  13 Added and place  14 Added and place  15 Added and place  16 Added and place  17 Added and place  18 Added and place  18 Added and place  18 Added and place  19 Added and place  19 Added and place  10	e given in  DEATH (C: Residence	Part I.  Peck only on  5 Oth  28d. DE	Home  24a. WAS / PERF  1 YES  ATION (Street or Town, Statuse(e) and in	plratory arr  AN AUTOPSY ORMED?  2 No  W INJURY Oct at and Number te)	24i	Approximate Interval Betwee Onset and Det onset and Det of Service Onset onset of Service Onset onset of Service Onset onse
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23. PART I. Enter the disease shock, or heard immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions in the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the cause of the	Bes, or complicate failure. List only  a	DUE TO (()  DUE TO	Caused the de on each lin  PR AS A CONSE  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  INJURY — At h  to. (Specify)	QUENCE COOLERCE COOLE	22. N/ Dr not enter th  O P ( OF):  OF):  OF):  In the und  OTHER: 4   Numbir  ME OF   2  UURY M   2  street, factor	erfying cause  28. PLACE OF  19 Home 5   18c. INJURY AT  WORKY  1 YES 2  19, office	e given in	Part I.  Part I.  28d. De  28f. LOC City  to the ca	Home  24a. WAS / PERF  1 YES  ATION (Street or Town, Statuse(e) and in	plratory arr  AN AUTOPSY ORMED? 2 NO  V INJURY Oct at and Number te) and due to the	CURED or Flural ted.	Approximate Interval Betwee Onset and Det Interval Betwee Onset
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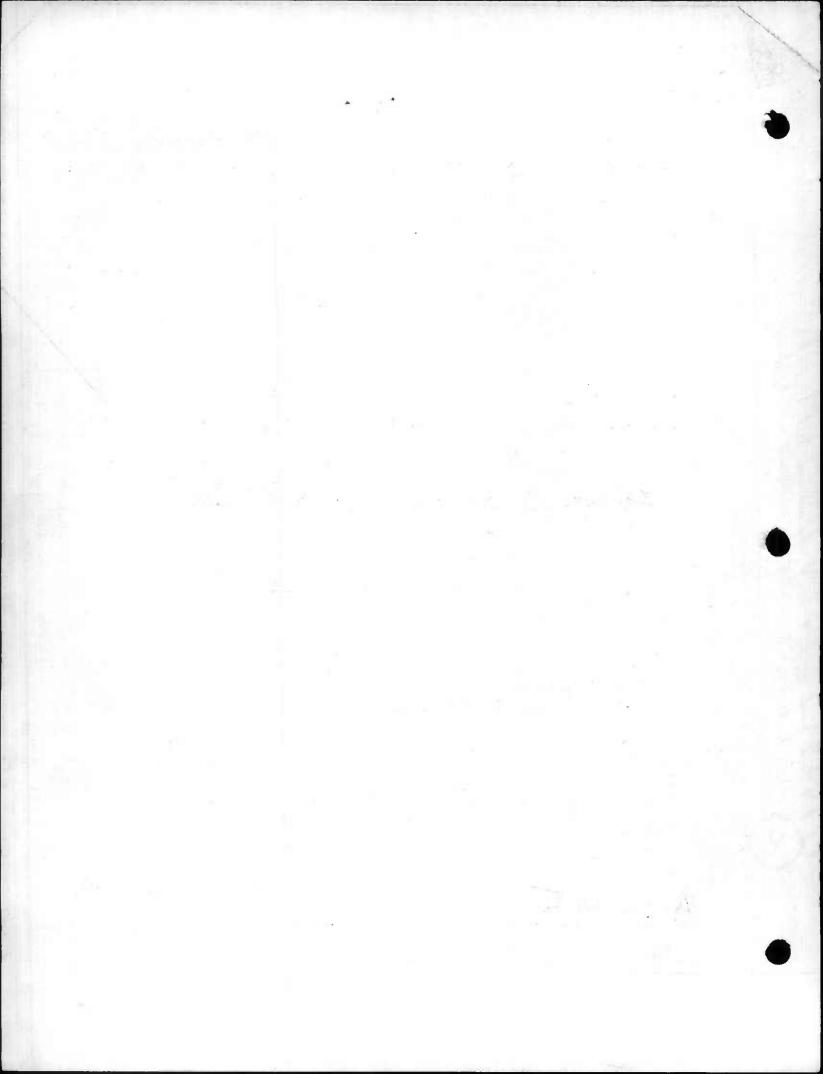
146, BALTIMORE, MARYLAND 21203-3146	NSICIAN: The law requires that the death certificate be executed within 2 - Joins after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	mar, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ON OF VITAL RECORDS, P.O. BOX 13146,	quires that the death certificate be	signed by the attending physician	with the state Liept. Of Hearth and Mental Hygiene prior to burial, cremation, of removal.	ows any injury, or other traun
IVISION OF VITAL RE	TENDING PHYSICIAN: The law re	IDR: After this certificate has bee	ifter death with the State Dept. o	mark
Mary	TO THE ASSPIRAL THE A	TO THE PURPORT DIRECT	be filed within 72 hours	IMPORTANT: If Item 28 is

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CE	-niir	CALE	T DE	AID		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last	)						2. DATE O	F DEATN DA	Υ	YEAR	3. TIME OF DEATN
LAURETTA S. FUNK	La aru						March		199		8:00 A M
4. SOCIAL SECURITY NUMBER 197-01-4903	5. SEX	6. AGE (In yrs. las	YRS.	MONTHS DA		NDER 24 HRS.	7. DATE OF (Month, Aug.	18,19	13	Countr	PLACE (State or Foreign y) nsylvania
9a. FACILITY NAME (If not institution, give	street and number)			96. CITY, TO	VN OR LO	CATION OF DI	EATN		8c. COU	NTY OF D	
Veteran Adm. Med	ical Cent	er		Pe	erry	Point			C	ecil	
Veteran Adm. Med.  RESIDENCE OF DECEDENT  100. STATE  100. STREET AND NUMBER  Veterans Adm. Med.  11. MARITAL STATUS  1. Webself Marriad  2. Marriad	ry cil			y, town on Lo							10d. INSIDE CITY LIMITS? 1 YES 2 XNO
100. STREET AND NUMBER Veterans Adm. Med	dical Con	tor			101. ZIP (	21902			10g. CIT	U.S.	YHAT COUNTRY?
11. MARITAL STATUS		T EVER IN U.S. AR									
3 Widowed 4 Divorced	FORCES?	AMAR OR DATES	40	If you	s, specify C	NT OF NISPAI Suban, Mexica NO Specif	en, Puerto Ric		or No-	Black	- American Indian, t, White, etc.
15. DECEDENT'S ET (Specify only highest grade in the property of the property (9-12) 1.2 17. FATNER'S NAME (First, Middle, Last)	UCATION	18e. DE (Gi life.	CEDENT'S		PATION g most of w	rorking	16b. K	UND OF BUS	INESS/INI	DUSTRY	
17. FATNER'S NAME (First, Middle, Last)					1	AOTNER'S NA					
H. Norman Funk					16, 9	Miner		Swart.			
190. INFORMANT'S NAME (Type/Print) S. Murrell Fun	ς.			ADORESS (Str Macken							s 76901
20a. METNOD OF DISPOSITION 1	moval from State	other ple	ace)	Cremat		crematory or				City or To	
21. SIGNATURE OF FUNERAL SERVICE	JCENSEE /	2/ak	1	Hic. Bow	E AND AD	DRESS OF FA OME IO COCKTO Maryl	r Fun	erals	, PA		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Chroni	O (OR AS A CONSECUTION OF	ictiv	e Pulm	onary	y Dise	ease				
	d										
PART II. Other algnificant conditi		daeth but not r	reaulting	In the under	lying cau	se given in	Part I.	PERFOR		24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
Chronic Schizop Tumor Left Lower		th Metas	tasis	3			_	XX YES 2	□ NO		OMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					s DI ACE	OF DEATN (C)	book onto one				
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER:							
27. MANNER OF DEATH	28s. DATE O (Month,		28b. TIM	E OF 280	WORK?	AT .		RIBE NOW I	NJURY OC	CURED	
2 Accident Investigation 3 Suicide 8 Could not b 4 Nomicide determined	28e. PLACE	OF INJURY — At he	ome, farm,	street, factory.	office		281. LOCAT	TON (Street a Town, State)	nd Numbe	or or Rural I	Route Number,
and and	SICIAN: To the best of										a) end menner ee stated.
296. SIGNATURE AND TITLE OF CERTIF	IER					LICENSE NU				TE SIGNED	(Month, Day, Year)
	40 COMO 5770 C.	ISE OF DEATH AT	14 27 (7	Order*	N)	7 1510	194-I			2-1	4-41
MELICIA SANTOS,	M.D. VAM	C, Perry	Poi		219	902					
31. DATE FILEO (Month, Day, Year) MAR 1 8 '91	glichia Das	AN'S BIGHATURE	lall								

+1 grats

DHMN-16 Rev 1/89



TRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	91	081
'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY	/ YEAR	3. TIME O

REGISTRAR		CERI	ITICAL	E OF DEA	AIM		REG. NO.		T	
1. DECEDENT'S NAME (First, Middle, Last	T-milities.	_				2. DATE OF MONTH	DEATH	/ YE	AR 3. TIM	E OF DEATH
4. SOCIAL SECURITY NUMBER	I SEX LAG	Franc E (In yrs. lest birth		ER 1 YEAR   IF UND	DER 24 HRS.	7. DATE OF	16	191	S ACE	(State or Foreign
519-03-1970	12M2   F		RS. MONTHS			(Month, De	ly, Ybar)		Maryl	
Sa. FACILITY NAME (If not institution, give	-	77 "	210	TY, TOWN OR LOCA	TION OF DE	6/II		c. COUNTY		anu
0						C:1				0 (1
RESIDENCE OF DECEDENT	spital		1 0	altimo	ora.	CITO	1	GELIA	ti mor	e Cre
Maryland 10b. coun	TY		Baltin	OR LOCATION						ISIDE CITY
			DATCI							YES 2 NO
5906 Park Heigh	ts Avenue			10f. ZIP CO	1215		1		USA.	OUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVE	D BULLO ADMED								
1 Never Married 2 Merried	FORCES? 1 X YI	ES 2 NO	13	If you, specify Cu	iban, Mexicar	n, Puerto Rica			Black, White	erican Indian, , atc.
3 Nidowed 4 Divorced	World War	TI		1 TES 2 N	O Specify				Specify: W	hite
15. DECEDENT'S ED (Specify only highest gra-	UCATION	16a. DECEDE	ENT'S USUAL (	OCCUPATION e during most of wor	ddaa	16b. Kil	ND OF BUSINI	ESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do N	VOT use retired.,	.)		Fo	rest	Park	Golf	Course
8 years		super	Tutenc	dent of						
17. FATHER'S NAME (First, Middle, Last) Clinton E. R	afferty						Donal			
	arrer of	11,								
19a. INFORMANT'S NAME (Type/Print) Mrs. Helen Hesso:	n			ss (Street and Numb nerry Hi						21176
200 METHOD OF DISPOSITION				Name of cometery, ca		• 1 Mer	_			
1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	other place)		al Cemet					or Town, Sta	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	New Ca				CII ITY		Imore	, Mar	yrand
1 H J		. 4								
	600	14		Eckhard	t Fun	eral (	hapel		200	
23. PART i. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. List only ons cause or	n each line.	Do not ente	11605 R	eiste	rstown	Rd.,	_		Approximats interval Betv
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. Pulmor  DUE TO (OR A  DUE TO (OR A	n each line.	Do not ente	11605 R	eiste	rstown	Rd.,	_		Approximats interval Betv
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e. Pulmor  DUE TO (OR A  DUE TO (OR A	AS A CONSEQUEN	Do not ente	11605 R	eiste	rstown	Rd.,	_		Approximats interval Betw
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DIVISION OF VIT TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the S IMPORTANT: If Nem 28 is marked, or in the control of t

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IAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND 21203-3146	4: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attending physician	cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perms. Pages 1, 2 State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any injury, or other traumatic event, the medical examiner must be notified at once.
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L MECC	law requires	as been sign. Jept. of Healt	23 shows
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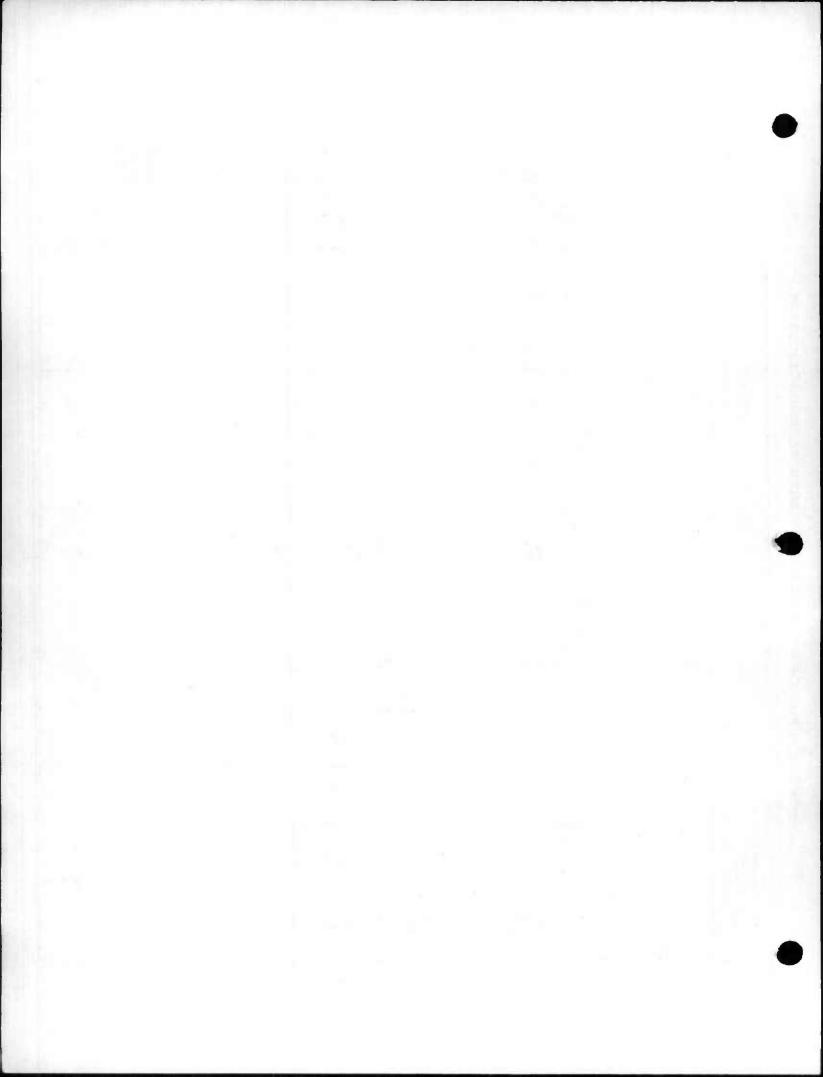
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4. SOCIAL SECURITY NUM 553-20-468		8. SEX 1 💢 M 2 🗌 F	6. AGE (In yrs. les 76	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDES	MIN.	7. DATE OF (Month, I)	Day, Year)	914	8. BIRTNPL Country) Color	ACE (State or Foreign
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Many land	10b. COUNTY				y, town o							- 13	od. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER		tgomery		Idi	Kullia	-	. ZIP COD	E			10g, CIT		YES 2 NO
120 Grant	Avenue							20	912				States
11. MARITAL STATUS 1 Never Married 2 X 3 Wildowed 4 Div	] Married	12. WAS DECEDED FORCES? IF YES, GIVE Y	IT EVER IN U.S. AR YES 2XX	IMED 10		If yes, sp	ENDENT ( ocity Cubi 2 NO	OF NISPAI	HC ORIGIN?	Specify Yes			- American Indian, White, etc.
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17. FATHER'S NAME (First,	Michille Leat)	4	B	roke:	r	_	16 MOT	NED'C NA	ME (First, Mic	eal E		9	
John Berna	1111	sen							Bennet		Surname)		
19a. INFORMANT'S NAME			19	b. MAILING	AOORES	3 (Street a			Route Number		n, State, Zip	Code)	
Micheline	A. Gei	sen		120	Grant	. Av	enue	, Ta	koma	Park,	MD 2	20912	
20a. METHOD OF DISPOSI	TION lon 3 🗆 Rem	oval from Stata	20b. PLACE other pla	ace)				matory or				City or Town	
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27. MANNER OF DEATN  1 Naturel 8 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW INJURY OCCURED			
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At h- building, etc. (Specify)	ome, farm, street, fac	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

No. SIGNATURE AND PACE OF CHAPTERIES AND A STATE OF CHAPTERIES AND A S	PO 1120	29d. DATE SIGNED (Month, Day, Year)  15 MAR 1990

30. NAME AND AGORESS OF PERSON WNO COMPLETED CAUSE OF DEATH (N/EM 27 (Type, Print))
Walter E. Goozh, M. D., 2309 Shorefield Road, Wheaton, MD 20902

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 1 8 '91 una Havidson Randelle



FRECTS4 G-ABILL, WARD 00

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	MARYLA	6/16	7. DATE OF (Month, E 07/2		DAYS HOU	IF UNDER	t birthday) YRS.	AGE (In yrs. lesi 74	M 2 [ F			07–1439	217
н	CARROLL		EATH		STMINS						INTY GE	ROLL COUL	CAR
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T COUNTRY?	g. CITIZEN OF WHAT U.S.	10g. Cr	1	2179	10f. ZIP				).	Y R	VALLE'	19 GREEN	100 8
American Indian, mite, etc.	No— 14. RACE — A Black, WY	(Specify Yes or No—ican, etc.)	an, Puerto Ric	Cuben, Mexica	WAS DECENDE It yes, specify ( 1  YES 2			YES 2 N	AS DECEDENT EVER GIVE WAR	F		RITAL STATUS ever Merried 2  //dowed // 4  Dive	1 🗆 1
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	ate, Zip Code)	KVLK er, City or Town, State, 2			S (Street and Nu	ADDRES	b. MAILING	191				FORMANT'S NAME (	
21791	MD	BRIDGE		EY RUN	VALLI	GREE	919	11				BARA W.	_
	ON — City or Town,			; cremetory or	me of cemetery,		BCB)	other ole	om State	IAL		ETHOD OF DISPOSIT	
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						phal	OVENCE O	AS A CONSE	ACU KE		intions, nediate YING sjury	entially list condit , leading to imme b. Enter UNDERLY E (Disease or injunitiated events ting in desth) LAS	if an caus CAUs that
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onth, Day, Year)	d. DATE SIGNED (MO	29d. D.	MBER 60	D316	-290			luin :			ionces	GNATURE AND THE	/
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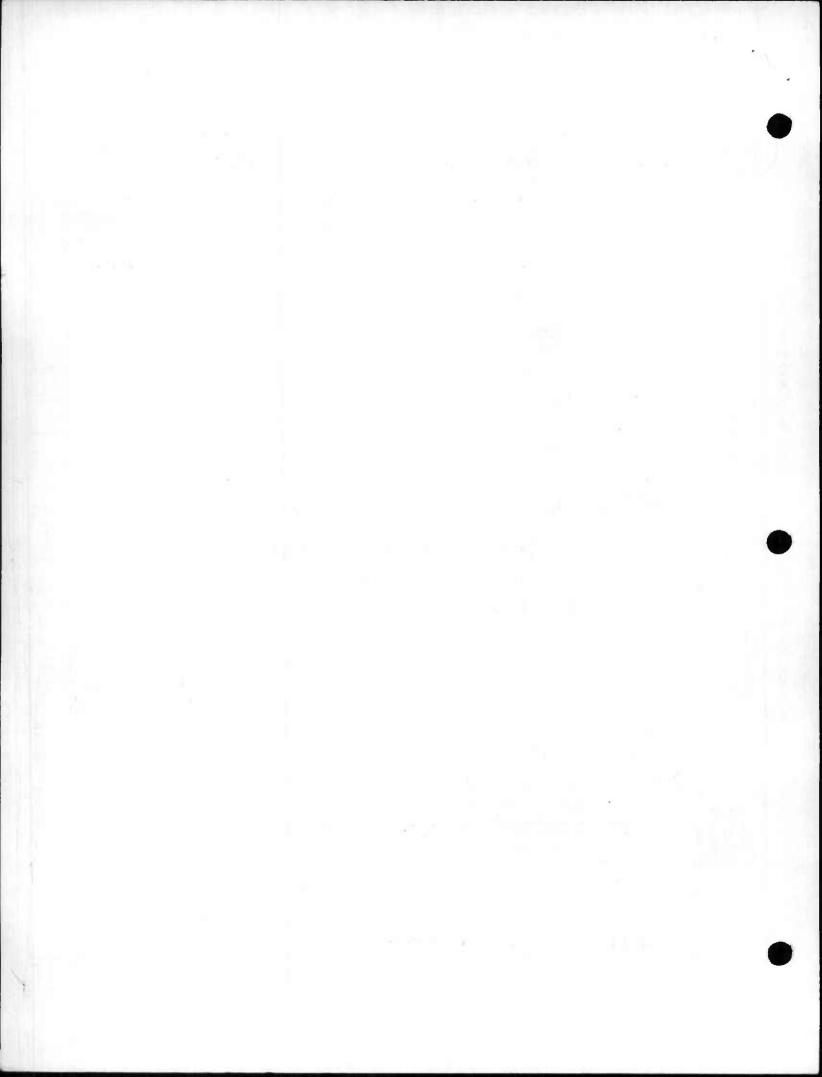
TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the burish permit. Pages 1, 2, 3 should be detached for use as the burish transit permit. Pages 1, 2, 3 should be detached for use as the burish transit permit. Pages 1, 2, 3 should be detached for use as the burish transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

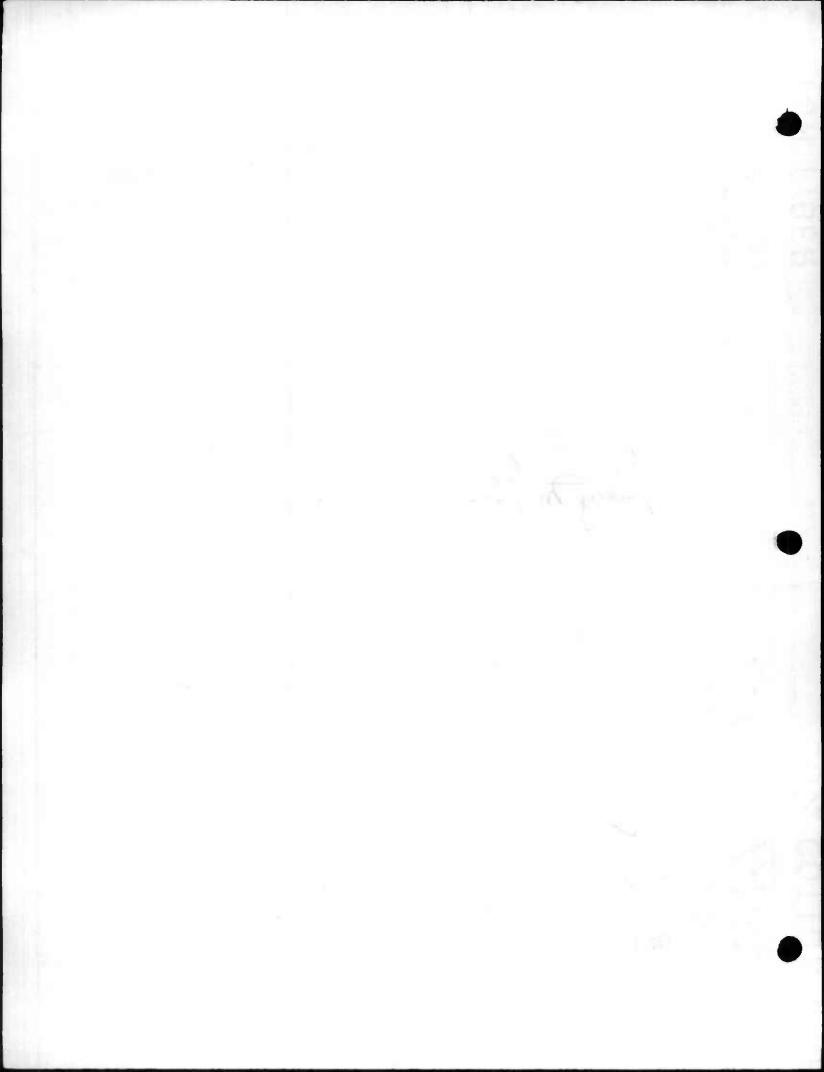
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BALTIMORE, MARYLAND 21203-3146

BALTIMORE, MARYLAND	r nours after death. Page 6 may be retained by the hospi	filled in by the funeral director, page 5 should be detached on, or removal,	te medical examiner must be notified at once.	
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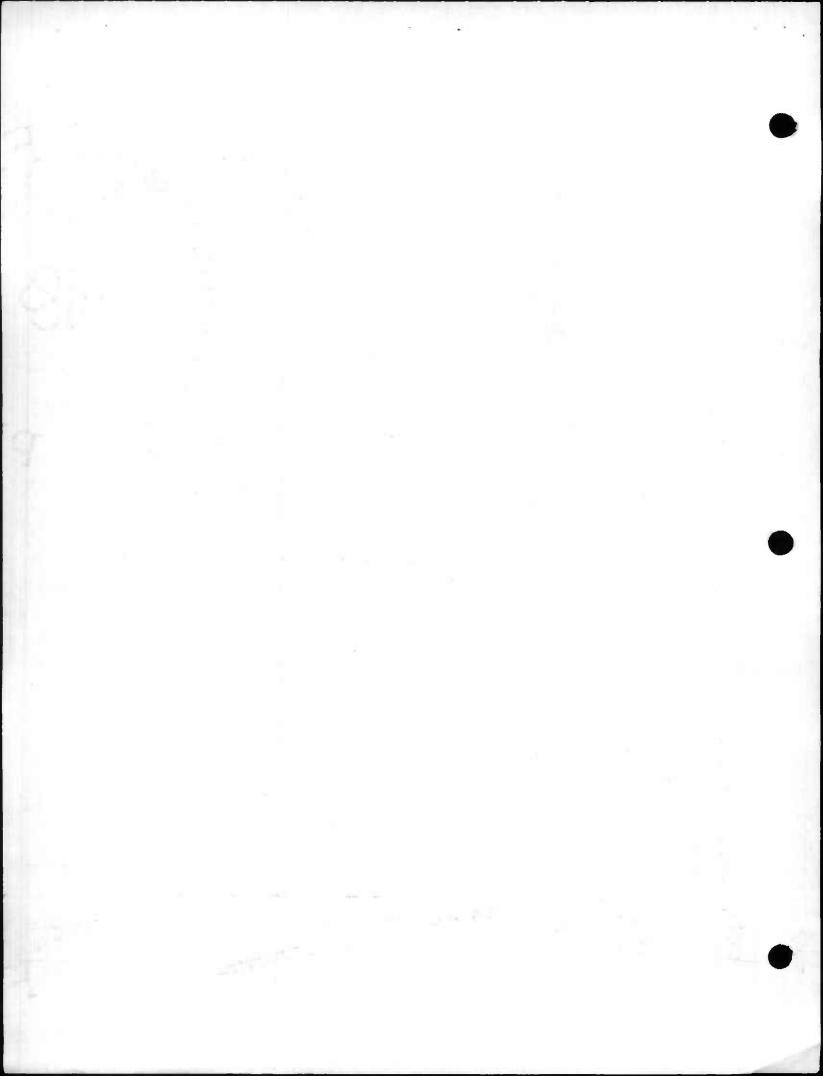
_	nedia man				/LITTI	ICAL	- 01	DLA		r	IEG. NO.			
	1. DECEDENT'S NAME (FIRST, MA	0	reen							2. DATE OF MONTH	DEATH DA	1	YEAR 91	3. TIME OF DEATH
	4. SOCIAL SECURITY (UMBER 199-10-0988	1	5. SEX	6. AGE (In yrs. 69	last birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF (Month, De 2 / 4	ly Whar)	1	e. BIRTHE	nsylvania
	9a, FACILITY NAME (If not instit	tution, give s	treet and number)			9b. CITY	, TOWN (	OR LOCATI	ON OF DI		/	9c. COU	NTY OF DE	
œ .	6504 Greentre	e Rd	Henricke,			Beth							tgom	
2	RESIDENCE OF DECE					Detr	Cour					11011	regom	cly
DIRECTOR			omery		ROC	kvil	Te LOCA	TION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
A.	10s. STREET AND NUMBER						10	. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
ER	909 Nelson S	t.						20850	)			Unit	ed S	tates
5	11. MARITAL STATUS		12. WAS DECEDEN							VIC ORIGIN? (S		or No-	14. RACE	American Indian,
BY FUNERAL	1 Never Married 2 Married 3 Married 4 Divorce		FORCES? 1 IF YES, GIVE V	YES 2 WAR OR DATES	⊠ио			ecify Cube 2 X NO		n, Puerto Rice y:	n, etc.)		Specify	White atc. White
	15. DECED	ENT'S EDU	CATION	16a.	DECEDENT'S	USUAL O	CCUPATION	ON		165 KII	ND OF BUS	SINESS/INC		
E	(Specify only h	ighest grade	completed)		(Give kind of life. Do NOT u	work done	during mo	ast of worki	ing	700. Kil	10 01 00.	311423371141	DOSTAT	
COMPLETED	Elementary/Secondary (0-12	2)	College (1-4 or 5 -	+)	eacher					D.,1	blic	Scho	010	
2	17. FATHER'S NAME (First, Midd		4	1.0	achei			Distance of the last of the la	T 114 30				015	
8		lle, Last)								ME (First, Midd	lle, Malden	Surname)		
BE	Louis Brown							Jul	Lia N	Vewman				
0	19a. INFORMANT'S NAME (Type	e/Print)								Route Number,				
F	Molly Ann Ma	rch			5504	Green	itre	Rd.	, Ве	ethesd	a, Ma	aryla	ind 20	0817
	20a. METHOD OF DISPOSITION		-militaries Laures		E OF DISPO						20c. LO	CATION	City or Toy	yn Stele
	Burlei 2 Cremetion	3 ∐ Rem beclfy)	oval from State	other	place) E	Lrod	Ceme	etery	7		McKe	eespo	ort,	Pennsylvania
	21. SIGNATURE OF PUNETIAL	BERVICE LIK	ENSEE (					ND ADDRE						
	. 17.		7 7	1.		Da	nzai	isky-	-Gold	lberg 1	Memor	rial	Chap	els, Inc.
	184	ey	M. / -	lese			.70 1	Rocky	7i11e	Pike	, Roc	ckvil	le, 1	MD. 20852
	23. PART I. Sinter the dis- shock, or hes IMMEDIATE CAUSE (Final disease or condition resulting in death)	et faibure.	Liet Dnly one car	OR AS A CON	ne.		r the mo	ode of dy	ring, aud	n sa cardiso	or respi	iratory sr	Test,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ate G	С	(OR AS A CONS										
5	0.0000000000000000000000000000000000000		d											
MEDICAL (	PART II. Other algnificant	condition	s contributing to	death but no	t resulting	In the u	nderlyin	g cause	given in		PERFOR			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO	MEDICAL					26. P	LACE OF D	DEATH (C)	eck only one)				
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 004	OTHE		00 5 M D	esidence	8 Other (S	neoffet			
¥	27. MANNER OF DEATH		28a. DATE OF		28b, TIR			JURY AT	USICIONICU	28d, DESCR		INJURY OC	CHRED	
	1 Natural 5 Pe	ending	(Month, E			JURY	W	YES 2	7 110	aou, pegon	DE HOW	NOON! OC	CONED	
BY	2 Accident im	vestigation			1				NO					
		ould not be termined	28e. PLACE ( building,	OF INJURY — At, atc. (Specify)	home, farm,	street, fac	ctory, offic	ca ·		City or 1	ON (Street fown, State)	end Numbe	or or Rural A	oute Number,
COMPLETED	anal and		ICIAN: To the best of a											and manner as stated.
Ш	296. SONATURE AND THE O	F CERTIFIE	R					29c, LIC	ENSE NU	MBER		29d, DA1	TE SIGNED	(Month, Day, Year)
0	leter B.	She	res n	D				D.	-210	110		•	3/	11/91
2	30. MAME AND ADDRESS OF I	She	O COMPLETED CAL	4	_	o, Print) 947	E	rrar	w 1	),	1.12.	aton	m	d 20906
	31. DATE FILED (Month, Day, Ye		32. REGISTR	AB'S SIGNATURI	E	,	15	1 1 41	1	حار ،	VUN	ajon	1 //	9 00100
	MAK 14	11	gunari	avidson )	randell									



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	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ! CERTIFICATE OF DEATH		HYGIENE REG. NO.
1. 0	DECEDENT'S NAME (First, Middle, Last)	LIAVATE - HOMADD CADDNED	2. DATE OF	F DEATH

	STATE REGISTRAR	SINIE UT MANIL			F DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	HOWAYNER	AWARD (	GARDNE	R	2. DATE OF DEATH	91 great	3. TIME OF DEATH 9935/P. M
١	4. SOCIAL SECURITY/NUMBER 503-12-9370	5. SEX 6. AGE (	(In yrs. lest birthday) 8 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH	2 S. BIR	THPLACE (State or Foreign Dakota
5	9a. FACILITY NAME (If not institution, give Suburban Hosp:	_			n on Location of Di hesda	EATH	9c. COUNTY OF MONT	DEATH GOMERY
Jungan	residence of decedent 100. STATE 10b. COUNT Maryland	Montgomery		ry, town or lo	cation ockville			10d. INSIDE CITY LIMITS? YES 2 NO
- NAL	10e. STREET AND NUMBER 5511 Alderb				10f. ZIP COOE	7	10g. CITIZEN OF	WHAT COUNTRY?
DY TUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	If yes,	DECENDENT OF HISPAN specify Cuben, Mexica YES 2 XNO Specific		Ble	CE — American Indian, ack, White, etc. acily: White
COMPLEIED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		life. Do NOT L	work done during use retired.)	ation most of working		siness/industry	ergy
- 10	17. FATHER'S NAME (First, Middle, Last) Hugh Ho	oward		_	18. MOTHER'S NA Ruth	Speichel	Surname)	
OBE	19e. INFORMANT'S NAME (Type/Print)		the second secon			Route Number, City or Tov		20851
	Hazel P. Year					t., #T7,		
	20e. METHOD OF DISPOSITION  1 Suriel: 2 Cremation 3 Ret  4 Donation 5 Other (Specify)	moval from State	Park Law	n Memo	orial Pa	rk R	ockvill	Le, MD
	21. SIGNAPURE OF FUNERAL SERVICE L	R. Mou	rden	SNO ROO	E ANO ADORESS OF FA OWDEN FU CKVILLE,	NERL HOM MD 2085	E, P.A.	
ERITECATION	shock, or heart sallure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	AND PLE  DUE TO (OR AS	CANCE F CONSEQUENCE	OF):	STATIC I	O LIVER,	LUNGS	Interval Between Oneet and Death
PHYSICIAN: MEDICAL C	PART II. Other algorificent condition	one contributing to death	but not resulting	) in the under	ying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATH (C	heck only one)		
YSIC	EXAMINER?	HOSPITAL:		OTHER:	Home 5 - Residence	6 Other (Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)		NJURY	WORK?	28d. OESCRIBE HOW	INJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28e, PLACE OF INJUR		, street, factory,	office	281. LOCATION (Street City or Town, Steel		ral Route Number,
COMPLETED	construction or my	/SICIAN: To the best of my kno NER: On the basis of examinati						se(e) end manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIF	PER.	14	40	29c. LICENSE N		29d, DATE SIGN	NED (Month, Day, Your)
10 8	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF D		D -	D 38	588	1 3/	10/91
	0	E JAGER,	MD . 1	4808P	Lysiaan	s Cane - R	ockvill	9 no 20850
	MAR 1 4 '91	Julia David	non-Armoles	2				
								OHMH-18 Rev 1/89



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	W	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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- STATE REGISTRAR		SIAIE UF		) / DEPAR CERTIF	TMENT ICATE				MENTAL	HYGIEI REG. NO			
OECEDENT'S NAME (First, M	fiddle, Last)									OF OEATH			TIME OF DEATH
Katherin	e M	ary Gi	regoire						Marc		199:	YEAR E	5:30 A
SOCIAL SECURITY NUMBER	R	5. SEX	8. AGE (In yrs.	. last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE (	F BIRTH1		6. BIRTHPL	ACE (State of Foreign
017-01-3781		1 🗌 M 2 🔀 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct.	SB 1			husetts
a. FACILITY NAME (If not insti	tution, give at	treet end number)			9b. CITY,	TOWN O	A LOCATION	ON OF OR				JNTY OF OEAT	
Bel Air Con		cent Cer	nter		Bel	L Ai	r				H	larfor	d County
Oa. STATE	IOB. COUNTY	r		10c. CIT	Y, TOWN OF	LOCATI	ION					10	d. INSIDE CITY
Maryland	Harfo	rd Count	Ly	F	orest	Hi	11					1	YES 2 NO
0e. STREET AND NUMBER						101.	ZIP COD	E			10g. CI	TIZEN OF WHA	T COUNTRY?
1914 Munse	y Dri	ve					2105	50				U.S.A.	
1. MARITAL STATUS		12. WAS DECEDE	NT EVER IN U.S.	ARMED	13. W	AS DECI	ENDENT C	OF HISPAN	IC ORIGIN	(Specify Y	es or No-	14. RACE —	American Indian, hite, etc.
Never Married 2 ☐ M  Widowed 4 ☐ Divorce			1 YES 2	<b>⊠</b> NO				Specify	n, Puerto R	ican, etc.)		Specify: Whiti	
15. DECET	DENT'S EDUC	CATION	16a.	. DECEDENT'S	USUAL OC	CUPATIO	N .		16b.	KIND OF B	USINESS/IN		
(Specify only h	righest grade	completed)		(Give kind of life. Do NOT u	work done di se retired.)	uring mos	st of working	ng					
Elementary/Secondary (0-1:	2)	College (1-4 or 8		laims	Adins	ster				Insur	ance		
7. FATHER'S NAME (First, Midd	dle, Lest)			COLUMN TO THE PARTY OF	Jul	1		HER'S NA		liddle, Meide			
James	1	F		Suppl		- 1	MOII	E1		HEND	surrelitel)	(	Quinn
96. INFORMANT'S NAME (Typ		oth t and the	06001	19b. MAILING		/Dr :				05	0		- darrate
		9	9-9009										04070
Ars. Karleen		nealey				-		, FC			_	ryland	
0e. METHOD OF DISPOSITIO	N 3 □ Rem	oval from State	20b. PLA	ACE AND DAT	E OF DISPO	SITION		- /	DATE			- City or Town,	
☐ Donation 5 ☐ Other (S		7		Micha				3/27				ield,	
1. SIGNATURE OF FUNERAL	SERVICE LIC	Lice Trate	or w. r	oster	22. N	50	West	Bro	adwa		illia	eral Ho ams St:	
23. PART i. Enter the disc	eases, or o	complications th	at caused the	daath. Do	not anter t							rrest,	Approximate
		List only one ca	suse on each	iina.									Onset and De
MMEDIATE CAUSE (Final disease or condition		Co	NGES	711.1	- 1/	~1.	04	E	111.	1100	p.,		1 1
resulting in death)		a. DUE T	O (OR AS A CON	SECULENCE C	19 19	4/4/	( )	- /	-		_		PA
		0	ILA I		STI	1	100	-1	Valar	-11	7111	A515	11
Sequentially ilat condition	ns,	b. C	O (OR AS A COM			1		<u>C'</u>	17021	261	1/1/	13712	INA
f sny, leading to immedicuse. Enter UNDERLYIN		7)	- 1 P	- C	. ,	0,	117	1/0	77				15 V6
CAUSE (Disesse or Injury		C. DIJE T	O (OR AS A COM	ISFOLIENCE O		2 4	2/1	42	//				10/1
that initiated events resulting in death) LAST			· (0.1.7.0 7. 00)	TOLUGE TOL	. ,.								
		d											+
PART il. Other significant	t condition	s contributing t	o death but n	ot resulting	in the und	derlying	cause :	given in	Part i.		N AUTOPS		ERE AUTOPSY FINDIN
BACTI	RIT	15									ORMED?	C	MILABLE PRIOR TO OMPLETION OF CAUS
MNEMA	10-								_	1 TYES	2 DO NO		F DEATH?
HIVE	2 1110	p 110	Da -	m a	1				—			'	YES 2 NO
5. WAS CASE REFERRED TO	7/1//	2/5	11914	ENT	11								
EXAMINER?	MEDICAL	HOSPITAL:		c	QTHER				eck only on				
		1 Inpatient 2		_				esidence	6 🗆 Other				
1 TYES 2 NO		26s. DATE C (Month,	Dey, Year)	26b. Til	JURY		RK?		28d. DES	CRIBE HOV	INJURY O	CCURED	
7. MANNER OF DEATH	ending				М		YES 2 [	NO					
7. MANNER OF DEATH	ending westigation		94.000		street, facto	ory, office			281. LOC	ATION (Street	et end Numb	er or Rural Rou	te Number.
1. MANNER OF DEATH 1. Netural 8 Poly 2 Accident In 3 Suicide 6 C	ould not be	28e. PLACE building	OF INJURY — A g, etc. (Specify)	it home, farm,	,				City	or Town, Ste	te)		
77. MANNER OF DEATH  1 1 Netural 8 Pr 2 Accident In 3 Suicide 6 C 4 Homicide de	rvestigation	28e. PLACE building	OF INJURY — A g, etc. (Specify)	it home, farm,					Сжу	or lown, Ste	te)		
77. MANNER OF DEATH  1  Netural 8  Pt 2  Accident In 3  Suicide 6  C 4  Homicide de	ould not be stermined	28e. PLACE building	g, etc. (Specify)			me, date	and place	e, end due				tated.	
77. MANNER OF DEATH  1  Netural 8  P 2  Accident In 3  Suicide 6  C 4  Homicide 6  C 99. CERTIFIER (Check only	ould not be stermined	ICIAN: To the best	g, etc. (Specify) of my knowledge	e, death occur	red at the ti				to the cau	se(e) and n	nanner as st		nd manner as state
77. MANNER OF DEATH  1  Netural 8  P 2  Accident In 3  Suicide 6  C 4  Homicide 6  C 99. CERTIFIER (Check only	vestigation ould not be stermined  FYING PHYSI AL EXAMINE	ICIAN: To the best	g, etc. (Specify) of my knowledge	e, death occur	red at the ti		leath occu		to the cau	se(e) and n	nanner as st	the ceuse(a) a	

Robert J. Rosensteel, M.D., 2602 Claret Drive, Fallston, Maryland 21047

31. DATE FILED (Month, Day, Ven)

MAR 25 '91

Gulia Davidson-Pandell

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	s been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached "		3 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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. 1	1. DECEDENT'S NAME (First, Middle, Last LUCILE CATHERIN			ERTIFIC	ALE UP	DEAIN	2. DATE O	REG. NO.	YEAF	3. TIME OF CEATH
1	4. SOCIAL SECURITY NUMBER		6. AGE (in yrs. le	asl birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	91 0, BIF	RTHPLACE (State or Foreign
)	293-20-7443	1 🗆 M 2 🔼 F	78		NTHS DAYS	HOURS MH.	(Month.	Day, Year) 22, 1913	Cor	untry) h10
5.4	Garrett County M		spital	9b.	Oakla	OR LOCATION OF O		9c.	COUNTY OF	
CINECION	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN		1	10c. CITY, TO	OWN OR LOCA					10d. INSIDE CITY
		arrett		0ak1	and.					LIMITS?
	Rt. 5 Box 11				10	21550		10g	USA	F WHAT COUNTRY?
A CONTRACTOR OF THE PERSON NAMED IN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 K		If yes, ap	CENOENT OF HISPA secify Cuban, Maxico 3 2 NO Specia	an, Puerto Ri		81	ACE American Indian, leck, White, etc.
	15. DECEDENT'S ED (Specify only highest grant Elementary/Secondary (0-12)		- G	ECEDENT'S USU Give kind of work le. Do NOT use rel	done during mo tired.)		16b. (	KIND OF BUSINES		Y
	17, FATHER'S NAME (First, Middle, Last)	2	Н	omemake	r			Own Ho		
		Bloom						ddie Meiden Surne Sie Mut		
	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING ADI	DRESS (Street	and Number or Rural	Route Numbe	or, City or Town, Sta	te, Zip Code)	
	Ruth McKenzie			Rt. 5	Box 11	0akla	and, M	laryland	2155	0
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Re	movel from State	other p	olece)		metery, crematory or		20c. LOCATIO		
	4 Donation 5 Other (Specify)		1 1111							
	21. SIGNATURE OF FUNERAL GERVICE I	LICENSEE	11223	lside M		L Park ND ADDRESS OF FA	CILITY		n, Oh:	
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	/		22. NAME A	ND ADDRESS OF FA		P.O.	Box	243
	* Kolut )4.	Lower complications that	M00	167 leeth. Dp npt (	22. NAME A	ND ADDRESS OF FA	L Home	P.O. - Oakl	Box and,	
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final	Lower complications that	M00	167 leeth. Dp npt (	22. NAME A	ND ADDRESS OF FA	L Home	P.O. - Oakl	Box and,	243 Md. 21550
The second secon	23. PART I. Enter the diseases, or shock, or heart failure	complications that e. List only one cous	M00 ceused the dee on sech lin	167 Heeth. Do not d	Durst	ND ADDRESS OF FA	L Home	P.O. - Oakl	Box and,	243 Md. 21550 Approximate interval Between
The second secon	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition	complications that e. List only one cous	M00 ceused the de on sech iln	167 Heeth. Do not d	Durst	ND ADDRESS OF FA	L Home	P.O. - Oakl	Box and,	243 Md. 21550  Approximate Interval Between Onest and De
	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition	r complications that List only one caus  metast  DUE TO (	M00 ceused the dee on sech lin	167 leeth. Do not dee.	Durst	ND ADDRESS OF FA	L Home	P.O. - Oakl	Box and,	243 Md. 21550  Approximate Interval Between Onest and De
	23. PART I. Enter the diseases, or shock, or heart failure immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	s. metast DUE TO (	M00 ceused the die on aech lin tatic b or as a consi	167 leeth. Do not de.  preast ( EQUENCE OF):	Durst	ND ADDRESS OF FA	L Home	P.O. - Oakl	Box and,	243 Md. 21550  Approximate Interval Between Onest and De
	23. PART I. Enter the diseases, or shock, or heart failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	s. metast DUE TO (	M00 ceused the die on aech lin	167 leeth. Do not de.  preast ( EQUENCE OF):	Durst	ND ADDRESS OF FA	L Home	P.O. - Oakl	Box and,	243 Md. 21550  Approximate Interval Between Onest and De
	23. PART I. Enter the diseases, or shock, or heart failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. metast DUE TO (c. DUE TO (c. d.	MOO ceused the die on aech ilr catic b DR AS A CONSI	167  Jeeth. DD not (  Dreast (  EOUENCE OF):  EOUENCE OF):	Durst enter the mo	ND ADDRESS OF FA	L Home	P.O. P.O. P.O. P.O. P.O. P.O. P.O. P.O.	Box and, ry errest,	243 Md. 21550  Approximate interval Betwooneet and De years  24b. Were AUTOPSY FINDIN
	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	s. metast DUE TO (c. DUE TO (c. d.	MOO ceused the die on aech ilr catic b DR AS A CONSI	167  Jeeth. DD not (  Dreast (  EOUENCE OF):  EOUENCE OF):	Durst enter the mo	ND ADDRESS OF FA	L Homes cardi	P.O. e - Oakl	Box and, ry errest,	243 Md. 21550  Approximate Interval Between Oneet and De years
MEDICAL OF	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	s. metast DUE TO (c. DUE TO (c. d.	MOO ceused the die on aech ilr catic b DR AS A CONSI	167  Jeeth. DD not (  Dreast (  EOUENCE OF):  EOUENCE OF):	Durst enter the mo	ND ADDRESS OF FA	L Homes cardi	P.O. P.O. P.O. P.O. P.O. P.O. P.O. P.O.	Box and, ry errest,	243 Md. 21550  Approximate interval Between Onest and De years  24b. WERE AUTOPSY FINDIN ABAILABLE PRIOR TO COMPLETION OF CAUS
	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	s. metast DUE TO (  c. DUE TO (  d	MOO ceused the die on aech ilr catic b DR AS A CONSI	167  Jeeth. Dp npt (  December of the content of th	22. NAME A  Durst enter the mo	ND ADDRESS OF FA	L Homesch es cardi	P.O. P.O. P.O. P.O. P.O. P.O. P.O. P.O.	Box and, ry errest,	243 Md. 21550  Approximate interval Between Onest and De years  24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSIOF DEATH?
	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and conditions are sufficient conditions.  ASHD  CHF  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2	DUE TO (	M00 ceused the die on aech lin catic b DR AS A CONSI DR AS A CONSI death but not	167 leeth. Dp npt (lee.  preast (lee) EQUENCE OF): EQUENCE OF): resulting in the leep of t	Durst enter the mo	Funeral oda of dying, such g cause given in	Part I.	P.O. 2 - Oakl ec or reepiretor  24a. WAS AN AUTO PERFORMED  1   YES 2   N	Box and, ry errest,	243 Md. 21550  Approximate interval Betwo Onest and De years  24b. Were Autopsy Findin MAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO
	23. PART I. Enter the diseases, or shock, or heart failure immediate Cause (Final disease or condition resulting in dasth)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and the cause of the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are caused to the cause of the cause o	one contributing to complete the complete th	MOO ceused the die on aech ille catic b OR AS A CONSI DR AS A CONSI death but not	167 leeth. Dp npt (lee.  preast (C EQUENCE OF):  EQUENCE OF):  resulting in ti	22. NAME A  Durst enter the mo  CA  the underlyin  26. P  THER:  Nursing Hor	Tuneral	Part I.	P.O. 2 - Oakl ec or reepiretor 24a. WAS AN AUTO PERFORMED 1 YES 2 X N	Box and, ry errest,	243 Md. 21550  Approximate interval Betwo Onest and De years  24b. Were Autopsy Findin MAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and conditions in the conditions in	DUE TO (  DUE TO	MOO ceused the die on aech iln catic b or as a consi or as a consi or as a consi death but not  ER/Outpatient NJURY N/ Year/	167  Jeeth. Dp npt (lee.  Dreast (lee)  EOUENCE OF):  FEOUENCE OF):  Tasulting in the lee of the le	22. NAME A  Durst enter the mo  CA  the underlyin  26. P  THER: Nursing Hori  F  28c. IN  M  1	Tuneral Doda of dying, such g cause given in  LACE OF DEATH (C) The 5 Residence DORY TYPES 2 NO	Part I.  Part I.  6 □ Other  284. DES4	P.O. 2 - Oakl ec or reepiretor  24a. WAS AN AUTO PERFORMED  1   YES 2   N	Box and, y errest,	Approximate interval Between Onest and De years  24b. Were AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and investigations. The conditions is a condition of the cause. The cause of the cause is a condition of the cause o	DUE TO (  DUE TO	MOO ceused the die on aech lin catic b or as a consi or as a consi or as a consi diath but not  ER/Outpetlant NJURY (, Year)	167  Jeeth. Dp npt (16)  Dreast (16)  EOUENCE OF):  EOUENCE OF):  Fasulting in the control of th	22. NAME A  Durst enter the mo  CA  the underlyin  26. P  THER: Nursing Hori  F  28c. IN  M  1	Tuneral Doda of dying, such g cause given in  LACE OF DEATH (C) The 5 Residence DORY TYPES 2 NO	Part I.  Part I.  6 □ Other  284. DES4	P.O. P.O. P.O. P.O. P.O. P.O. P.O. P.O.	Box and, y errest,	243 Md. 21550  Approximate interval Betwoen and Development and Development and Development and Development and Labuse Prior to Computation of Caulof Death?  1 Yes 2 No

311 N. Fourth St.

32. REGISTRAR'S SIGNATURE
Julia Davidon Rondale.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

M.D.

Thomas G. Johnson,

31. DATE FILED (Morith, Day, Year)
MAR 1 3

Oakland, Maryland 21550

15500 188 5 Pages 1, 2, 3 should

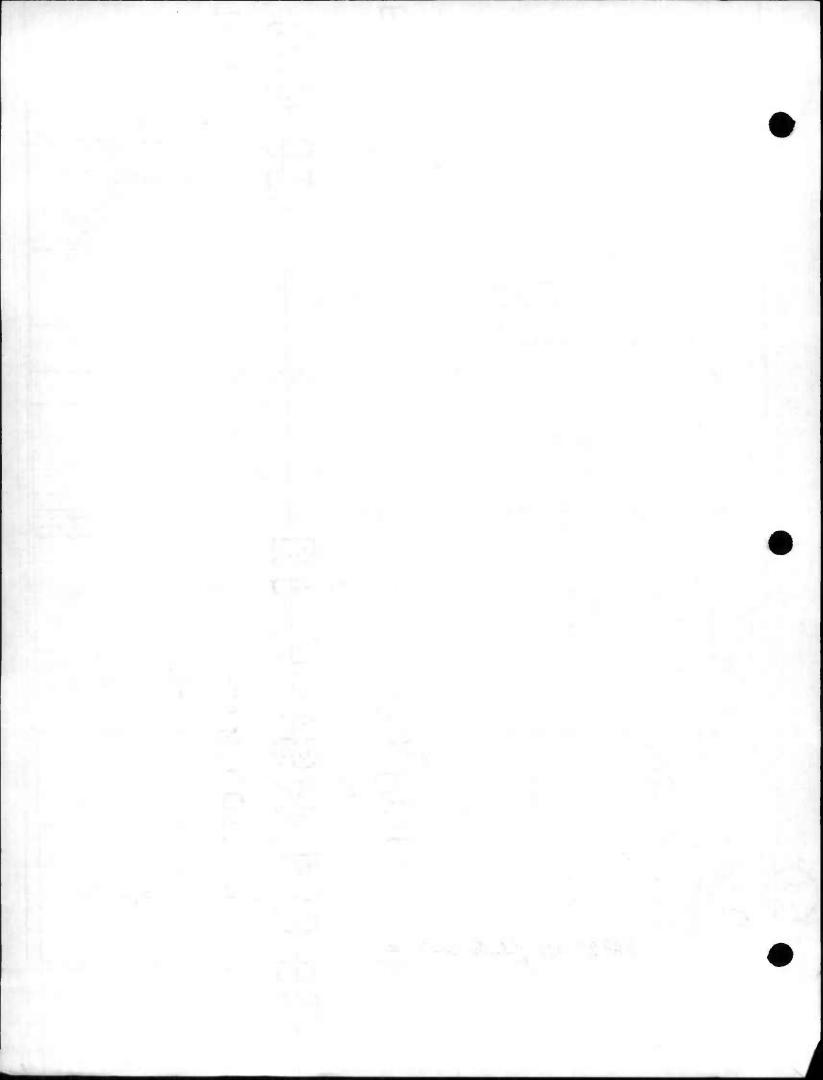
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SPITAL OF	NERAL DI	NT II Ite
ATTENDIA	RECTOR: At	m 28 ls n
IG PHYSICI	ter this cer	narked o
AN: The lan	tificate has	r item 23
requires t	been signed	shows a
nat the deat	by the atte	w Injury.
h certificate	Avaiene pr	or other t
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d within 24	mpletely fill cremation	event, the
hours after	ed in by the	INDUCTION IN THE 28 is marked or liem 23 shows any Injury or other traumatic event, the medical examiner must be notified at once.
death. Page	funeral dire	xaminer
6 may be	ctor, page ;	must be n
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I or attendir	or use as th	
TO THE HISPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit.  The filled within 72 hours after death with the State Bent, or Health and Mental Housene prior to bunial, cremation, or removal.	
	sit permi	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEOENT'S NAME (First,	Middle, Lest)	Α.					7		2. DATE OF MONTH	DEATN	.v	YEAR	3. TIME OF DEATN
-	Mary		Gabriel				March 20, 91				2020 M			
	4. social security number 362 09 5044		5. SEX 1 M 2 X F	8. AGE (In yrs	. lest birthday) 4 YRS.	IF UNDER		IF UNDER	MIN.	7. DATE OF (Month, D	BIRTN ay, Ybar)	97	Count	NPLACE (State or Foreign ry) 1ada
	9a. FACILITY NAME (# not in		9b. CITY	Y, TOWN	OR LOCATI	ION OF O	EATN		_	INTY OF E				
DIRECTOR	12865 Tern	5 Tern ct. / Calvert Mem Ho					ICE .	FREDE	ERIC	K		С	alv	ert
Ä	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
	Maryland	Calv	ert		Lı	ısby								1 TES 2 NO
FUNERAL	100. STREET AND NUMBER			10	f. ZIP COD	-					WHAT COUNTRY?			
ÿ	12865 Tern	Ct.						2065				US		
BY FU	1 Never Married 2 3 XWidowed 4 Divo			NT EVER IN U.S I YES 2 WAR OR DATES	NO	112	If yes, sp		en, Mexico	NIC ORIGIN? (S an, Puerto Rica fy:		or No—	Biac	E — American Indian, k, Whita, etc. Wy: White
8	15. OEC	EOENT'S EOUG	CATION	164	OECEDENT'S	USUAL O	CCUPATI	ON	la a	16b, KI	ND OF BUS	BINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0	(Give kind of life. Do NOT u	ise retired.)	during m	ost or worth	ing		ho	ome					
8	17. FATNER'S NAME (First, M	iddle, Last)			io about			18. MOT	NER'S NA	AME (First, Midd				
C	Philip Roth									asia D				
BE	19a. INFORMANT'S NAME (7				19b. MAILING	ADDRES	S (Street			Route Number,			ip Code)	
임	Joan Brunto	n			P.O. I	Box 1	059	Lusk	by, I	Maryla	nd 20	0657		
	20a. METHOD OF DISPOSIT  1 Department 2 Crematic 4 Donation 5 Other	ACE AND DATE etary, cremator Olivet	y or other i	Position place) 1ete:	(Name		3   26				own, State Wayne Co Michigan			
	21. SIGNATURE OF FUNERA			ND ADDRE		4.000 10004				Home				
	→ B	Ra	Loch			44	105 1	Broom	nes :					c Md. 20676
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Firdisease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuit that initiated events resulting in death) LAS	NSEQUENCE OF):  NSEQUENCE OF):  NSEQUENCE OF):												
2	PART II Other significa	nt condition	e contributing to	death but r	ot regulting	in the se	ndeduie		obion In	Dort I D	- 446 41	ALITODOV		b. WERE AUTOPSY FINDINGS
-		Fii. Other significent conditions contributing to death but not					PER				ORMED? ANAILABLE PRIOR TO COMPLETION OF CAUSE			
AN	25. WAS CASE REFERRED T	O MEDICAL				-		1.05.05.1	DEATH (C	had at				
2	EXAMINER?	O MEDICAL	HOSPITAL:		Vi	OTHE	R:	- 7 10	distribution in	heck only one)				
Y PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5	Pending Investigation	1 Inpatient 2  28a. DATE O (Month,		28b. Til		28c. IN	JURY AT ORK? YES 2		6 Other (S		INJURY O	CCURED	
TED BY	2 Accident 3 Suicide 6  4 Nomicide	At home, farm,	srm, street, factory, office  281. LOCATION (Street and Number or Rural Route In City or Town, State)						Route Number,					
COMPLETED	CORROLA OTHY		CIAN: To the best of											(a) and manner as stated.
ш	29b. SIGNATURE AND TITLE	or congeties						29c. LIC	CENSE NU	JMBER		29d. DA	TE SIGNE	D (Month, Day, Year)
00	Elux	11	100	5				mi	0 12	1705		•	3/	1191
2	30. NAME AND ADDRESS O			USE OF DEATN			ice	Fre	der	ick,	Md 2	067	8	
				AR'S SIGNATU								,		
	31. DATE FILED (MONTH, Day, MAR)	22 799	II Julia	Davidsor	- Manda	22								



g physician.	detached for use as the burial-transit permit. Pages 1, 2, 3 should	
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR CERTIFICATE OF DEATH	REG. NO.	•								
	1. DECEDENT'S NAME (First, Middle, Lest) JANER. GALLOWAY	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF OEATH								
	JANE R. GALLOWAY	3 199	1 2300m								
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.	7. DATE OF BIATH (Mont's Jay, 'ear)	BIRTHPLACE (State or Foreign Country)								
	215-40-7776 1 M 2 M F 47, YRS. MONTHS DATS HOUTE MIN.	Nov. 11 43	MARYLAND								
~	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DE	EATH 9c. COUNT	TY OF OEATH								
ğ	RESIDENCE OF DECEDENT	113	TRI								
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?								
8	MARYLAND ANNE ARUNDEL ANNAPOLIS		1 YES 2 NO								
AL	10a. STREET AND NUMBER 10f. ZIP CODE	10g. CITIZ	EN OF WHAT COUNTRY?								
FUNERAL	2047 GATE DRIVE 21401	U.S.	Α.								
2	11. MARITAL STATUS 1 Never Merried 2 X Married  12. WAS OECEOENT EVER IN U.S. ARMED 13. WAS OECENOENT OF HISPAI 14. WAS OECENOENT OF HISPAI 15. WAS OECENOENT OF HISPAI 16. WAS OECENOENT OF HISPAI 17. WAS OECENOENT OF HISPAI 18. WAS OECENOENT OF HISPAI 18. WAS OECENOENT OF HISPAI 19. WAS OECENOENT OF HISPAI 19		14. RACE — American Indian, Black, White, atc.								
ВУ	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2X NO Specific	y:	Specify:								
	15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION	18b. KIND OF BUSINESS/INDU	BLACK								
ETE	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)	ALTERNATI	VE LIVING								
P	NURSE* S AID	MDI BRIVATI	VL BIVING								
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NA	ME (First, Middle, Melden Surname)									
BE	HERBERT PORTER FRA	NCES JOHNSON									
TO B	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING AODRESS (Street and Number or Rural)		1000								
-	JOSEPH GALLOWAY 2047 GATE DR. Anna	-									
	20a. METHOD OF DISPOSITION  1)CDBurlel 2 Cremation 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	20c. LOCATION — C									
	4 Donation 5 Other (Specify) MT CALVARY CHURCH C  21. SIGNATURE OF FUNERAL SERVICE LICENSEE										
	21, SIGNATURE OF POPERIAL SERVICE SIGNATURE AND ADDRESS OF PA	MB: 2	T401NNAPOLIS								
	Harry D. Reese REESE & SON	S MORTUARY, I	P.A.								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, aud shock, or heart failure. List only one cause on each line.		Interval Between								
	IMMEDIATE CAUSE (Final disease or condition March 1 and 5 an										
	disease or condition a. // / Tiple Dystem Failure										
_	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Multiple System Failure  Due to (or as a consequence of)  Sequentially list conditions,  Due to (or as a consequence of):										
<u>o</u>	Sequentially list conditions, If any, leading to immediate  b.  DUE TO (din As A CONSEQUENCE OF):										
PAT	cause, Enter UNDERLYING		<i>'</i>								
Ē	CAUSE (Disease or Injury that Initiated events DuE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST										
C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS								
DICAL	Hypertension, Alcohol Alux	PERFORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE								
MED	1.//		OF DEATH?								
2		_									
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  PLACE OF DEATH (CI	heck only one)									
SIC	HOSPITAL: 1 VIP 2 NO 1 Inpatient 2 ER/Outpetient 3 00A 4 Nursing Home 5 Residence	8 Other (Specify)									
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY 28s. TIME OF 28c. INJURY AT (Month, Day, Year) INJURY WORK?	28d. DESCRIBE HOW INJURY OCC	UREO								
BY	1 Netural 5 Pending Accident Investigation M 1 YES 2 NO										
	3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)	28t. LOCATION (Street and Number City or Town, State)	or Rural Route Number,								
ET	And CERTIFIED										
COMPLETED	29e. CERTIFIER  (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end during the complex of t										
00	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the										
BE (	290. BIGNATURE AND TITLE OF CERTIFIED	MBER 29d. DATE	SIGNED (Month, Day, Year)								
TO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Item Print)	DUST	120191								
_	30. NAME AND ADDRESS OF PERSON MYGO COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, Print) William. Pi Jones, mD 695 A	merica 2	1035								
	31. DATE FILED LANGUITH-DOWN SOURCE STATES SIGNATURE STONE STONE STATES SIGNATURE STONE STONE STATES SIGNATURE STONE STONE STATES SIGNATURE STONE STONE STATES SIGNATURE STONE STATES SIGNATURE STONE STATES STONE STATES SIGNATURE STONE STATES	MOTION									
	H REALLY Y TREET CN/NoLAING/COVY										

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR CERTIFIC	CATE OF DEATH	REG. NO.							
1	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH						
,	Orville John Goodman		03-21-91	CAN G A M						
		F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign						
	577~20~6495	ONTHS DAYS HOURS MIN.	(Month, Day, Year) 10	Pineola, NC						
~		b. CITY, TOWN OR LOCATION OF DE		UNTY OF DEATH						
DIRECTOR	Anne Arundel Medical Center	Annapolis	Anı	ne Arundel						
E C		TOWN OR LOCATION		10d. INSIDE CITY						
뜸	MD Anne Arundel Anna	polis		1 P YES 2 NO						
	10e. STREET AND NUMBER	10f. ZIP CODE	10g. CI	ITIZEN OF WHAT COUNTRY?						
FUNERAL	1728 Robinhood Road	21401	US	SA						
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPAN If yee, specify Cuben, Mexican		14. RACE — American Indien, Black, White, atc.						
ВУ	1 Never Merried 2 Merried FORCES? 1 1/2 YES 2 NO IF YES, GIVE WAR OR DATES	1 TES 2 NO Specify		Specify: White						
	1927-31  15. DECEDENT'S EDUCATION  16a. DECEDENT'S US	PILAL COCURATION	16b, KIND OF BUSINESS/II	NOTICETRY						
E	(Specify only highest grade completed) (Give kind of wor	k done during most of working	100. KIND OF BUSINESS/II	IDUSTRI .						
7	Elementary/Secondary (0-12)  12  College (1-4 or 5+)  Boiler E	ngineer	Ft. Mead	e US Governmen						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		AE (First, Middle, Meiden Surname)							
Ö	George B. Goodman	Rose W	ise							
BE		DORESS (Street and Number or Rural F		Zip Code)						
2	Edna J. Goodman 1728 F	obinhood Ro	ad, Annapol	is,MD 21401						
		TON (Name of cemetery, crematory or		- City or Town, State						
	4 Donation 5 Other (Specify) Hillers	t Cemetery	Annapo	olis, MD						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FAM	CILITY							
	Thomas A Hardesty	Hardesty Fun	neral Home,	P.A.						
	23. PART I. Enter the diseases, or complications that caused the death. Do no	t enter the mode of dying, such	es cardisc or respiretory s	srrest, Approximate						
	shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final  Onset and Dea									
	disease or condition	wal intach		Rhuss						
	DUE TO (OR AS A CONSEQUENCE OF):									
z	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
일	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
2	CAUSE (Disease or injury  DUE TO (OR AS A CONSEQUENCE OF):									
Ë	that initiated events resulting in death) LAST									
<b>B</b>	d									
DICAL CERTIFICATION	PART ii. Other aignificant conditions contributing to death but not resulting in	the underlying cause given in	Part i. 24a. WAS AN AUTOPS PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO						
3			1 _ YES 2 _ NO	COMPLETION OF CAUSE OF DEATH?						
ME			_	1   YES 2   NO						
ż										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF GEATH (Ch	eck only one)							
YSI	1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA	Nursing Home 5 - Residence								
PH	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME INJU	RY WORK?	28d. DEŞCRIBE HOW INJURY (	OCCURED						
BY	2 Accident Investigation	M 1 YES 2 NO								
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, str building, etc. (Specify)	eet, factory, office	281. LOCATION (Street and Numi City or Town, State)	ber or Rural Route Number,						
COMPLETED	29e. CERTIFIER (Check only one)  ASSIGNMENT OF THE PHYSICIAN: To the best of my knowledge, death occurred one)									
ŏ	2 MEDICAL EXAMINER: On the basis of examination and/or investigation	, in my opinion, death occured at the	time, date and place, end due to	the cause(e) end manner as stated.						
ш	29b, SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUI		DATE SIGNED (Month, Day, Year)						
TO B	Julillaredwan M	D D05	567	3/21/91						
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, I	Print)								
	11 DATE EL ED (Month Day War)									
	MAR 2 2 1991 Julia Davidson Mondall									
	WILL W. 1991									

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the intending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be the processing after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

VITAL RECORDS, P.O. BOX 13146,

		FOR
1		STATE
	_	REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, A	Middle, Last)								2. DATE OF DEATH	3. TIME OF DEATH		
	Verna L. Griffith									March 13, 1991 4:30			
	4. SOCIAL SECURITY NUMBE	6. AGE (In yrs. les	t birthday)						6. BIRTH	IPLACE (State or Foreign			
	411-14-97	66	1 🗌 M 2 💢 F	□ M 2   F 77 YRS. MONTHS DAYS HOURS MIN. 10/16/1913 Erv							Erwi		
	9a. FACILITY NAME (If not inst		9b. CITY	, TOWN	OR LOCATI	ON OF DEA			NTY OF D				
DIRECTOR	405 Rollin		Nor	th	Eas	t		С	ecil	<u> </u>			
E	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN (	OR LOCA	TION					10d. INSIDE CITY
H	Maryland	Ceci	.1			Nort	h E	East					1 YES 2 NO
4	10e. STREET AND NUMBER						10	. ZIP COD	E		10g. CIT	IZEN OF	WHAT COUNTRY?
ER/	405 Rollin	ng Mi	ll Roa	d				219	01			U.S.	. A .
FUNERAL	11. MARITAL STATUS			T EVER IN U.S. AR						C ORIGIN? (Specify Yes	or No-		E — American Indian,
	1 Never Married 2 N			YES 2X	10				in, Mexican, Specify:	, Puarto Rican, etc.)			k, White, etc.
ВУ	3 Widowed 4 Divorc	ced										\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	∜hite
COMPLETED	15. DECE! (Specify only	DENT'S EDUC highest grade	CATION completed)	(G	CEDENT'S	work done	CCUPATION TO COLUMN TO COLUMN THE	ON ost of worki	ng	16b. KIND OF BUS	SINESS/IN	DUSTRY	
<b>W</b>	Elementary/Secondary (0-1)	12)	College (1-4 or 5	+) IIIo.	Do NOT us						7		
MP	8		N/A		H	omen	nake				Iome		
8	17. FATHER'S NAME (First, Mid Reuben Lai									IE (First, Middle, Malden Cody	Surname)		
BE	19a, INFORMANT'S NAME (Typ			1.00				1			0		
2	Geneva M.		ann							oute Number, City or Tow load Nort			MD 2190
			ides										
	20a. METHOD OF DISPOSITION  1 CK Burlel 2 Cremation 3 Removal from State  4 Donation 8 OM (Specify)  20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place)  North East Methodist Cemetery North East, MD												
	21. SIGNATURE OF UNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY												
	Crouch Funeral Home												
	- Mond	1-1	je-	-		_				St. Nort			
	23. PART i. Enter the dis		complications the List only one ca			not enter	the me	ode of dy	ing, euch	ea cerdiec or reap	iratory ai	rrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition												
	resulting in death) a. WKINSONS												
_	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentielly list conditions,  DUE TO IOM AS A CONSEQUENCE OF):												
¥	if any, leading to immediate cause. Enter UNDERLYING												
F	CAUSE (Disease or injur that initiated events	A )	DUE TO	(OR AS A CONSE	OUENCE O	F);							
F	resulting in death) LAST		d										
	PART II. Other algorifican	t condition	a acatellusina t	a death but set		In the case			-h t- 6				
MEDICAL							Deriyin	g cause	given in F	Part i. 24s. WAS AN PERFOI		240	MAILABLE PRIOR TO
Di l	Cucin	ic or	strueli	re rown	cons	ry	d)18	202	2	1 YES 2	S KNO		OF DEATH?
M						-				_			1 YES 2 NO
ä													
5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE	R:		DEATH (Che				
PHYSICIAN:	1 YES 2 NO			☐ ER/Outpetlant 3			_		tealdence (	8 Other (Specify)			<del></del>
	27. MANNER OF DEATH	Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIR	JURY M	W	JURY AT ORK?	¬	28d. DESCRIBE HOW	INJURY O	CCURED	
ВУ	2 Accident in	nvestigetion	DES BLACE	OF INJURY — At he				YES 2	NO				
E		Could not be letermined	building	, etc. (Specify)	enno, rairni,	street, rac	tory, om	•		28f. LOCATION (Street City or Yown, State)	and Numbe	er or murai	Ploute Number,
	29a. CERTIFIER				_		_						
MPI	(Check only									to the cause(a) and me			
COMPLET			0	examination and/or	Investigati	on, in my	opinion,	death occu	ared at the t	lime, data and place, a	nd dua to	the cause(	(a) and menner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE		2					233		29d. DA	TE SIGNE	D (Month, Day, Year)
5		-	Jarehal					0	メラク	20		0/14	191
	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CA	JSE OF DEATH (ITE	M 27) (Type	e, Print)							
	31. DATE FILED (Month, Day, Y	fner)	22 DECISTS	AR'S SIGNATURE							_		
	MAR 1 5 '9			widson-Par	1.00								
		1 [	Great W	wyddon-Han	المعامد								

Parkinson Supra nu clear Palay

Chrome Obstructive Palmonary Disesses

Cueders

My 161. D83323

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146	2 Fours after death. Page 6 may be retained by the hospital or attending physi	fill'sd in by the funeral director, page 5 should be detached for use as the buria tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR AUTHORING THIS CAN REQUIRES that the death certificate be executed within 2 wours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR AND THE CONTROLLED HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial he filed within 72 hours are seen with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

1	1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF I	DEATH	v	YEAR	3. TIME OF DEATH
į	/	Lill	ian M			OG	U	EN	MA	RCT	7/9	1991	0985 M
1	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YE	_	F UNDER 24 HRS.	7. DATE OF E (Month, De			S. BIRTH Countr	IPLACE (State or Foreign
i	028-30-14		1 - M 2 X F	87	YRS.				4-2	-0	5	N	fass.
~	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TO	WH OR L	LOCATION OF DE	ATH		9c. COU	NTY OF D	EATH
DIRECTOR	PENINSULA GENERAL HOSPITAL					SALISBURY WICOMIC							LCO
Ä	10e. STATE	10b. COUNT	·		10c. CITY,	TOWN OR LO	CATION	N		-			10d. INSIDE CITY LIMITS?
								erlin					1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER						10f. Zi	P CODE	10g. CITIZEN OF WHA				VHAT COUNTRY?
Ä	81 White	Sail (	Circle 12. WAS DECEDEN	IT EVED IN ILE AS	MED	40 400	DECENI	21811 DENT OF HISPAN		W . W		ISA	
	1 Never Merried 2	Merried	FORCES?	YES 2 MAR OR DATES	NO	If yes	s, specif	ly Cuben, Mexice	n, Puerlo Ricer		or No-	Blaci	— American Indian, c, White, etc.
B	3 Widowed 4 Divo	rced	ir res, dive	WAN ON DATES		1	163 2	NO Specify	<i>'</i> .			Speci	White
COMPLETED	15. DEC (Specify onl)	EDENT'S EDU y highest grade	CATION completed)	(0	live kind of w	SUAL OCCUI	PATION g most o	of working	16b, KIN	D OF BUS	SINESS/INI	DUSTRY	
	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	. Do NOT use								
MP	17. FATHER'S NAME (First, M	lielelle ( e.e.)			At	Home	T 20	8. MOTHER'S NA	AF OF ILL ARIZON	44.14			
							- 1"				Sumame)		
B	James H.	ype/Print)	7	19	b. MAILING	ADDRESS (Str	eet end	Number or Rural	Poute Number C		n. State. Zi	o Code)	
2	Raymond L.	Goma	>n		2546	Ocear	Di	nes Be	rlin	Ma	210	11	
	20s. METHOD OF DISPOSIT	ION		20b. PLACE other p	OF DISPOSI			ery, crematory or	-1-1-11			City or To	wn, State
	□ Donetion 5 □ Other	(Specify)	1	_ Oliver p		ohn ! c	Com	otory		Gä	ardner, Mass.		
	21. SIGNATURE OF FUNERA	L BENVICE LI	ceysey/		500	22. NAM	E ANO	ADDRESS OF FA	CILITY				
	Janu)	MI	W			U1	1ri	ch Fune	eral Ho	ome	Ber	lin,	Md.
	23. PART I. Enter the d	seeces, pr	complications the	et ceueed the de	eeth. Do no	ot enter the	mode	of dying, suc	h es cerdiec	or reepi	ratory sr	reet,	Approximate interval Between
	IMMEDIATE CAUSE (Fir												Onset and Death
	disesse or condition resulting in deeth)	$\rightarrow$	a. May	notory	any	7							
													2
ON	Sequentially list condit	lons,	b. Cera	OR AS A CONSE	QUELCE OF	e							
CAT	If any, leading to imme cause. Enter UNDERLY	ING	c. art	enco Sch	ن مود	cu	you	e von	evlar :	8481	tin		
Ĕ	CAUSE (Diseese or Injuthat Initiated events	iry	DUE TO	(OR AS A CONSE	OUENCE OF	:							
CERTIFICATION	resulting in deeth) LAS	" L	d										
	PART II. Other significa	ent condition	ne contributing to	death but not	resulting is	the under	iying c	ause given in	Part I. 24		AUTOPSY	246	. WERE AUTOPSY FINDINGS
2	Agendo 20	085/10	ution 1	Gottown	wherf	I Fua.	rt		1	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	20	To Cl	une V	y po mot	tilety								1 TYES 2 NO
_				-									
CH	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSFITAL:	7.501		OTHER:	6. PLAC	E OF DEATH (Ch	eck only one)				
PHYSICIAN:	1 YES 2 NO		1 Ninpatient 2		_	4 - Numing		5 Residence		,			
	27. MANNER OF DEATH  1 Antural 5	Pending	28a. DATE O (Month,	Day, Year)	28b. TIME	JRY	WORK	T AI	28d. DESCRI	BE HOW I	NJURY OC	CURED	
B	2 Accident 3 Suicide	Investigation	26e. PLACE	OF INJURY — At h	ome, farm, a			3 2 10	28f. LOCATIO	N (Street	end Numbe	or or Rural	Route Number,
COMPLETED	4 Homicide	Could not be determined	building	, etc. (Specify)						own, State			econoraio.
۳	290. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best of	f my knowledge, d	eath occurre	d at the time.	date an	nd place, and due	to the cause(c	a) end me	nner as st	nted.	
M	oma)	- UTT-	Total Park Commission										e) end menner se stated.
EC	296. SIGNATURE AND TITLE	E OF CENTURIE	n					9c, LICENSE NU					(Month, Day, Year)
0	Thuly A	to	uley !	Je mi				00 82	11		•	3/19	191
임	30. NAME AND ADDRESS O	-	4		EM 27) (Type,	Print)		-					(9/ mp 250/
	Philip A		sley Je	MO	14	S CA	LA	CAL STA	ut	SAZ	15/3	ivay	MD
5	31. DATE FILED (Month, Day,		32. REGISTR	AR'S SIGNATURE	delle								
~	D' O C DAM	1	frima va	0100010-1/2.									

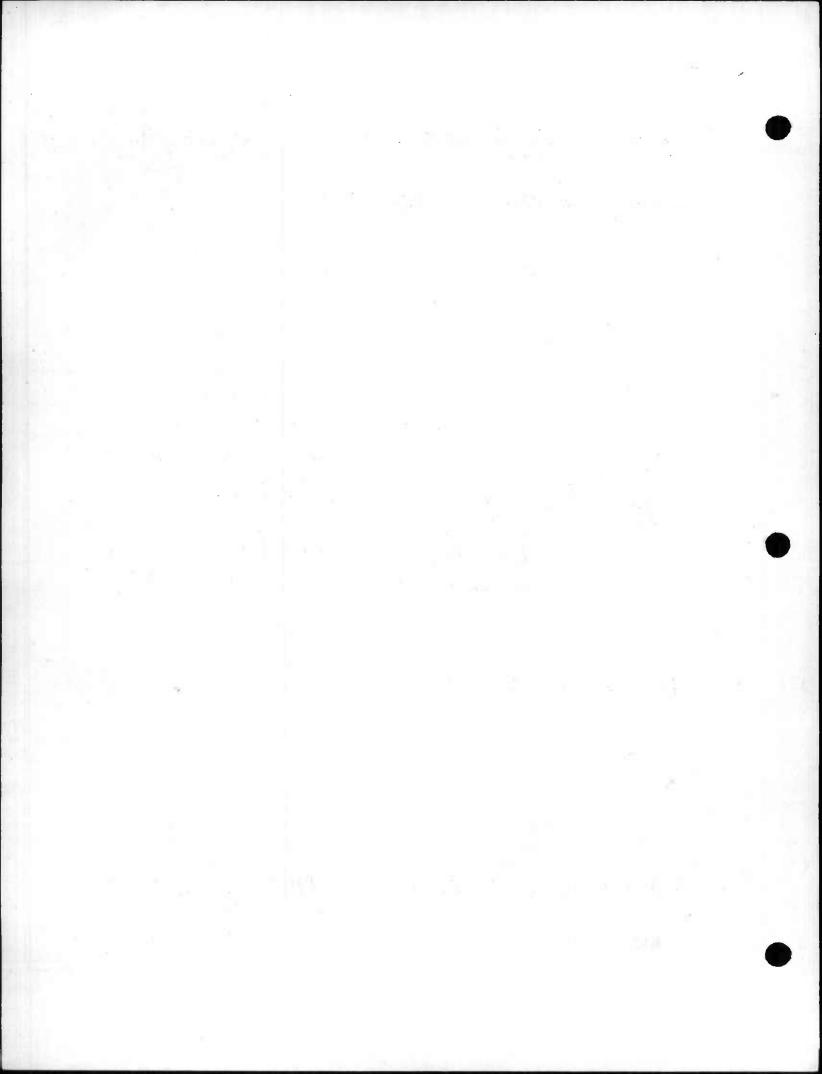
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TO THE MOST ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 5-yours after death. Page 6 may be retained by the hospital or attending physician. TO THE TO THE TO THE TO THE CONTRIBUTE After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burlat-trans be filled THE 27 hours after death with the State Degr. of Health and Mertal Hygiene prior to burlat, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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										9	1 0	8705		
	FOR 1 - STATE REGISTRAR	STATE OF F	MARYLAND / [				EALTH DEAT		MENTAL HYG					
	1. DECEDENT'S NAME (First, Middle, Last)					,			2. DATE OF OEAT		YEAR	I. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest b	ointhday)	IF UNDER	1 YEAR	IF UNDER	24 HRS,	7. DATE OF BIRTH	13/	99/ 8. BIRTHP	LACE (State or Foreign		
	214-05-6150	1   M 2   F	96	YRS.	MONTHS	DAYS	HOURS	MIN.	12-28-1	894	CAND			
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH Allegany RESIDENCE OF DECEMENT  90. CITY, TOWN OR LOCATION OF DEATH Allegany													
	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION											Od. INSIDE CITY		
DIR	MD Allegany Cumberland,											LIMITS?		
	10e. STREET AND NUMBER			0 00.10	-	101	. ZIP CODI	E				AT COUNTRY?		
FUNERAL	Route 4 Box 127-						502			US	-			
BY FU	11. MARITAL STATUS  1 Never Married 2 Merried  1. Widowed 4 Divorced	Never Married 2 Merried FORCES? 1 YES 2XXNO						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, apecify Cuban, Mexican, Puerto Rican, atc.)  1 ☐ YESXX NO Specify: White						
	15. DECEOENT'S EOU (Specify only highest grade		16a. DECE	EOENT'S	USUAL O	CCUPATIO	ON st of workir	ng .	16b. KIND O	F BUSINESS/II	OUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ISEW					own	home				
	17. FATHER'S NAME (First, Middle, Last)	n					VALUE OF		ME (First, Middle, Mi					
BE	Frederick Bierman  Wilamina Schultz  19a. INFORMANT'S NAME (Typo-Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
임	Mr. Thomas R. Nealis Mexico Farms Cumberland, MD 21502													
	20a. METHOD OF DISPOSITION  CD Burtal 2 Cremation 3 Ram  4 Donation 5 Other (Specify)	noval from Stata	HillCi	est	Bur	ial	netery, cren Park	natory or	3/16	mberl	and, N	n, State		
	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE	11		22	NAME AN	ID ADDRE	CC OF EA		no				
	* James +	(Can	pelli		C	umbe	rlan	d, M	D 21502					
	23. PART. Enter the diseases, pr ahock, or heert fellure.	complications the	at ceused the deal	th. Do	not enter	the mo	de of dy	ing, suc	h aa cardiac pr	reepiratory a	rrest,	Approximate Interval Between		
	immediate cause (Final disease or condition resulting in death)  a. Dehychadian to rever Imperivered													
	OUE TO (OF AS A CONSEQUENCE OF):													
ON	Sequentially list conditions,  Due to (or as a consequence of):											-		
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury													
ERTIFICATION	that initiated events reaulting in desth) LAST	DUE TO	OR AS A CONSEQU	JENCE O	<b>የ</b> ):									
CEL		d										1		
CAL	PART II. Other significant condition	na contributing to	deeth but not re	sulting	in the ur	nderlying	g cause !	given in		S AN AUTOPS RFORMEO?	1	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOMPLETION OF CAUSE		
PHYSICIAN: MEDICAL	Themmore	)	11.25						—   1 🗆 Y	ES 2 NO		OF DEATH?		
2	1 UES 2 NO													
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		ACE OF D	EATH (Ch	eck only one)					
HYSI	1 VES 2-1 NO	1 Inpatient 2	ER/Outpatient 3 [	DOA 28b. TIA	4 OK Nu			sidence	8 Other (Specif)		CCURED			
BY PI	1 Natural 5 Pending 2 Accident Investigation		Day, Year)		JURY	WO	YES 2	□ NO			OGUILD			
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE ( building	OF INJURY — At hom i, etc. (Specify)	e, farm,	street, fac	tory, offic	•		281. LOCATION (S City or Town,		per or Rural Ro	ute Number,		
COMPLETED		HCIAN: To the best of	of my knowledge, deat	th occur	red at the	time, data	and place	, and due	to the cause(s) an	d manner as s	tated.			
NOC	one) 2 MEDICAL EXAMIN	ER: On the beals of	examination and/or in	vestigati	on, in my	opinion, d	leath occu	red at the	time, date and pla	ca, and due to	the cause(a)	and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE  V. A. ROWITH	an ,	M	D.			29c, LIC	ENSE NU	MBER 7 5 0		ATE SIGNEO	Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WIDE. V.A. Ranjithan	, M.D.,	of Death (ITEM Oldtown R	oad	, Printi Cui	nber	land	, MD	21502					

GUAR THE STRUPS SIGNATURE

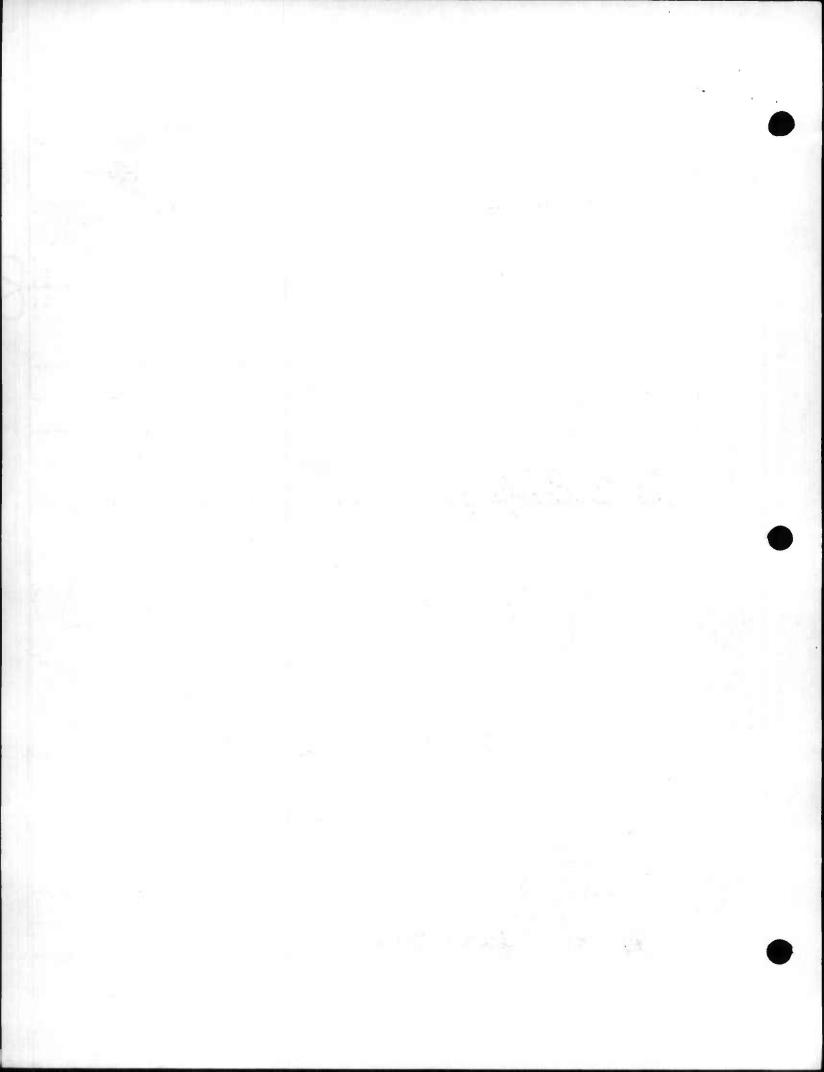
31. OATE MART 5 1991



TO THE HOSPITAL DRATE CONDENS THE law requires that the death certificate be executed within the fourth death. Page 6 may be retained by the hospital or attending physician.

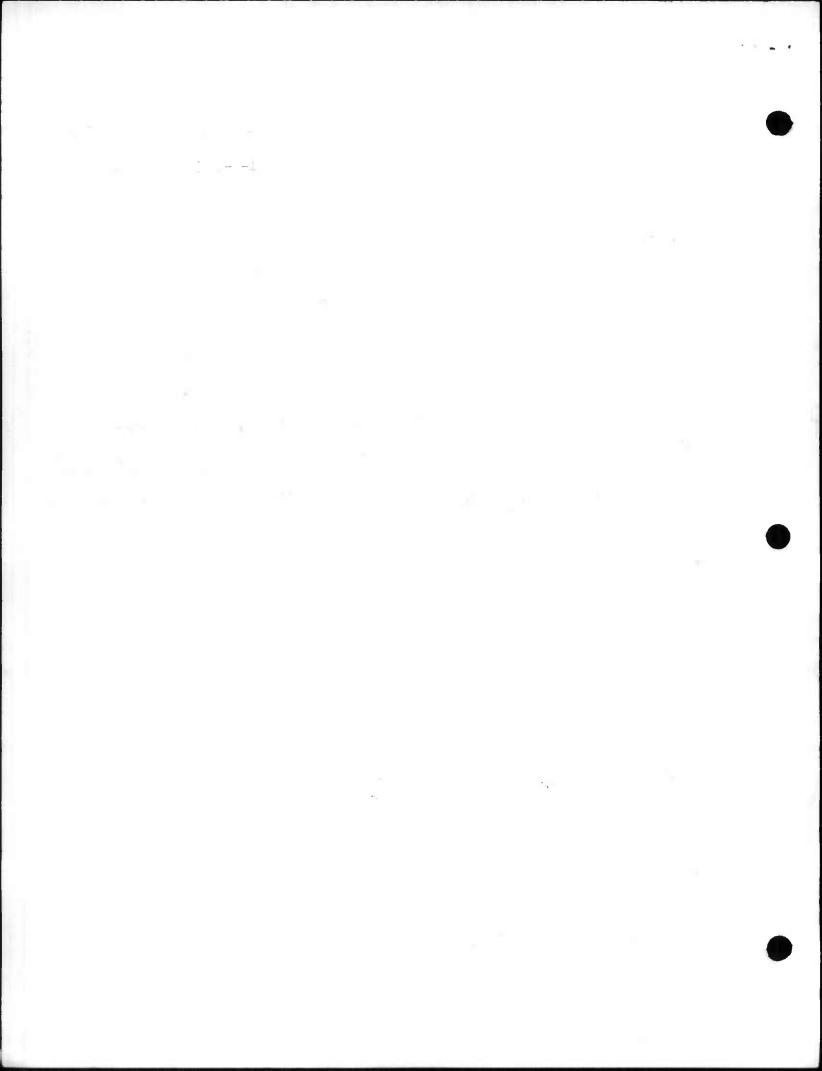
TO THE FUNEFAL DHECTOR THE CONDENS THE CONDENS THE ALIGNMENT OF A STATE OF THE CONDENS THE STATE OF THE CONDENS THE CON

	1 - FOR STATE REGISTRAR	TATE OF MARYLANI	D / DEPAR	TMENT OF	F HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO						
1	1. DECEDENT'S NAME (First, Middle, Lest)  IDA Virginia	GUTI	RIDGE			2. DATE OF DEATH MONTH MARCH	17 199.	3. TIME OF DEATH 1 12:30p M				
	4. SOCIAL SECURITY NUMBER 8. S 5 7 8 - 20 - 6682	6. AGE (In yr.	s. last birthday) YRS.	IF UNDER 1 YE MONTHS DA		7. DATE OF BIRTN (Month, Day, Year) 5 - 30 - 24	BIRTHPLACE (State or Foreign Country)					
2	9a. FACILITY NAME (If not institution, give street a PHYSICIANS MEMORIAL	nd number)		96. CITY, TO	MN OR LOCATION OF D		9c. COUNTY	OF DEATN				
5	RESIDENCE OF DECEDENT	HOOL TIAL		TICK ILI	MIA		TUTARLI	50				
DIRECTOR	10a. STATE 10b. COUNTY Maryland Charles	3		a Pla				10d. INSIDE CITY LIMITS?  1 YES 2 YNO				
	10e. STREET AND NUMBER				101. ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?				
H	1050 Warren Eller	Dr.			20646		U.S					
BY FUNERAL	5 News Married 2 X Married	WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, OIVE WAR OR DATES	<b>₩</b> NO	13. WAS If ye 1	OECENOENT OF HISPA I, specify Cuben, Mexic YES 2 NO Speci	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, atc. Specify: hite				
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp  Elementary/Secondary (0-12) Co  10th		(Give kind of life. Do NOT u		g most of working		USINESS/INDUST					
M	17. FATHER'S NAME (First, Middle, Lest)		Tele	phone		r Teleco		cations				
	William Parham D	)avis				1 Beatri		ha				
BE	19a. INFORMANT'S NAME (Type/Print)	avis	19b, MAILIN	O ADDRESS (St		Route Number, City or To						
2	Francis Gutridge		1050	Warre	en Eller	Dr. La l	Plata.	MD 20646				
	20a_METNOD OF DISPOSITION 1	from State oth	ACE OF DISPO	SITION (Name	of cemetery, cremetory or	20c. L	OCATION City	eland VA				
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		IICS O	22, NAR	E AND ADDRESS OF F	ACILITY		,				
	D. C. Ca	dola b	•			neral Hor 67. LaPla						
	23. PART I. Enter the diseases, or compehock, or heert failure. List  IMMEDIATE CAUSE (Final disease or condition			not enter the	mode of dying, su	ch as cardiac or rea	piratory erreat	Approximate interval Between Onset and Death				
	resulting in death)	DUE TO (OR AS A CO	INSEQUENCE (	7	1 05	11	5 [					
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury											
CERTI	that initiated events resulting in death) LAST											
CAL	PART II. Other eignificant conditions co	intributing to death but	not regulting	In the unde	riying ceuse given i	PERF	N AUTOPSY ORMEOP	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
PHYSICIAN: MEDI						1 _ YES	NO	OF DEATH?				
AN	25. WAS CASE REFERRED TO MEDICAL				20. PLACE OF DEATH (	Shock orths odes	1					
SIC	EXAMINER? / HO	OSPITAL 2 ER/Outpetle	ent 3 🗆 DOA	OTHER:		• Other (Specify)	<del>)                                    </del>					
	27. MANNER OF DEATH  1 Netural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	26b. Ti	ME OF 28	c. INJURY AT WORK?	28d. DESCRIBE HOW	V INJURY OCCUP	RED				
B √	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	Al home, larm		YES 2 NO	281. LOCATION (Street	et and Number or	Rural Route Number,				
ETEC	4 Homicide determined	building, etc. (Specify)		Sc 17 11		City or Yown, Sta	re)					
COMPLETED	(Crieck only	t: To the best of my knowleds in the basis of examination as	1					cause(a) and manner as stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Koff	C	V	29c. LICENSE N	UMBER ( Z L)	29d. DATE S	HGNEO (Month, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON WHO CO	TAN	19	. 2	3646							
	31. DATE FILED (Month, Day, Year) WAR 1 9 31	32. REGISTRAR'S SIGNATU	on-Rand	a Cho		(A)						



TO THE HOSPITAL OR ATTENDED ANSIGNATION. The ter majores that the destination of the hospital and the property of the property	TO THE FLINEHAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If them 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF N			MENT OF I	IEALTH AND I		IENE . NO.	91 08707			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEA	TH	3. TIME OF DEATH			
	STIEFAN	GIBA					3	DAY	1991 / 39/AMM			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT		8. BIRTHPLACE (State or Foreign			
		1 2 1 F	Hilliam Control		ONTHS DAYS	HOURS MIN.	(Month, Djay, Y	Mar)	Country)			
	060263894	1-9-1902   0   1   1   1   1   1   1   1   1   1										
~	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH											
DIRECTOR	HARBUR HOSO		ER		BAUNI							
뿐	10e. STATE 10b. COUNT	TY		10c. CITY,	TOWN OR LOCA	ION			10d. INSIDE CITY LIMITS?			
	Maryland			B	Autimor	E			1 YES 2 NO			
A	10e. STREET AND NUMBER	_			10	. ZIP CODE		10g. CI	TIZEN OF WHAT COUNTRY?			
8	603	Ann Stree	5			212	31		U-S-A -			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN		RMED	13. WAS OEG	ENDENT OF HISPAN	IC ORIGIN? (Spec	fy Yes or No-				
	1 Never Merried 2 Merried		YES 2 X	NO	If yes, sp	ecify Cuben, Mexico	n, Puerto Rican, et		14. RACE — American Indian, Black, White, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AH OH DATES		1 U YES	2 NO Specify	7:		Specify: WHITE			
	15. DECEDENT'S ED	UCATION	16e D	ECEDENT'S II	SUAL OCCUPATION	2M	16P KIND C	F BUSINESS/IN				
<b>E</b>	(Specify only highest gred	de completed)			rk done durina mo		loo. Kind (	N DOSINESSIN	NO STATE			
اچا	Elementary/Secondary (0-12)	Cotlege (1-4 or 5 +	)					T. 11				
COMPLETED		4		Jud	ge			Judica]				
8	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, A	felden Surname)				
BE (		Josuf Giba	L			Ju	lia Un	known				
	19e. INFORMANT'S NAME (Type/Print)			9b. MAILING A	AOORESS (Street	and Number or Rural i			Zip Code)			
2	Olena Giba		1.	603 1-	n Ctura	t Baltim	ore Man	Frefr	21231			
						metery, crematory or			616)1			
	20 METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Res	moval from State	other p	olace)		,,			— City or Town, State			
	4 Donetion 5 Other (Specify)			Holy		Cemeter	У	Hamptor	nberg, New York			
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE			22. NAME A	ND ADDRESS OF FA	CILITY Marz	ullo Fi	uneral Service			
1	bricken f	2000	.00.									
$\vdash$	23. PART I. Enter the dieeeses, or	mour	KL6-		3981	Carrollt	on Road	Upperd	co Maryland 2115			
	ehock, or heert fellure IMMEDIATE CAUSE (Final disesse or condition resulting in death)	. Se	OR AS A CONS		: 0	= -4			Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediste cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	c	(OR AS A CONSI		:	ukme						
2		. *										
PHYSICIAN: MEDICAL	PART II. Other significent conditione contributing to deeth but not resulting in the underlying ceuse given in Part I.  Dianter Michigan, PUD  1 YES 2 NO											
A	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (Ch	eck only one)					
100	EXAMINER?	HOSPITAL:	l en rout in		OTHER:							
ΥS	1 YES 2 NO	1 Inpatient 2				ne 5 Reeldence						
H	27. MANNER OF DEATH  1. Netural 5 Pending	28e. DATE OF (Month, D		28b. TIME INJU	IRY W	JURY AT ORK?	28d. DESCRIBE	HOW INJURY O	OCCURED			
BY	1. Natural 5 Pending 2 Accident Investigation	IV.	14	N	/ TM 1 🗆	YES 2 NO	1/1	1 ]				
	3 Suicide 6 Could not be	28e. PLACE C	F INJURY — At I	home, farm, st	reet, factory, offi	:0	28f. LOCATION	Street and Numb	ber or Rural Route Number,			
12	4 Homicide determined	Sunonig,	- a loboury)				City or Town	17				
l in '	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner se stated.											
COMPLETED	(Check only one) 2 MEDICAL EXAMIN	NER: On the basis of e				death occured at the	time, date and pl	ace, and due to	the cause(e) end manner as stated.			
	(Check only	NER: On the basis of e					time, date and pl	ace, and due to	the cause(e) and manner se stated.  ATE \$IGNED (Month, Day, Year)			
TO BE COMPLE	(Check only one) 2 MEDICAL EXAMIN	NER: On the basic of e	xamination end/o	r Investigation	n, In my opinion,	death occured at the	time, date and pl	29d. D/	the cause(e) end manner as stated.			



DHMH-18 Rev 1/89

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Affect this certificate has been signed by the attending physician and compretely lined in by the funeral unech	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked or liem 23 shows any loiury or other traumatic event, the medical examiner mu
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Signed	Health	ME 34
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1 - STATE REGISTE	RAR	STATE OF	MARYLAND / CE		TMEN				MENTA	REG. NO			
1. DECEDENT'S	NAME (First, Middle, La	LEE	Hall						2. DATE MONT	OF DEATH	AY - Y	3. T	TIME OF DEATH
4. SOCIAL SEC	URITY NOMBER	5. SEX	6. AGE (In yrs. last	birthday)	MONTHS DAVE MOURE MAN			(Monti	OF BIRTH		Country)	CE (State or Foreign	
34 1 1	AME (If not institution, gi	re street and number)	spital		96. CITY	r, TOWN O	PR LOCATI	ON OF DE	ATH	25-193	9c. COUNTY		PA
RESIDENCE 10a. STATE MD	10b. COL	NTY		10c, CI	ry, TOWN	OR LOCAT	TION					10¢	. INSIDE CITY
MD		Harford				Δh	erde	on					LIMITS? YES 2 NO
	ND NUMBER	Harlord					. ZIP COD				10g. CITIZEN		
52	Liberty	Street					2	1001			111	SA	
11. MARITAL ST 1 Never Med 3 Widowed		12. WAS DECEDE FORCES?	NT EVER IN U.S. ARI 1  YES 2 X N WAR OR DATES			If yes, sp	ENDENT (	OF HISPAN	n, Puerto I	i? (Specify Yea Rican, atc.)		. RACE — . Black, WI Specify;	American Indian, lite, etc.
Elementary/	15. DECEDENT'S I (Specify only highest g Secondary (0-12)		(Gi	ve kind of Do NOT u	Work done	during mo	est of world	ng	18b	. KIND OF BU	SINESS/INDUS	TRY	
E	8th			H	omen	ake							
	AME (First, Middle, Last)	1					100			Middle, Maiden			
100 INFORMAN	Iurley Hal	l	1	MADIN	O ADDOS	0 /5		_	-	Caldwe	ell m, State, Zip Co	arfa)	
Mr. H	Ernest E.	Barnes	I	P. C	). Bo	ox 1	61,		e de	e Grac	e, M	D 2	1078
1 St Burial 2	OF DISPOSITION  Cremation 3 F  5 Other (Specify)	lemoval from State	20b. PLACE of cemetary, An	cremator	y or other Hill	Cen	eter	_			re de		ce, MD
21. SIGNATURE	OF FUNERAL SERVICE	LICENSEE	70-		N	litch		Smith	ı Fu		Home,		
02 0407	Entar the diseasea,	0. Am	-11								21078-		Approximate
IMMEDIATE disease or c resulting in	shock, or heart fellu CAUSE (Final ondition	re. List only one ca		2	gr	m	gea	20	Ca				Interval Betwee Onset and Deat
If any, leading cause. Entar CAUSE (Disc that initiated	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
25. WAS CASE EXAMINED 1 YES 27. MANNED OIL	er algnificant condi	reaulting in the underlying ceuse given in Par					Part I.	PERFORMED?  1 VES 2  MAILABL COMPLET OF DEATH			RE AUTOPSY FINDINGS JILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO		
25. WAS CASE EXAMINER	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
1 TES		HOSPITAL:	☐ ER/Outpetient 3	□ DOA	OTHE 4 I Nu		ne 5 🗆 R	asidence	6 🗆 Othe	or (Specify)			
27. MANNER-OI	F DEATH	28a. DATE O	OF INJURY Day, Year)	28b. TI	ME OF	28c. IN.	JURY AT		26d. DE	SCRIBE HOW	INJURY OCCU	RED	10.3
	I		Day, rear)		M	1 🗆		] NO					
	AND DE ACT OF IN HOME AND A						00		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Number,
4 Homle  29a. CERTIFIER (Check only	CEHTIFYING P	AYSICIAN: To the best											d manner as stated.
	E AND TITLE OF CERT				29c. LIC	ENSE NUI	MBER		29d. DATE S	HONED (M	onth, Day, Year)		
30. NAME AND	me.	D			D	37	36	4	> 3	21	11		
319	S. UW	WHO COMPLETED'CA	MUL,	M 27) (Typ		Ne	det	FYG	Ce,	MI	> 2	101	8
31. DATE FILED	MAR 2 2 '9		RAR'S SIGNATURE	አስ	2.00				7				

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TO BE COMPLETED BY FUNERAL DIRECTOR

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CTOR: Aft	28 is m
DIRECTOR: After de	em 28 is m
AL DIRECTOR: After de	If item 28 is m
NERAL DIRECTOR: Aff	VT: If item 28 is m
FUNERAL DIRECTOR: After de	TANT: If item 28 is m
THE FUNERAL DIRECTOR: Aff	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained to the funeral director, page 5 should be detained to the funeral directors and the funeral directors.

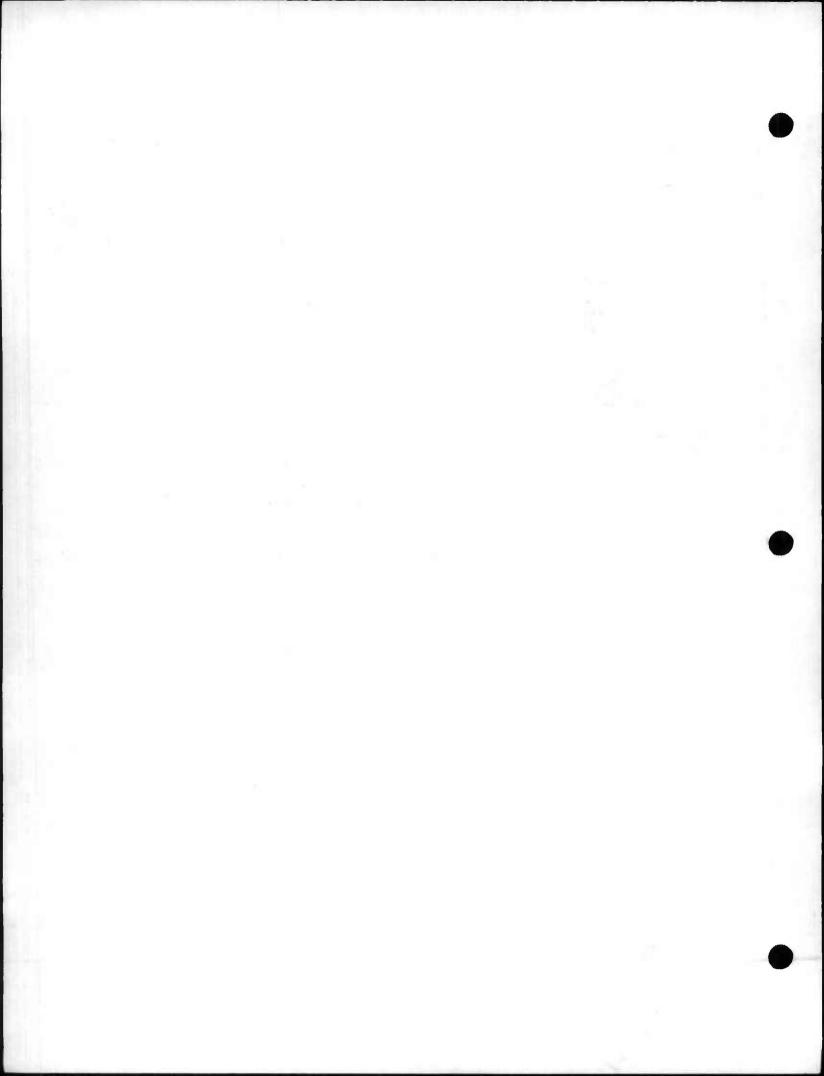
Rebecca 31. DATE FILED (Month, Day, Year) WAR 22'91

32. REGISTRAR'S SIGNAT

l	FOR 1 - STATE REGISTRAR	STATE OF MA		DEPARTME RTIFICA			IENTAL	HYGIENE REG. NO.	91	0	8709
72 gr	1. DECEDENT'S NAME (First, Middle, Lest)  ARTI- (1 R	Arthur I	lehray C	Helter	) III		2. DATE O	DE DEATH DAY	A VE		RISO AM
)	4. SOCIAL SECURITY NUMBER 218-76-7302  99. FACILITY NAME (# not institution, give ste	1 🖳 M 2 🗆 F	AGE (In yrs. lest	YRS. MONT		IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. OATE O (Month, July	DE BIRTH Day, Year)	9	Mary	
TOR	University of Mar		pital			ore City				- DERIN	
DIRECTOR	Maryland 106. COUNTY			10c. CITY, TOY Balt	wn or Locat imore	City	-;				LIMITS?
FUNERAL	100. STREET AND NUMBER 2301 Wineberry T	errace		14.7	101.	ZIP CODE 21209			10g. CITIZEN USA		COUNTRY?
B	11. MARITAL STATUS  (X) Never Married 2 Merried  3 Widowed 4 Olvorced	12. WAS DECEDENT I FORCES? 1 [ IF YES, GIVE WAF	YES 2 N		If yes, spe	ENDENT OF HISPAN ecity Cuban, Mexican 2 XNO Specify	, Puerto R			RACE — A Black, Wh Specify: Whit	American Indien, lite, etc.
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)		(Gh	cedent's usual ve kind of work of the NOT use retire	one during moded.)	IN st of working		KIND OF BUSI State			
BE CON	17. FATHER'S NAME (First, Middle, Last) Arthur Henry He	lton,Jr.				16. MOTHER'S NAI Phyllis			Sumame) Wer		- 3
10 8	19a. INFORMANT'S NAME (Type/Print) Arthur H. Helton,	Jr.				nd Number or Aurel F Church F		, ,			21034
	20e. METHOD OF DISPOSITION  C Burtal 2 Cremation 3 Remote A Donation 5 Other (Specify)	oval from State	other pla	ice)	orial	Gardens		В	el Air	, Mc	a.
100	21. SIGNATURE OF FUNERAL SERVICE LIC	Mr.Ca	mas	127		d K. McC Cokesbur					
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart feiture. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (OR AS A CONSCOURNEE OF):										
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  PCP PNeumony TA (Pneumocystre, Carros Pnemum Ru)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  **Real Part II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  **PerformeD?**  1   YES 2   NO  246. WAS AN AUTOPSY PRINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1   YES 2   NO										ULABLE PRIOR TO MPLETION OF CAUSE DEATH?
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 1 NO	HOSPITAL:	ER/Outpetient 3	DOA 4	HER:	LACE OF DEATH (Ch					
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF II (Month, Day	NJURY	26b. TIME OF INJURY	28c. IN.	IURY AT DRK? YES 2 NO		CRIBE HOW II	JURY OCCUR	ED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	eme, farm, street					and Number or Rural Route Number, a)				
COMPLETED	conel only	ICIAN: To the best of m								euse(a) an	nd manner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)										

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		FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIENI REG. NO.	E	
		1. DECEDENT'S NAME (First, Middle, Last)	12				2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH
		Ge	orge August	Henry He	elms		March 12,		9:54 p M
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	ATTHPLACE (State or Foreign Unitry) Oldenburg	
(P)		578-09-4220	1 M 2   F	82YRS.			May 14.19		Germany
8 3	_	9a. FACILITY NAME (If not institution, give st	(reet end number)		9b. CITY, TOWN	OR LOCATION OF OR	EATH	9c. COUNTY OF	F DEATH
25	ECTOR	Suburban	Hospital			Bethesda		Mon	ntgomery
Pages 1.	EC	10a. STATE 10b. COUNTY	r	10c. CI	TY, TOWN OR LOCA	ATION		10d. INSIDE CITY	
2	DIR	Maryland	Montgomery-			Bet	hesda		1 1 TES 2 1 NO
permit.	A	10e. STREET AND NUMBER			10	Of. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
Sign	FUNERAL		ley Boulevar			208			d States
physician. burial-trar	5	11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEMENT EVER FORCES? 1 YES	S 2 NO	If yes, s	pecity Cuben, Mexica	NIC ORIGIN? (Specify Yes in, Puerto Ricen, etc.)	Bi	ACE — Amaricen Indien, lack, White, etc.
	BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 D YE	S 2 NO Specif	y:	St	White
attending use as the	ED	15. DECEDENT'S EDU			S USUAL OCCUPAT		16b. KINO OF BUS	SINESS/INDUSTR	
N 8 5	ш	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	f work done during π use retired.)	lost of working			
he hospital detached for	COMPL	12		1	Machinis	7		crete C	Company
e de th	00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden		
ed by	BE	Gerha  199. INFORMANT'S NAME (Type/Print)	rd Helms	405 44411 (5	IC ADDDESS (Days)	and Number on Dune	Not Ava Route Number, City or Tow		
retained 5 should notified	2			C. Paris Control					
be age		Gunther H. Hel		0b. PLACE OF DISP		emetery, crematory or	d Bethesda	CATION - City or	
E 8 8		1 ⚠ Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	other place) National	l Memori	al Park	Fal	ls Chur	ch, Virginia
		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME	AND ADDRESS OF FA			
death. Pag death. Pag funeral di.		1	Karlt	M0033	Beth	esda-Chev	y Chase, I da, Maryla	nc. 755	7 Wisconsin
ours after d in by the or removal		23. PART I. Enter the diseeses, or	corpolications that caus	ed the deeth. Do					Approximate
		shock, or heart fellure.  IMMEDIATE CAUSE (Finel	Lift only one cause on	each line.					Interval Between Onset end Deeth
in cr. nation,			MYDEARE	in.	INP	MRCTI	On)		ACUTE
d within impletely crema svent,			MYDE ARE D DUE TO (OR AS ARTERIA	A CONSEQUENCE	OFF:				
314 ecuted and con burial,	NO	Sequentially list conditions,	HRIERIO	SCLERA A CONSEQUENCE	TICA	n DIEVASCO	UEAR PI	SERCE	INDET
by 137 to be execut sician and o rior to buring traumatic	FICATION	If any, leeding to immediate cause. Enter UNDERLYING	DOE TO (OH AS	A CONSECUENCE	OFJ:				į
Grufficate ing physical property of there is other in the control of the control	FIC	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):				
- E E E	ERTI	resulting in death) LAST	d						
DS, P. the death y the atten nd Mental Injury, o	O	PART II. Other significant condition	na contributing to death	but not resultin	a in the underly	ing cause given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
< 55 C 55	CAL	CHRONIC OBSTRA					PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
requires that been signed by t. of Health an shows any	MEDIC	CHILLIAN OBSTICE	1100 1000	www.	-1001		1 TYES	2.4. NO	OF DEATH?  1 YES 2 NO
PE PE									
OF VITAL RECORI PHYSICIAN: The law requires that this certificate has been signed by with the State Dept. of Health an riked, or flem 23 shows any	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			V	PLACE OF DEATH (C	heck only one)		
VITA CIAN: T Strifficate the State or Ne	SIC	1 VES 2 NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	ome 5 - Residence	6 Other (Specify)		
OF VI PHYSICIAN: this certifica with the St rked, or R	PHY	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	7)	TIME OF 28c. I	NJURY AT WORK?	28d. DESCRIBE HOW	,	
	BY	1 Netural 5 Pending 2 Accident Investigation	3 12	91		YES 2 MO	FOUND		CHAIR
ter OR.	03	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJU building, etc. (S	pecify)	ME	TICE	28f. LOCATION (Street City or Town, State	# 10	urai noute Number,
DIVISION OR ATTENDING DIRECTOR: After hours after death tem 28 is ma	ш	29e, CERTIFIER						.,,	
DIVIS  TO THE HOSPITAL OR AT  TO THE FUNERAL DIRECT be filed within 72 hours a  IMPORTANT: If Hom 2	COMPLETED	Consecutation Co	SICIAN: To the best of my kn						use(s) end manner as stated,
HOSP FUNE Within		296. BIGMATURE AND TITLE OF CERTIFIE			1	29c. LICENSE NU			INED (Month, Day, Year)
TO THE HOSPITAL TO THE FUNERAL De fied within 72 IMPORTANT: If	BE	- (	2///	/1/		X	200	<b>▶</b> 3 _	1> -6/
P P 8 8	21	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (7)	rpe, Print)		79		1271
7		FRANCIS C MA	YLE 82	00 WISI	CONSIN	AVE BO	eth cook	MAD 2	0814
_ /		31. DATE FILED (Month, Day, Year)	32 REGISTRAN'S SI	GNATURE					
		MAR 14 '91	guisa vavid	Jan-Mindren					



8. RIPTNPI ACE (State or Fo.

9c COUNTY OF DEATH

Montgomery

3. TIME OF DEATH

Idaho

10d. INSIDE CITY

White

20006

Wisconsin

Approximate

AMAILABLE PRIOR TO COMPLETION OF CAUSE

1 | YES 2 | NO

OF DEATH?

Interval Between Onset and Death

1 XXYES 2 NO

REG. NO

2. DATE OF DEATH

7. DATE OF BIRTH

10-12-19

10a. STATE

A SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDENT

12-1556

9a. FACILITY NAME (If not institution, give street and number)

'91

MAR 1 8 10b. COUNTY

Natalie

5 SEY

Shady Grove Adventist Nursing Home

1 M 2 F

Jane

6. AGE (In yrs, lest birthday)

Hopper

YRS.

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

DAYS

IF UNDER 24 HRS.

MIN

HOURS

9b. CITY TOWN OR LOCATION OF DEATH

Rockville

VITAL

OF

DIVISION

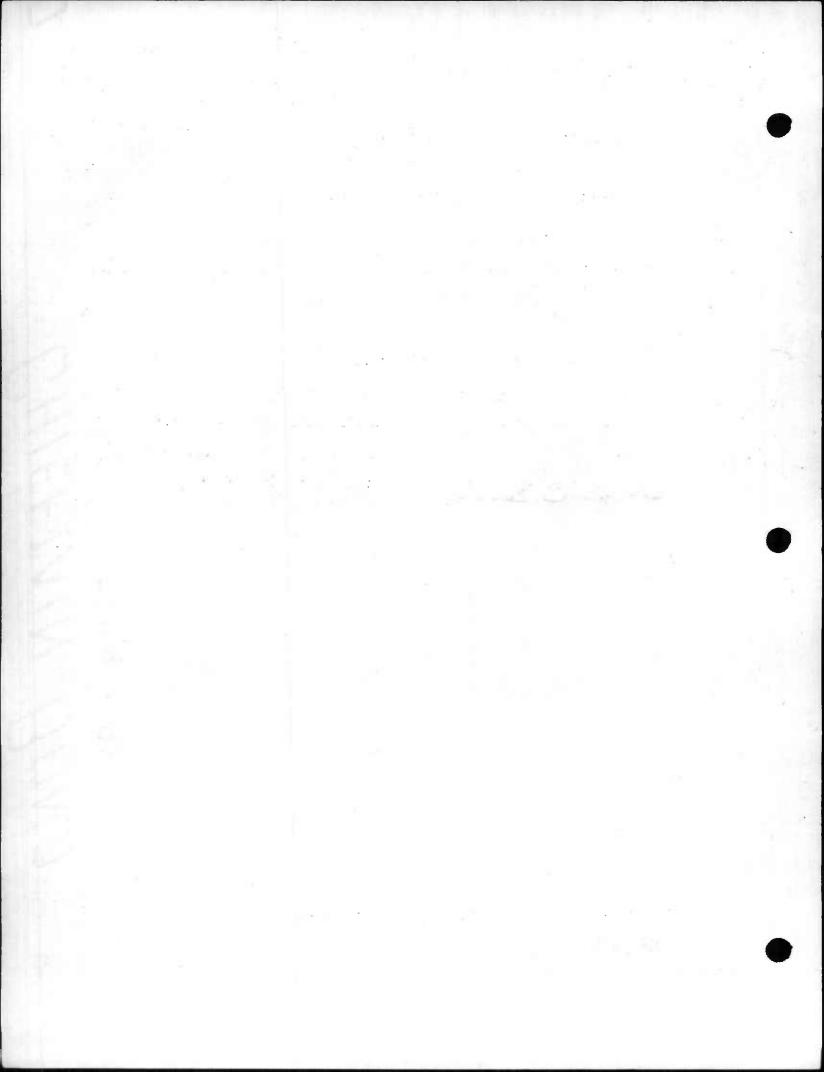
1, 2, 3

DIRECTOR Pages Chevy Chase Maryland Montgomery permit. 10e, STREET AND NUMBER FUNERAL 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4620 North Park Avenue, #311E 20815 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X 10 IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. XX Never Married 2 Married 1 YES 2 XXO Specify: BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) Collage (1-4 or 5+) 4 Librarian Library 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) to Ward L. Ellen Nielsen Hopper BE notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 Stephen W. Nealon, Esq. 888 17th St., N.W., Suite 800, Washington, DC pe 20e. METHOD OF DISPOSITION

XXBurial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must Parklawn Memorial Park Donation 5 - Other (Specify) \_ Rockville, Maryland 22. NAME AND ADDRESS OF FACILITY
ROBert A. Pumphrey Funeral Home
Bethesda-Chevy Chase, Inc., 7557 Wiscon
Avenue, Bethesda, Maryland 20814-3501 examiner 21. SIGNAPHIE OF FUNERAL SERVICE LICENSEE M00522 medical 23. PART I. Enter the diseases, or complications that caused the dasth. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition the monary Embolism reauiting in death) event. DUE TO (OR AS A CONSEQUENCE OF) ysician and com prior to burial, Vascular traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST HIZDELMENCTURE 6 signed by the attern Health and Mental H Injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL any 1 TYES 2 X X0 shows a t, of H has by Dept. PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate h Item FYAMINER? OTHER:
Wursing Nome 5 Residence 6 Other (Specify) 1 YES 2 XX 1 | Inpatient 2 | ER/Outpatient 3 | DOA 10 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED this c marked, XX Natural 5 Pending 1 YES 2 NO BY After 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 6 Could not be COMPLETED TO THE HOSPITAL OR ATTENT
TO THE FUNERAL DIRECTOR:
"be filed within 72 hours after 4 🔲 Homicide 28 determined Item 29a. CERTIFIER

1 XXERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. -2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 31391 D 3191 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Montg. Village Ave-Gairlesburg araci 19261 32 PREGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

20879



BALTIMORE, MARYLAND 21203-3146

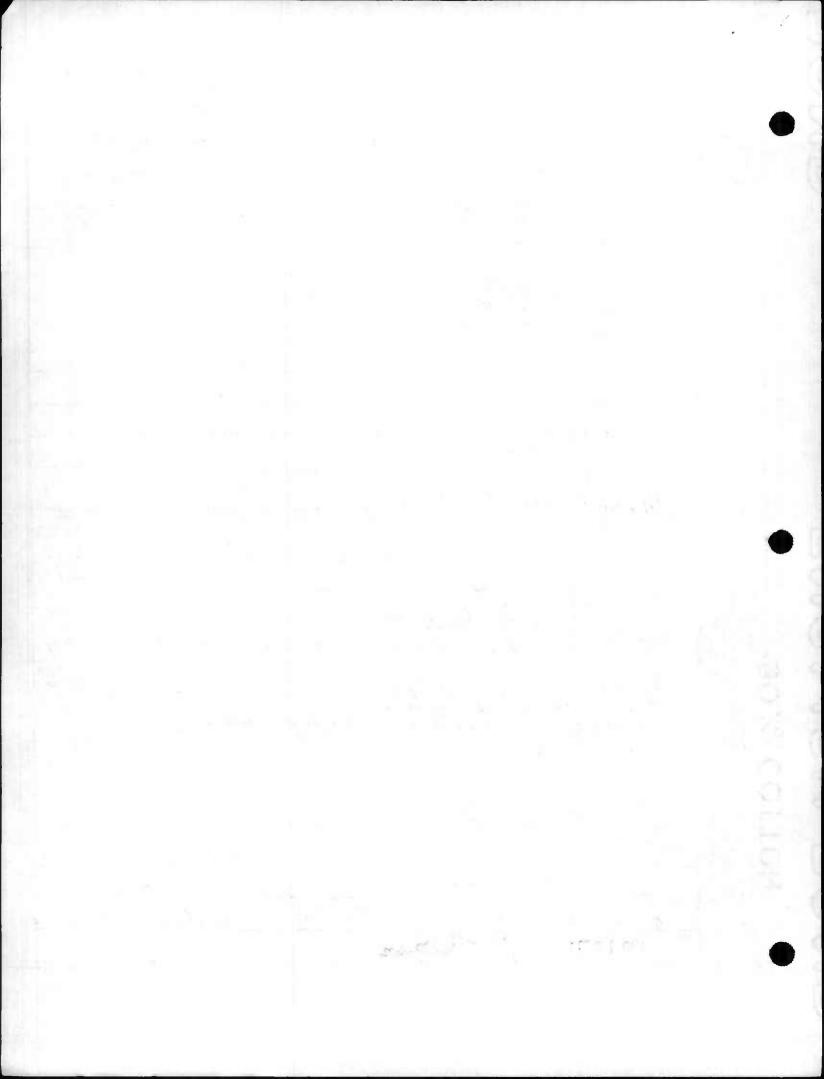
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24—cors after death. Page 6 may be retained by the hospital or attending physician.		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 3, 2, 3 should	pino s	and the last
be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burlal, cremation, or removal.	0	
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEI		U	8/12				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			TIME OF DEATH				
	Lester Amos	Hodges				03 - 1		EAR 4	4:30 P H				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPL	ACE (State or Foreign				
	366-09-7850	1 XM 2 - F		Mich:									
22	9a. FACILITY NAME (If not institution, give s Sylvan Manor Nur			Silver	or Location of DE	EATH	9c. COUNTY	tgom:					
2	RESIDENCE OF DECEDENT						1						
DIRECTOR	Mary and Mont			town on Local Lver Spi					INSIDE CITY LIMITS?				
	Maryland Mont	gomery-	51.		. III IG		I 40- CITIZE		T COUNTRY?				
FUNERAL	2700 Barker Stre	et		10	20910				tates				
S	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED			NIC ORIGIN? (Specify Y	na or No— 14	. RACE —	American Indian, Vhita, etc.				
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1XXYES	2 ∐NO	If yes, ap	ecify Cuban, Mexica NO Specifi	n, Puerto Rican, atc.) y:		Specify:	White				
		1 2323 43	-						wiite				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	16a. DECEOENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATI rork done during me retired.)	ON ost of working	16b. KIND OF B	JSINESS/INDUS	STRY					
12	12 years	College (1-4 or 5+)	Machini			Genera	1 Moto	rs					
MO	17. FATHER'S NAME (First, Middle, Last)		120012112	30	18. MOTHER'S NA	ME (First, Middle, Maide							
Ö	George Hodges				Maude	Ballard							
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip C	ode)					
٩	Elma J. Hodges		3210	Powder	Mill Roa	ad Adelphi	, Mary	land	20783				
	20a. METHOD OF DISPOSITION 1 ☐ Burlat 2 ☑ Cremation 3 ☐ Ren		b. PLACE OF DISPOS other place)	ITION (Name of ce	metery, crematory or	20c. L	OCATION — CH	ty or Town	, Stata				
	4 Donetion 5 Other (Specify)	M.	etropoli				exandr	ia,	Virginia				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	Wonald V	Borgwar	alt.			ill Rd. Be							
	23. PART I. Enter the diseeses, or								Approximete Interval Between				
	ahock, or heert fellure. List only one ceuee on eech line.  IMMEDIATE CAUSE (Final												
	disease or condition a. Cardio-respiratory a rest  DUE TO (OR AS A CONSEQUENCE OF):												
	resulting in destil)								lyear				
Z	Sequentially list conditions b. Alzheimer's Dementia												
Ĕ	Sequentially list conditions, If any, leading to immediate												
5	CAUSE (Disease or Injury	cOUE TO (OR AS	A CONSEQUENCE OF	n:									
Ē	that initiated events resulting in death) LAST	, , , , , , , , , , , , , , , , , , , ,		,									
CERTIFICATION		d											
AL	PART II. Other algnificent condition	na contributing to death i	but not resulting i	n the underlyir	g cause given in		N AUTOPSY DRMED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO				
200						1 YES	2 NO		OMPLETION OF CAUSE OF DEATH?				
ME			<u> </u>					1	YES 2 NO				
ä													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	I	QTMER:	LACE OF OEATH (C	heck only one)							
YSI	1 TYES 2 NO	1   Inpetient 2   ER/Out		4 Nursing Ho		6 🗆 Other (Specify)							
BY PHYSICIAN: MEDIC	27, MANNER OF OEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	JURY AT ORK? YES 2 NO	26d. OEŞCRIBE HOV	INJURY OCCU	PREO					
	2 Accident Investigation	26s. PLACE OF INJUR			281, LOCATION (Street	et and Number o	r Runii Rou	de Number					
9	4 Homicide 6 Could not be	building, atc. (Spi	ectfy)	,		City or Town, Sta							
	29a. CERTIFIER CERTIFYING PHYS	SICIAN: To the best of my know	wladen doub none	ad at the time also	e and place and do	a to the sever(s) and s		4					
COMPLETED	(Check only								and menner as stated.				
BE	(1) oth, MO				29c. LICENSE NUMBER 0.7. 7. 3.09				29d. DATE SIGNED (Month, Day, Year)  3-17-91				
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	, Print)	100	- /		• '	70807				
	296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  298. DATE SIGNED (Morrith, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  208. DATE SIGNED (Morrith, Day, Year)  31. DATE FILED (Morrith, Day, Year)  32. REGISTRAR'S SIGNATURE  MAR 1 9 901  32. REGISTRAR'S SIGNATURE												
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE			, ,		7501	Cymer, cell				
MAR 1 9 °91 Julia Davidson-Randelle													

		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT O	F HEALTH A	AND ME	NTAL HYGIENS REG. NO.	E	
-0.0	-	1. DECEDENT'S NAME (First, Middle, Last						DATE OF DEATH	Y YEAR	3. TIME OF DEATH
		Frederick		Jr.			3 15 91		1:50 AM	
P		4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YE MONTHS DA		HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8. BIR1 Cour	THPLACE (State or Foreign htry)
1	43	145-30-8465	1 🔀 M 2 🗆 F	57 YRS.				6/28/33		
	-	9e. FACILITY NAME (If not institution, give				WN OR LOCATION	N OF DEATH		9c. COUNTY OF	
. 4	DIRECTOR	Memorial H	ospital		La	ston			Talb	ot
6	H	10e. STATE 10b. COUN		10c. CIT	Y, TOWN OR L					10d. INSIDE CITY LIMITS?
			Caroline		Dent					1 YES 2 NO
Ē.	RAL	100. STREET AND NUMBER Burrsvill			101. ZIP CODE 216	20		USA	WHAT COUNTRY?	
5	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	NIIS ADMED	12 MMC			ORIGIN? (Specify Yes		CE — American Indian,
a la		1 Never Married 2 Married	FORCES? TY YES	2 40	If ye		, Mexican, P	verto Rican, atc.)	Bia	ck, White, atc.
2	BY	3 Widowed 4 Divorced	1955-1958		'-	TES I MIO	ороспу.		Whi	
8	8	15. DECEDENT'S EL (Specify only highest gra	DUCATION ide completed)	16a. DECEDENT'S (Give kind of	USUAL OCCU	PATION g most of working	,	16b. KIND OF BUS	INESS/INDUSTRY	
5		Elementary/Secondary (0-12)	College (1-4 or 5+)							
once.	COMPLET	1.7. FATHER'S NAME (First, Middle, Last)	4	Sales	s Rep	7		(First, Middle, Malden		
at o	-	Frederick Hu	ssev Sr					y O'Nei	- 177 PM	
notified	BE	19a. INFORMANT'S NAME (Type/Print)	BBCIT BI.	19b. MAILING	ADDRESS (St			Number, City or Town		
	2	Trina C. Gre	en					ston, M		601
st be		20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Re		b. PLACE AND OAT	E OF DISPOSI	TION (Name		DATE 20c. LOC	CATION - City or	Town, State
must		4 Donation 5 Other (Specify)	E	astern	Shor	e Crem	ator	3/15 Ge	orgeto	wn, DE
examiner		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		Net Net	Nam F	s of facili	al Home		
		14 holes	vyoren (	F.S.D.				son Str		ston MD
or removal		23. PART I. Enter the diseases, o	e. List only one cause on a		not enter the	mode of dyir	ng, such a	a cardiac or reapi	ratory arrest,	Approximate interval Between
S E		IMMEDIATE CAUSE (Final	1 -	1		0	1	1		Onset and Death
cremation,		disesse or condition resulting in death)								
5 - 6			DUE TO (OR AS A	CONSEQUENCE O	F):	6				40
Hygiene prior to burial, or other traumatic e	CERTIFICATION	Sequentially list conditions,  DUE TRY(OR AS A CONSEQUENCE OF):								
prior t	X T	if any, leading to immediate cause. Entar UNDERLYING	Cell	ulit	-					2W
ther bear	FI	CAUSE (Disease or injury that initiated events	d events  OUE TO (OR AS A CONSEQUENCE OF):							
Mental Hygiene	ERI	resulting in death) LAST	vas	all	ou des	ease	104			
		PART II. Other significant conditi	one contributing to death	out,not.regulting	in the under	fying cause g	iven in Pa	rt I. Dan. WAS AN		16. WERE AUTOPSY FINDINGS
	ICAL	Drabet	is mel	lettes		100 E = 0 11107		PERFOR	1.	AMILABLE PRIOR TO COMPLETION OF CAUSE
of Health	MEDI	Chrone	e alead	aa les	un					1 TYES 2 NAME
pt. of		Chronie	obstun	etive	pu	mon	and	listase		· ·
State Dept. of Health Item 23 shows ar	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1.	HOSPITAL:	- (	STREET, STREET	M. PLACE OF DE	ATH TCheck	only one)		
or its	YSI	1 □ YES 2 NO	1 Impatient 2 - ER/Outs	patient 3 🗆 DOA	4 ☐ Nursing	Home S □ Res	sidence 6	Other (Specify)		
death with the smarked, or	PH	1 Natural 5 Pending	(Month, Day, Year)	29b. Till IN.	AE OF 26	WORK?		M. DESCRIBE HOW I	NJURY OCCURED	
mar	B	2 Accident Investigation	28s. PLACE OF HUJURY	/ - At home from	- ,	YES 2		M. LOCATION (Street a	and Munther or Shor	d Paris Market
after death with t	CD.	3 Sulcide 6 Could not a 4 Homicide determined	be building, etc. /Spe	city)	arrent, launing,		1.	City or Yearn, State)	ens resmape or rese	resum rumans
hours after Item 28 i		29a. CERTIFIER	VSICIAN: To the head of my know			44				
1 P	COMPL	coe)	YSICIAN: To the best of my know INER: On the basis of examination							e(a) and manner as stated.
filed within 72 PORTANT: If		25h. SIGNATURE AND TITLE OF CERTAF					NSE NUMBE			ED (Month, Pay, Year)
be filed within	H	(AMI	Ell-	- MD		Di	3.12	84	1 3/	15/91
- 4 =	2	40- NAME AND ADDRESS OF PERSON	WHO COMPLETEO CAUSE OF OR	EATH (ITEM 27) (Type	e, Print)	70.		0 1	1 (	
6		ANORTA	ALLEN	MD	40	BUX	12.	2 vola	5 6020	MA 21636
		31. DATE FILED (Month, Day, Young 91	32. REGISTRAR'S SIGN	NATURE Handa	60_					



DHMH-18 Rev 1/89

1 - FOR STATE REGISTRAR

- 1		24	ij
	30,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	en a service produce of the service of the form of the service of
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	cuted	d som
	9 X	8	000
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	118	ATTE	-
	5	OR	2010
D		K	100

F	1. OECEDENT'S NAME (First, Middle	, 2007						2. DATE MONT		NY .	YEAR	3. TIME OF OEATH
	Ernest				lland				ch 21		91	1625 p
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:		IF UNDER 1 Y	EAR	HOURS MIN.	7. OATE (Mont	OF BIRTH		Country	PLACE (State or Foreign
	214-30-0212	1 M 2 K F	59	YRS.					29,19			yland
	9a. FACILITY NAME (If not institution	n, give street and number)			9b. CITY, TO	O MWC	R LOCATION OF	DEATH		9c. COUNT	Y OF DE	ATH
2	Calvert Mem	orial Hos	pital		Pri	nc	e Fred	eric	k	Cal	ver	t
DIRECTOR		COUNTY		10c. CITY,	TOWN OR	LOCAT	ION					10d. INSIDE CITY
<b>5</b>	Maryland	Calvert			Prin	ice	Freder	ick			- 4	LIMITS?  1 YES 2 X NO
A P	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CITIZI	EN OF W	HAT COUNTRY?
E	520 Dorsey Road 20678 USA								1			
FUNER	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIG FORCES? 1 ☐ YES 2 ☑ NO  14. WAS DECENDENT OF HISPANIC ORIG								or No-		- American Indian, White, etc.	
BYF	1 ☐ Never Married 2 ☑ Married FORCES? 1 ☐ YES 2 ☑ IF YES, GIVE WAR OR DATES			NO			2 NO Spec		riican, eic.)		Specify	y:
			La s							1		Black
ETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)			ECEDENT'S L Give kind of we a. Do NOT use	ork done dur	ing mos	IN st of working	168	KIND OF BU	SINESS/INDU	STRY	
-1 1	Elementary/Secondary (0-12)	College (1-4 or t	(+)	afeter	-	ากา	car					
COMP	17. FATHER'S NAME (First, Middle,	netl		arece	LIA M	ana	18. MOTHER'S N	AME /Gleat	Middle Maiden	Sumamal		
- 1	Ford Jacks	and y							ckall	Surrenney		
H	19a. INFORMANT'S NAME (Type/Pri	nt)	19	b. MAILING	ADDRESS (	Street a	nd Number or Rura			n State Zin (	Codel	
임	Eugene Holla						d Prin					678
	20s. METHOD OF DISPOSITION		20b, PLACE	E AND DATE	OF DISPOS	ITION	(Name	DAT	E 20c. LO	CATION - C	Ity or Tov	vn, State
	1 M Buriel 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec		of cemetary Mt	Olive	e Chu	rch	Cemete	rv3/2	5/91 1	Prince	Fr	ederick,
	21. SIGNATURE OF FUNERAL SER				_		ID ADDRESS OF					
	1451 Dares Beach Rd.											
	Sewell Funeral Home Prince Frederick, Md  23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest,   Approximate											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING											
E	CAUSE (Disease or injury that initiated events resulting in death) LAST  d.											
ERT		d										
- 11		d	to deeth but not	resulting is	n the und	orlying	g ceuse given i	n Part I.	24a, WAS AN		24b.	
- 11	reaulting in death) LAST	d	to deeth but not	resulting in	n the und	ortying	g ceuse given i	n Part I.	PERFO	RMED3	24b.	WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU
- 11	reaulting in death) LAST	d	to deeth but not	resulting in	n the und	erlying	g ceuse given i	n Part I.		RMED3	24b.	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
MEDICAL	reaulting in death) LAST	d	to deeth but not	reculting in	n the und	ərlying	g ceuse given i	n Part I.	PERFO	RMED3	24b.	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
MEDICAL	PART II. Other aignificant of	NGAL		resulting in	n the und		g ceuse given i		PERFO	RMED3	24b.	AVAILABLE PRIOR TO COMPLETION OF CAU
SICIAN: MEDICAL	PART II. Other aignificant co	HOSPITAL:			OTHER:	26. PL		Check only o	PERFO	RMED3	24b.	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
SICIAN: MEDICAL	PART II. Other aignificant oc	HOSPITAL: 1   Inpatient 2	SER/Outpetlent OF INJURY	3 DOA	OTHER:	26. PL	ACE OF DEATH (to 5 - Residence	Check only o	PERFO	NO NO		AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
Y PHYSICIAN: MEDICAL	PART II. Other aignificant co	HOSPITAL: 1   Inpetient 2 28s. DATE (Month,	NER/Outpatient	3 DOA	OTHER:	26. PL	ACE OF DEATH (	Check only o	PERFO	NO NO		AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
D BY PHYSICIAN: MEDICAL	PART II. Other aignificant co	HOSPITAL: 1   Inpetent 2 28a. DATE (Month,	DER/Outpations DE INJURY Day, Year) OF INJURY — At h	3 DOA	OTHER: 4 Nursir E OF 2 URY M	26. PL og Hom 8c. INJ WO 1	ACE OF DEATH (to 5   Residence URY AT PKS 2   NO	Check only o	PERFOI  1 YES :  1 (Specify)  SCRIBE HOW	INJURY OCC	URED	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
TED BY PHYSICIAN: MEDICAL	PART II. Other aignificant oc  25. WAS CASE REFERRED TO MEI EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5 Pendi Invest	DICAL HOSPITAL: 1 Inpetient 2 28a. DATE (Month, not be 28a. PLACE	DER/Outpetient DE INJURY Day, Year)	3 DOA	OTHER: 4 Nursir E OF 2 URY M	26. PL og Hom 8c. INJ WO 1	ACE OF DEATH (to 5   Residence URY AT PKS 2   NO	Check only o	PERFOI  1 YES :  ne)  or (Specify)  SCRIBE HOW	INJURY OCC	URED	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	PART II. Other aignificant oc  25. WAS CASE REFERRED TO MEI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendi 2 Accident Invest 3 Suicide 8 Could 4 Homicide detern  296. CERTIFIER 1 CERTIFYIN	HOSPITAL: 1   Inpatient 2 28a. DATE (Month, 19stion not be hined	DER/Outpatient  DEF/Outpatient  DEF, Vear)  OF INJURY — At h  g, etc. (Specify)	3 DOA 28b. TIME INJECTION OF THE INJECTI	OTHER: 4   Nursir E OF URY M	26. PL og Hom 8c. INJ WO 1  v	ACE OF DEATH (to be 5 Pesidence URY AT PRICE 2 NO	Check only o	PERFOI  1 YES :  1 (Specify)  SCRIBE HOW  CATION (Street or Town, State	INJURY OCC	URED or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	PART II. Other aignificant of the control of the co	DICAL HOSPITAL: 1 Inpetient 2 28. DATE (Month, not be nined  G PHYSICIAN: To the best	DER/Outpetient DF INJURY Day, Year) OF INJURY — At h of my knowledge, d	3 DOA 28b. TIME INJ	OTHER: 4   Nursir E OF   2 URY M	26. PL lig Hom 8c. INJ WO 1 1 1	LACE OF DEATH (to be 5   Residence URTY AT THK? YES 2   NO	Check only o	PERFOI  1 YES :  In YES :	INJURY OCC	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificant of the control of the co	HOSPITAL: 1 Inpetient 2 28s. DATE (Month, ligation not be nined  G PHYSICIAN: To the best DEAMINER: on the contraction of	DER/Outpetient DF INJURY Day, Year) OF INJURY — At h of my knowledge, d	3 DOA 28b. TIME INJ	OTHER: 4   Nursir E OF   2 URY M	26. PL lig Hom 8c. INJ WO 1 1 1	ACE OF DEATH (to be 5 Residence URY AT PRICE)  YES 2 NO  and place, and deleath occured at the	28d. DE	PERFOI  1 YES :  In YES :	INJURY OCC	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CALOF DEATH?  1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	PART II. Other aignificant of the part of	HOSPITAL: 1 Inpetient 2 28s. DATE (Month, ligation not be inlined  G PHYSICIAN: To the best DEAMINER: on the contraction of the	DER/Outpetient DF INJURY Day, Year) OF INJURY — At h of my knowledge, d	3 DOA 28b. TIME INJ	OTHER: 4   Nursir E OF   2 URY M	26. PL lig Hom 8c. INJ WO 1 1 1	LACE OF DEATH (to be 5   Residence URTY AT THK? YES 2   NO	28d. DE	PERFOI  1 YES :  In YES :	INJURY OCC	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificant of the part of	HOSPITAL: 1   Inpatient 2 28a. DATE (Month, ligation not be inlined  28e. PLACE buildin  G PHYSICIAN: To the best EXAMINEN: on the passa of	DER/Outpatient Dely, Year)  Of INJURY — At h g, etc. (Specify)  of my knowledge, of examination and/or	3 DOA 28b. TIMMINJI 28b. TIMM inju	OTHER: 4   Nursir EURY M  Attreet, factor and at the tim n, in my opi	26. PL lig Hom 8c. INJ WO 1 1 1	ACE OF DEATH (to be 5 Residence URY AT PRICE)  YES 2 NO  and place, and deleath occured at the	28d. DE	PERFOI  1 YES :  In YES :	INJURY OCC	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CALOF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificant of the second of	DICAL HOSPITAL: 1 Inpetient 2 28a. DATE (Month, 10 Inpetient 2 28a. DATE (Month) 28a. DATE (Month) 10 Inpetient 2 28a. DATE (Month) 11 Inpetient 2 28a. DATE (Month) 12 Inpetient 2 28a. DATE (Month) 12 Inpetient 2 28a. DATE (Month) 13 Inpetient 2 28a. DATE (Month) 14 Inpetient 2 28a. DATE (Month) 16 Inpetient 2 28a. DATE (Month)	OF INJURY — At h of my knowledge, d examination and/or	3 DOA 28b. TIMMINJI 28b. TIMM inju	OTHER: 4   Nursir EURY M  Attreet, factor and at the tim n, in my opi	26. PL g Hom wo 1   vo	ACE OF DEATH (to be 5   Residence URTY AT PIKT? YES 2   NO e and place, and deleath occured at to	Check only of a 8 Oth 28d. DE 28f. LOCAL City	PERFOI  1 YES:   and Number of	URED  or Rural R  d. cause(s	AMALABLE PRIOR TO COMPLETION OF CALOF DEATH?  1 YES 2 NO  Noute Number,  and manner as state (Month, Day, Year)	
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificant of the part of	DICAL HOSPITAL: 1 Inpetient 2 8s. DATE (Month, Inpetient 2 8s. PLACE building G PHYSICIAN: To the best DAMINER: On the period of	OF INJURY — At h of my knowledge, d examination and/or	3 DOA 28b. TIME INJI	OTHER: 4   Nursir EURY M  Attreet, factor and at the tim n, in my opi	26. PL g Hom wo 1   vo	ACE OF DEATH (to be 5   Residence URTY AT PIKT? YES 2   NO e and place, and deleath occured at to	Check only of a 8 Oth 28d. DE 28f. LOCAL City	PERFOI  1 YES:   and Number of	URED  or Rural R  d. cause(s	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TEE: 311 MAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
Elizabeth Mae	Haydon						м	
		E (In vrs. last hirthday)	IF UNDER 1 YEAR	IF LINDER 24 MRS			THPLACE (State or Foreign	
		The second second	MONTHS DAYS	HOUSE MIN	(Month, Day, Year)	Cour	ntry)	
7 7 -		66 THS.					timore, MD	
THE RESIDENCE OF THE PARTY OF T			96. CITY, TOWN C	R LOCATION OF DE	HTA	9c. COUNTY OF	DEATH	
680 Americana Dri	ve, #		Annar	olis		Anne A	rundel	
RESIDENCE OF DECEDENT				/O110				
10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY	
MD Anne Ar	undel	An	nanoli				1 YES 2 NO	
10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
(00 1	11.41	_		thor		TICA		
DOU AMERICANA URI	Ve JE	O IN II S ADMED			IIC OBIGIN2 (Specify Von		CE American Indian	
ts F3/Never Married 2 Married FC	ORCES? 1 TYE	S 2 NO	If yes, sp	ecify Cuban, Maxica	n, Puarto Rican, atc.)	Bla	CE — American Indian, ick, Whita, atc.	
3 Widowed 4 Divorced	YES, GIVE WAR OR	DATES	1 🗆 YES	2 NO Specify	7.	Spe	Idhite	
15 DECEDENT'S EDUCATION		164 DECEDENTIE	LICHAL OCCUPATION	241	1465 KIND OF BUILD	INCREMINATE OF THE PROPERTY OF	White	
(Specify only highest grade complete		(Give kind of	work done during mo		166. KIND OF BUS	SINESS/INDUSTRY		
Elamentary/Secondary (0-12) Colle	ige (1-4 or 5 +)	me. Do NOT B	aw rollings.		1			
1.2	)	Budge	t Anal				nment	
						Surname)		
James Dolor Hayde	en			Elsie	Bonnert			
19a. INFORMANT'S NAME (Type/Print)	_	19b. MAILING	ADDRESS (Street a	and Number or Rural I	Route Number, City or Tow	n, State, Zip Code)		
		680	Amonio	ono Dni	wo Anna	nolis	MD 21/105	
200 METHIDO DE DISPOSITION	Τ,							
1 ☐ Buriel 2 😾 Cremetion 3 ☐ Removal fro	om Stata	other place)				- m 11.		
		<u>Metro Cr</u>				Ltimore	e, MD	
21. BIONATURE OF THERAE SERVICE LICENSEE	01111					D 0		
Date 1	6111		нагае	sty Fur	ierai nom	ie, P.A	•	
23 PART I Enter the diseases or compile	cations that cau	and the death. Do	not enter the mo	de of dylan euc	has cardiac or read	retory errest	Approximata	
shock, or hear failure. List or	nly ona cause or	asch lina.	not unter the me	and or aying, sao	it do cararos or toup.	and y divides,	Intarval Between	
IMMEDIATE CAUSE (Final	2.0		1				Onset and Death	
disease or condition s. Of May Offell Affects								
	OUE TO (OR A	S A CONSEQUENCE O	P:					
Sequentially list conditions, If any, leading to immediate								
ausa. Entar UNDERLYING								
that initisted events	DUE TO (OR A	S A CONSEQUENCE O	F):					
resulting in death) LAST								
PART II. Other algnificant conditions con						_		
PART II. Other algumeant policitions con	tributing to deati	but not resulting	In the underlyin	g causa given in			4b. WERE AUTOPSY FINDINGS	
Darober MK	tributing to deati	but not resulting	In the underlyin	g causa given in	PERFOR	RMED?	AMILABLE PRIOR TO COMPLETION DF CAUSE	
Dropoles me	tributing to deati	but not resulting	In the underlyin	g causa given in		RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
Dalete MK	tributing to deat	but not resulting	In the underlyIn	g causa given in	PERFOR	RMED?	AMILABLE PRIOR TO COMPLETION DF CAUSE	
Dalotes MK	tributing to deat	but not resulting	Stage	> rero	PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
DIRECT MAN CASE REFERRED TO MEDICAL	11/1/11/15	but not resulting	5/25F	g causa given in	PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	End	26. P	LACE OF DEATH (Ch	PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1	SPITAL: Inpatient 2 - error 28a. OATE OF INJUR	sutpetient 3 DOA	26. P OTHER: 4   Nursing Hon	LACE OF DEATH (Ch	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1	SPITAL:	sutpetient 3 DOA	26. P OTHER: 4   Nursing Hon AE OF 28c. IN. UJRY W	LACE OF DEATH (Ch	PERFOI  1 VES 2  eck only one)  8 Other (Specify)	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1  YES 2 NO 1    27. MANNER OF DEATH  1  Netural 5 Pending Investigation	SPITAL: Inpetient 2 - PTC (Month, Dey, Yea  28a. PLACE OF INJU	Supplier 3 DOA  NY 28b. Till IN  JRY — Al home, farm,	26. P OTHER: 4   Nursing Hon JURY W M 1	LACE OF DEATH (Ch. no. 8 Bestbance JURY AT 79K7 YES 2 \( \) NO	PERFORM  1 VES 2  eck only one)  8 Other (Specify)  28d. DESCRIBE HOW (Street	INJURY OCCURED	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	SPITAL: Inpatient 2 - erro 28s. OATE OF INJUR (Month, Day, Yes	Supplier 3 DOA  NY 28b. Till IN  JRY — Al home, farm,	26. P OTHER: 4   Nursing Hon JURY W M 1	LACE OF DEATH (Ch. no. 8 Bestbance JURY AT 79K7 YES 2 \( \) NO	PERFORM 1 VES 2  eck only one)  8 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURED	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 1  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined	SPITAL: Inpetient 2 - PTC (Month, Dey, Yea  28a. PLACE OF INJU	Supplier 3 DOA  NY 28b. Till IN  JRY — Al home, farm,	26. P OTHER: 4   Nursing Hon JURY W M 1	LACE OF DEATH (Ch. no. 8 Bestbance JURY AT 79K7 YES 2 \( \) NO	PERFORM  1 VES 2  eck only one)  8 Other (Specify)  28d. DESCRIBE HOW (Street	INJURY OCCURED	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 1 2  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be detarmined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	SPITAL: Inpatient 2 - 2000 28s. OATE OF INJUR (Month, Day, Yes 28s. PLACE OF INJUR building, stc. (5	Authoritem 3 DOA  Try 28b. Till  Try Al home, farm,  poorly)	26. P OTHER: 4   Nursing Hon AE OF JURY M 1   street, factory, office	LACE OF DEATH (Ch.  The 8 Best Bence  JURY AT  JURY AT  YES 2 NO  The end place, and due	PERFORM  1 VES 2  1 VES 2  1 VES 2  2 V	INJURY OCCURED and Number or Run	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	SPITAL: Inpatient 2 - 2000 28s. OATE OF INJUR (Month, Day, Yes 28s. PLACE OF INJUR building, stc. (5	Authoritem 3 DOA  Try 28b. Till  Try Al home, farm,  poorly)	26. P OTHER: 4   Nursing Hon AE OF JURY M 1   street, factory, office	LACE OF DEATH (Ch.  The 8 Best Bence  JURY AT  JURY AT  YES 2 NO  The end place, and due	PERFORM  1 VES 2  1 VES 2  1 VES 2  2 V	INJURY OCCURED and Number or Run	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 1 2  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be detarmined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	SPITAL: Inpatient 2 - 2000 28s. OATE OF INJUR (Month, Day, Yes 28s. PLACE OF INJUR building, stc. (5	Authoritem 3 DOA  Try 28b. Till  Try Al home, farm,  poorly)	26. P OTHER: 4   Nursing Hon AE OF JURY M 1   street, factory, office	LACE OF DEATH (Ch.  The 8 Best Bence  JURY AT  JURY AT  YES 2 NO  The end place, and due	PERFORM  1 VES 2  1 VES 2  2 Other (Specify)  2 Ed. DESCRIBE HOW (Street City or Town, State)  1 to the cause(a) and mail time, data and place, at	INJURY OCCURED and Number or Rum nner se stated, nd due to the cause	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	SPITAL: Inpatient 2 - 2000 28s. OATE OF INJUR (Month, Day, Yes 28s. PLACE OF INJUR building, stc. (5	Authoritem 3 DOA  Try 28b. Till  Try Al home, farm,  poorly)	26. P OTHER: 4   Nursing Hon AE OF JURY M 1   street, factory, office	LACE OF DEATH (Change & Bestitience JURY AT JURY 2 NO	PERFORM  1 VES 2  1 VES 2  2 Other (Specify)  2 Ed. DESCRIBE HOW (Street City or Town, State)  1 to the cause(a) and mail time, data and place, at	INJURY OCCURED and Number or Rum nner se stated, nd due to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO  al Route Number;  e(a) and manner as stated.	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SPITAL: Inpatient 2 - PRIO 28a. OATE OF INJUR (Month, Day, Yea 28a. PLACE OF INJUR building, etc. (5) To the best of my kr the best of axemine	Autpetient 3 DOA  Pry 28b. Till  Pry Al home, farm, specify)  nowledge, death occur  atton and/or investigate	26. P OTHER: 4   Nursing Hon ME OF JURY M 1   street, factory, office red at the lime, det- ton, in my opinion,	LACE OF DEATH (Change & Bestitience JURY AT JURY 2 NO	PERFORM  1 VES 2  1 VES 2  2 Other (Specify)  2 Ed. DESCRIBE HOW (Street City or Town, State)  1 to the cause(a) and mail time, data and place, at	INJURY OCCURED and Number or Run nner se stated, and due to the caus	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO  al Route Number;  e(a) and manner as stated.	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	SPITAL: Inpatient 2 - PRIO 28a. OATE OF INJUR (Month, Day, Yea 28a. PLACE OF INJUR building, etc. (5) To the best of my kr the best of axemine	Autpetient 3 DOA  Pry 28b. Till  Pry Al home, farm, specify)  nowledge, death occur  atton and/or investigate	26. P OTHER: 4   Nursing Hon ME OF JURY M 1   street, factory, office red at the lime, det- ton, in my opinion,	LACE OF DEATH (Change & Bestitience JURY AT JURY 2 NO	PERFORM  1 VES 2  1 VES 2  2 Other (Specify)  2 Ed. DESCRIBE HOW (Street City or Town, State)  1 to the cause(a) and mail time, data and place, at	INJURY OCCURED and Number or Run nner se stated, and due to the caus	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO  al Route Number;  e(a) and manner as stated.	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	SPITAL: Inpetlent 2	DEATH (ITEM 27) (Typ	26. P OTHER: 4   Nursing Hon ME OF JURY M 1   street, factory, office red at the lime, det- ton, in my opinion,	LACE OF DEATH (Change & Bestitience JURY AT JURY 2 NO	PERFORM  1 VES 2  1 VES 2  2 Other (Specify)  2 Ed. DESCRIBE HOW (Street City or Town, State)  1 to the cause(a) and mail time, data and place, at	INJURY OCCURED and Number or Run nner se stated, and due to the caus	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO  al Route Number;  e(a) and manner as stated.	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	SPITAL: Inpatient 2 - PRIO 28a. OATE OF INJUR (Month, Day, Yea 28a. PLACE OF INJUR building, etc. (5) To the best of my kr the best of axemine	DEATH (ITEM 27) (Typ	26. P OTHER: 4   Nursing Hon ME OF JURY M 1   street, factory, office red at the lime, det- ton, in my opinion,	LACE OF DEATH (Change & Bestitience JURY AT JURY 2 NO	PERFORM  1 VES 2  1 VES 2  2 Other (Specify)  2 Ed. DESCRIBE HOW (Street City or Town, State)  1 to the cause(a) and mail time, data and place, at	INJURY OCCURED and Number or Run nner se stated, and due to the caus	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO  al Route Number;  e(a) and manner as stated.	
	Elizabeth Mae  4. SOCIAL SECURITY NUMBER  2 10-14-5492  9a. FACILITY NAME (If not institution, give street and 680 Americana Dri RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD  Anne Ar  10c. STREET AND NUMBER  680 Americana Pri 11. MARITAL STATUS 11. MARITAL STATUS 12. W 15 Never Married 2 Merried 3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade comple Elamentary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  James Dolor Hayde  19a. INFORMANT'S NAME (Type/Print)  Wiola Canov  20a. METHDO OF OISPOSITION 1 Burlel 2 Grametion 3 Removal from 1 Burlel 2 Grametion	Elizabeth Mae Hayden  4. SOCIAL SECURITY NUMBER  210-14-5492  9a. FACILITY NAME (If not Institution, give street and number)  680 Americana Drive, #  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD  Anne Arundel  10c. STREET AND NUMBER  680 Americana  11. MARITAL STATUS  12. WAS DECEDENT EVER FORCES? 1   VE. IF YES, GIVE WAR OR  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middia, Last)  James Dolor Hayden  19a. INFORMANT'S NAME (Type/Print)  Viola Candy  20a. METHDO OF OISPOSITION  11 Burles 2 Secrementon 3   Removal from State  4   Donation 8   Other (Specify)  21. BIGNATURE OF MIS RA SETNICE UCENSEE  23. PART I. Enter the disease, or complications that cause shock, or heart failure. List only one cause or IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  OUE TO (OR A. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR A. DUE	Elizabeth Mae Hayden  4. SOCIAL SECURITY NUMBER 2 10 - 14 - 5492  5. SEX 1	Elizabeth Mae Hayden  4. SOCIAL SECURITY NUMBER 2 10 - 14 - 5492  9. FACILITY NAME (If not Institution, give street and number) 680 Americana Drive, #  RESIDENCE OF DECEDENT  100. STATE 101. COUNTY 102. STREET AND NUMBER 680 Americana Drive, #15 11. MARITAL STATUS 103. STATE 104. COUNTY 105. STREET AND NUMBER 680 Americana Drive, #15 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 WES 2 WAS DECEDENT EVER IN U.S. ARMED IT YES, GIVE WAR OR DATES  13. WAS OBE FORCES? 1 WES 2 WAS DECEDENT SUBJECT OF ORCES? 1 WES 2 WAS DECEDENT'S EDUCATION (Speedy) only highest grade completed)  [Speedy only highest grade completed)  Elementary/Secondary (0-12) 205. METHOD OF OISPOSITION 1 WES DATE OF OISPOSITION 1 WE relief of the place)  1 WES DECEDENT'S USUAL OCCUPATIN (She kind of work done during months to be completed)  1 WES DATE of DISPOSITION (Name of conditions, which, or hear failure. List only one cause on each line.  1 Wes To (OR AS A CONSEQUENCE OF):  1 SEQUENTIAL II Enter the dispassed, or complications that caused the death. Do not enter the months of the place of the pl	Elizabeth Mae Hayden  4. SOCIAL SECURITY NUMBER 210-14-5492  1	Elizabeth Mae Hayden  5. SEX  6. AGE (In yrs. list birmday)  7. DATE OF BIRTH 210-14-5492  11 M 2 [XF 66 Y88.  60 Y88.  60 Americana Drive, #  FINDER 1 YEAR FUNDER 1 YEAR	Elizabeth Mae Hayden  S. SEX  S. AGE (In yra. last birmday)  F. INDER I TEAR  F. UNDER 2x IRS.  T. DATE OF BIRTH  (Moort), Day, Year  210-14-5492  I. M 2 XF  66  YRS.  S. AGE (In yra. last birmday)  B. CITY, TOWN OR LOCATION OF DEATH  S. COUNTY OF  680 Americana Drive,  Annapolis  TOB. COUNTY  TOB. STATE  TOB. STATE  TOB. COUNTY  TOB. STATE  TOWN OR LOCATION  TOWN OR LO	

BALTIMORE, MARYLAND 21203-3146

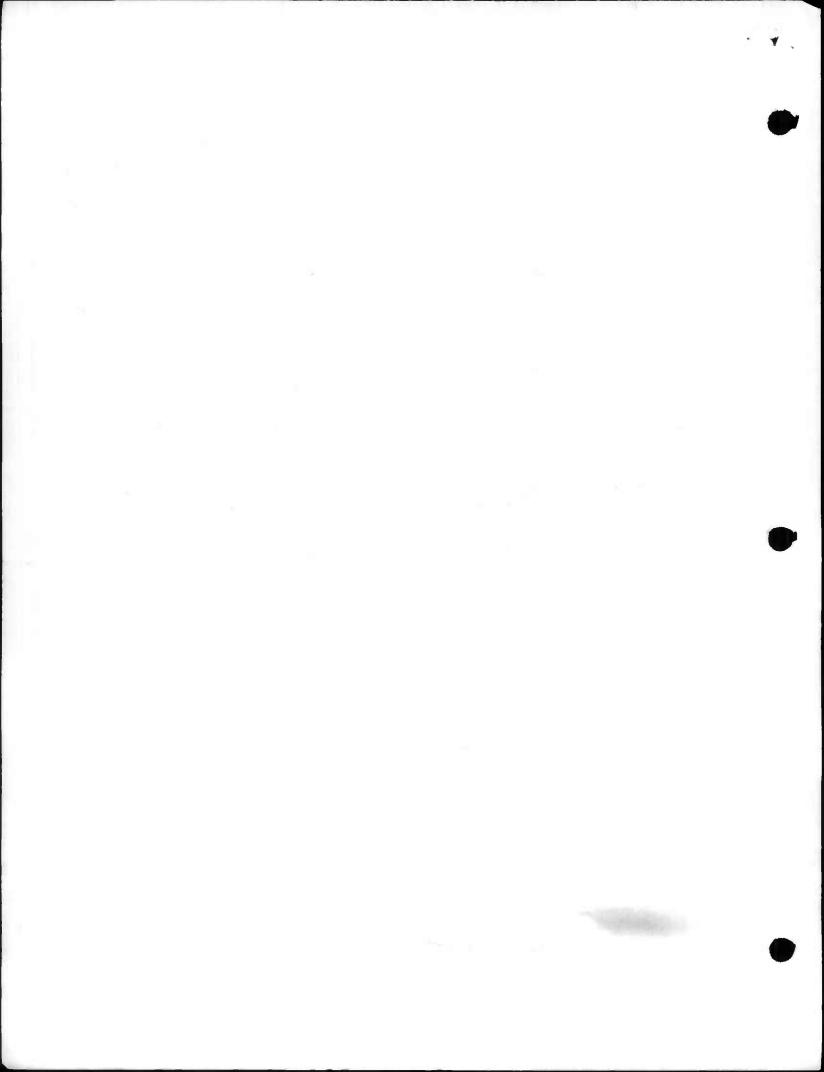
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE HOP-TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

THE HOP-TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89



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F VII AL RECORDS, P.O. BOX 68/60	law requires that the death certificate be
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10101	OR ATTENDING PHYSICIAN: T
DIVISION OF	ATTENDING
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pinou		9a. FACILITY NAME (If not institution, give
permit. Pages 1. 2, 3 should	TO BE COMPLETED BY FUNERAL DIRECTOR	NORTH ARUNDEL HO
- SS	ECT	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT
Page	DIR	MARYLAND A
ermit	N.	10e. STREET AND NUMBER
. ist	ER/	100 LINCOLN A
physician. bunal-transit	5	11. MARITAL STATUS
or death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial- val.	YF	1 Never Married 2 Married 3 Widowed 4 Divorced
as the	DB	15. DECEDENT'S EDI
or att	ETE	(Specify only highest grad
retained by the hospital or att. 5 should be detached for use notified at once.	PLI	Elementary/Secondary (0-12)
e hore	ON	17. FATHER'S NAME (First, Middle, Last)
by th	EC	JOHN HUDSO
shouk	OB	19a. INFORMANT'S NAME (Type/Print)
ay be re page 5:	F	JOSEPHINE M. H
N. The three controls, the control of the control o		20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Res
age 6 direct		4 Donation 6 Other (Specify)
min P		21. SIGNAL DIE OF MARINE SERVICE E
the fu		Lary
n by remo		23. PART I. Enter the diseases, or shock, or heart failure
1. The law requires that the death certificate be executed within 24 hours after death. Page 6 microtaches have a signed by the attending physician and completely filled in by the funeral director, State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	- 1	IMMEDIATE CAUSE (Finel
thin thin setely ematic		disesse or condition resulting in death)
w. The factories that the death certificate be executed with the cate has been signed by the attending physician and complete State Dept. of Health and Mental Hygiene prior to burial, cremitem 23 shows any injury, or other traumatic event		
and and o bur	ON	Sequentially list conditions,
sician orior 1	SAT	if sny, lesding to immediate cause. Enter UNDERLYING
tifical g phy iene i	JEI(	CAUSE (Disease or injury that initieted events
th certification that the second that the seco	ERI	resulting in desth) LAST
he at Ment	C	PART II. Other significent condition
d by and	CA	
signe signe Health	ED	
been t, of	3	
he lav thas e Dep	IAN	25. WAS CASE REFERRED TO MEDICAL
AN: T inficate State	SIC	1 Tyes 2 No
YSICIAL S certiff th the bd, or	PHYSICIAN: MEDICAL CERTIFICATION	27. MANNEY OF DEATH
DING PHYS After this of death with	37 6	1 Natural 5 Pending 2 Accident Investigation
R. An	D	3 Suicide 6 Could not be
LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician LOR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	LETED BY	
를 들는 이 다	APL	29a. CERTIFIER (Check only one)
DAER OHEN	CO	2   MEDICAL EXAMIN
CA PAGE	BE (	296. SIGNATURE AND TITLE OF CURTIFI
PERM	0	Ansagara. )

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMI			ENTAL HYGIENI REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) CHARLES J		HUDS	SON		2. DATE OF DEATH MONTH DA 21	91	3. TIME OF DEATH 07:59 AM M
215-10-2416	XM 2 □ F 78	YRS. MONT		HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12 04	12	BIRTHPLACE (State or Foreign Country)  MARYLAND
9a. FACILITY NAME (If not institution, give street NORTH ARUNDEL HOSE RESIDENCE OF DECEDENT	,			BURNIE	тн	A.	A. COUNTY
MARYLAND AND	NE ARUNDEL	10c. CITY, TO	WN OR LOCAT	BURNIF			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER  100 LINCOLN AVE	ENUE S.W.		101	21061			S.A.
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 1 YES 2 IF YES, GIVE WAR OR DATE	2 NO	If yes, spe	ENDENT OF HISPANIC celfy Cuban, Maxican, 2 NO Specify:	C ORIGIN? (Specify Yea Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, atc. Specify: WHITE
15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12) 1/2	TION 16 Inpleted) College (1-4 or 5 +)	e. DECEDENT'S USU/ (Give kind of work of life. Do NOT use retil CHAUFF	tone during mo red.)	N st of working	166. KIND OF BUS	ICKING	
17. FATHER'S NAME (First, Middle, Last) JOHN HUDSON				18. MOTHER'S NAM CECEI	E (First, Middle, Maiden	Surname)	)R
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a	nd Number or Rural Ro	oute Number, City or Town	, State, Zip Coo	<sup>50)</sup> 21061
JOSEPHINE M. HUI	SON	100	LINCO	LN AVEN	UE S.W.	GLEN	BURNIE, MD.
20a. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Remova  4 Donation 6 Other(Specify)		LACE AND DATE OF			1 4 .	RIDGE	or Town, State
21. SIGNATURE OF THE SERVICE LICEN	J. Koufr	nem	RAYMO		INK FUNE		HOME 21061 JRNIE,MD.
23. PART I. Enter the diseases or conshock, or heart failure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CC	Pneu Pneu ONSEQUENCE OF:	atry		nary &	Lask	interval Between Onset and Death
cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in desth) LAST	Pullar	elevote arellivasime I visilar onsequence per:					1095
PART II. Other significent conditions of	contributing to deeth but	not resulting in th	e underlyin	g ceuse given in F	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	07	26. PI	ACE OF DEATH (Che	ck only one)		
1 □ YES 2 NO 1	Ø Inpatient 2 ☐ ER/Outpatie			e 5 🗆 Residence (	Other (Specify)		
27. MANNEN OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 🗆	PRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street	t, factory, offic	•	26f. LOCATION (Street a City or Town, State)	and Number or I	Rurel Route Number,
Torreon only	N: To the best of my knowled On the bale of examination						suse(a) and menner as stated.
296. SIGNATURE AND TITLE OF CHRITIFIER	Becom 14			DI352	BER	≥ 3 DATE	GNEO (Morith, Day, Year)
RICHARD A. BAUM M.				ASADENA	MARYLAND	21122	1
	D. 70023-D KI	OHIL HILOI	IWMI/I	HUNDHINN,	TIMICILIAND	21122	

MAR S & 1891 June March

DIVISION OF VITAL RECORDS, F.C. BOX 13146, BALLIMONE, MARILAND 21203-3140	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% would after death. Page 6 may be retained by the hospital or attending physician.	LINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a fund the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TINT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
200	cate be executed	hysician and co prior to burial	er traumatic
5	eath certific	attending pt rtal Hygiene	y, or othe
,כמחט	s that the de	ined by the sittle and Men	any injur
חבר -	law require:	as been sig	23 shows
N N	CIAN: The	ertificate he the State D.	or item
P	ING PHYSIC	After this ce	marked,
N S	R ATTEND	LINERAL DIRECTOR: After this of the Init of To hours after death with	nm 28 is
2	SPITAL 0	NERAL DI	WT: If he
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND A		ENT OF HI		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest)	Howes				2. DATE OF DEATH DO	YEAR 9 9/	3. TIME OF DEATH
	212-32-8698 1	SEX 6. AGE (In yrz. In	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  6-19-	35 Co.	ontheLace (State or Foreign Intry)  laryland
TOR	98. FACILITY NAME (If not institution, give street  Anne Arundel Me RESIDENCE OF DECEDENT		1		a polis	ATH	ac. county of	Arundel
DIRECTOR	10e. STATE 10b. COUNTY	Arundel	10c. CITY, T	own or Locati				10d. INSIDE CITY LIMITS? 1 2 YES 2 NO
FUNERAL	10s. STREET AND NUMBER 523 State Stree			2	21P COOE 1403		U.	S A .
BY FUI	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES		If yes, spe		IIC ORIGIN? (Specify Year, Puerio Rican, etc.)		ACE — American Indien, ack, White, etc. echy: White
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	college (1-4 or 5+)	Give kind of work le. Do NOT use re		t of working tronic	CHEST AND CAMP	SINESS/INDUSTRY	
COMP	8 17. FATHER'S NAME (First, Middle, Last)		Fechni	cian		ME (First, Middle, Maiden		V
TO BE	Enoch Howes  190. INFORMANT'S NAME (Typo/Print)	95			d Number or Rural F	E. Rodge	n, State, Zip Code)	
	Jean Howes  28a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State other p	E OF DISPOSITION		etery, crematory or	Annapol	CATION — City or	Town, State
	21. SIGNATURE OF TUNERAL SERVICE LICENT	Laylor		Taylo	r Fune:	ral Chape	el	21401
	23. PART I. Enter the diseases, pr com shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	plications that caused the dt only one cause on each lin	llul	enter the mod	received and the second	h se cardlec or resp	iratory srrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, lesding to immediate csuse. Enter UNDERLYING CAUSE (Disesse or Injury	DUE TO (OR AS A CONSE	EQUIENCE OF):	eirly	our			
CERTIF	that initiated events resulting in death) LAST	DUE TO (UN AS A CONSE	EGUENCE OF J.					
MEDICAL	PART II. Other significant conditions of	ontributing to death but not	resulting in t	he underlying	cause given in	Part I. 24s. WAS AN PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL			28 91	ACE OF DEATH (Ch	eck ank one)		1 TYES 2 1-NO
PHYSICIAN:	EXAMINER?	OSPITAL:  D'Inpetient 2 ER/Outpetient  28s. DATE OF INJURY		THER:	5 Residenca	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	
B≺	1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Year)  28e. PLACE OF INJURY — At h	INJUR	M 1 🗆 Y	RK? ES 2 NO	281. LOCATION (Street	end Number or Rui	
LETED	4 Homicide determined	building, etc. (Specify)  N: To the best of my knowledge, of	death occurred	at the time, date	end place, end due	City or Town, State		
COMPLET	(Check only	On the besis of examination and/or				time, date and place, a	nd due to the caus	se(e) end manner as stated.  4ED (Mpnth <sub>e</sub> Day, Year)
10 BE	30. NAME AND ADDRESS OF PERSON WHO C	DURA PL	EM 27) /5/00, Pr	(nt)	DIG	729	► 70	Mo191
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	106	ELY 17	ve, St	e131, H	nnap	,471), 2140/
	MAR 2 1 1991 9	while Davidson-Rand	-					

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TEPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h
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		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN REG. NO	_		
		1. DECEDENT'S NAME (First, Middle, Last)	11-				2. DATE OF DEATH DATE OF	AY / O XE		TIME OF OEATH
		CHARLES BY	MEHEWLT	In yrs. lest birthdey)	* ************************************	IF UNDER 24 HRS.			<u> </u>	320 AMM
25		082188617	1 2 1 F	69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	Jan. 30, 1	922	New	York
2, 3 should	OR	90. FACILITY NAME (If not institution, give st Howard County		spital		on Location of DE	EATH	9c. COUNTY		
←*	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			Y, TOWN OR LOCA	ATION			100	I. INSIDE CITY
permit. Pages	DIR	Maryland How	ard		Columb	oia			1 [	LIMITS?
E. Beca	3AL	10e. STREET AND NUMBER			1	of. ZIP CODE		10g. CITIZEN		COUNTRY?
physician. burial-transit	FUNERAL	6577 Quiet Ho	urs T-2	IIS ARMED	13 WAS DE	21045	NIC ORIGIN? (Specify Yes	U.S	-	American Indian,
		1 Never Married 2 Merried	FORCES? 1 X YES	2 NO	If yes, s		m, Puerto Rican, etc.)	14.	Black, Wi Specify:	nite, etc.
attending se as the	) BY	3 Widowed 4 Divorced	WWII						Whi	te
	TED	15. OECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of life. Do NOT u	S USUAL OCCUPAT work done during n me retired.)	ION nost of working	16b, KINO OF BU	SINESS/INOUS1	RY	
	IPLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Sa	lesman		Real	Esta	te	
the hospital detached fo	COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden	Sumame)		
क दें	BE (	Charles Byrne	Hewitt				thy Smith			
retained 5 should notified	0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			MD 21403
ay be page t	·	Robert Hewitt	206			a peake t	larbor Dr	CATION - City		
Jeath. Page 6 may be funeral director, page xaminer must be		1 Depetion 5 Other (Specify)	oval from State	other place)		Cremato	rv Ale	xandr	ia.	VA
death. Page tuneral direct.		21. SIGNATURE OF FUHERAL SERVICE LIC	ANGEL //	/	22. NAME	AND ADDRESS OF FA	ciuty ral Chap			21401
ter death. the funera		Tonalor XI	· Lus Yer				ster St.,			
E 3 & a		23. PART I. Enter the diseases, or o	complications/that caused	the death. Do	not enter the m	ode of dying, suc	h as cardiac or reap	iratory arrest	,	Approximete interval Between
OF BOE		IMMEDIATE CAUSE (Final	3							Onset and Death
ed within 24 ompletely fille il. cremation.		disease or condition resulting in death)	DUE TO (OR AS	Ann						Mulih
B 2 - 6	_		Soull cell							Dre mue
e be execut sician and c prior to buria traumatic	ERTIFICATION	Sequantielly list conditions, if eny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):					
	CA	CAUSE (Disease or Injury	c. Jeun 10	PONSEQUENCE O	1 usufo	eng				
Sing Sing	ᇤ	that initiated events resulting in death) LAST	. OUE TO (ON AS A	CONSECUENCE	<i>A</i> -1.					
	ပ	DARK II OU - I OUT - I OUT	d				I			
- PB -	CAL	PART II. Other significant condition	s contributing to death b	out not resulting	in the underlyi	ng cause given in	PERFO	RMED?	AVI	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE
= % = <b>6</b>	MEDIC						1 🗆 YES :	NO	OF	DEATH?
w requires been sign nr. of Heal							_		1	_ 120 2 _ NO
V: The law icate has be State Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOCRITAL			PLACE OF DEATH (C)	neck only one)			
SICIAN: The certificate I the State	YSIC	1 TYES 2 NO	HOSPITAL: 1 - inpetient 2 - ER/Outp			ome 5 🗆 Residence				
NG PHYSIC frer this ce sath with tr marked,	ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Ti	IJURY Y	NJURY AT YORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	.ED	
TTENDI TOR: A after d	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, streef, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, streef, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Ro. City or Town, State)									Number,
3 4 K =	COMPLET	(Orack Oray	ICIAN: To the best of my know						ause(s) en	d manner ee stated.
THE HOSPI THE RUNER SIG WITHIN	H	and Algerature and Title of Certifie				29c. LICENSE NU	MBER	29d. DATE 8		onth, Day, Year)
( b	۶	30. NAME AND ADDRESS OF PERSON WH	- 22	EATH (ITEM 27) (Typ.	e, Print)					
$\sim$		31. DATE FILED (Month, Day, Year) MAR 1 8 1991	32. REGISTRAR'S SIGN							
		1	U							DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should		
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be exec	ian and	or to be	anmat
ificate	physic	one pric	her tra
th cert	tending	al Hygie	or of
the dea	the at	1 Memb	injury,
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require	een sig	of He	shows
4YSICIAN: The law requires that the death certificate be executed within 2. Are siter beath. Page 6 may be retained by the hospital or attending physician.	e has b	with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
JAN: T	irtificate	he Stat	or ite
PHYSIC	this ce	with th	rked,
NDING	: After	r death	is ma
ATTE	RETIDA	m after	m 28
M 09	AL DE	72 100	H Ho
3	FUN	-	TAME
Æ	日本	Page	MPOR

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	E	U	0117
	DECEDENT'S NAME (First, Middle, Last)		OEIIII IO	TIE O.	DEATT	2. DATE OF OEATH	. 10	3.	TIME OF DEATH
	Lois	Frances	Hynes			03/16/		AR	м
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (II		INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.1	BIRTHPLA Country)	CE (State or Foreign
	215-14-3175 9a. FACILITY NAME (If not institution, give stre	1 M 2 F	67 YRS. MON		HOURS MIN.	03/09/24		MD	
DIRECTOR	943 Lake Drive			Arnold				-	indel
E C	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ON			100	I. INSIDE CITY
듬	MD Anne	e Arundel	Arno	ld				1 [	YES 2 NO
FUNERAL	10. STREET AND NUMBER 943 Lake Drive			101.	ZIP CODE 210	12	10g. CITIZEN	of what	COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ABMED			IC ORIGIN? (Specify Yes	or No.— 14.	RACE -	American Indien,
BYF	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TYES IF YES, OIVE WAR OR DA		1 Tyes, spe		n, Puerto Ricen, atc.) :		Specify:	hite
	15. DECEDENT'S EDUCA (Specify only highest grade c	ATION completed)	16s. DECEDENT'S USU (Give kind of work life. Do NOT use reti	AL OCCUPATIO	N at of working	16b. KIND OF BU	SINESS/INDUST		WIT CG
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)							
Š	17. FATHER'S NAME (First, Middle, Lest)		Homemak	or	18. MOTHER'S NAI	Hom≘ ME (First, Middle, Meiden	Surname)		
	Elisha Lynch					n Williams	•		
B	19e. INFORMANT'S NAME (Type/Print)	<del></del>	19b. MAILING ADD	RESS (Street a		Poute Number, City or Tow		de)	
2	Mrs. Mary Bodnar	c	2631 Co	x Neck	Rd.	Chester		MD	21619
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remove	val from State 20b.	PLACE OF DISPOSITIO	N (Name of cen	netery, crematory or	20c. LO	CATION — City	or Town,	State
	4 Donation 5 Other (Specify)		Meadowridg		Dk D ADDRESS OF FA	Dors	2		
	Goas.	3ama	-			al Home Se	Ritchie everna	_	
	23. PARTA. Enter the disesses, or co	omplications that caused	tha death. Do not	nter tha mo	de of dying, suci	h ss cardisc or resp	iratory screst	,	Approximate
	shock, or heart failure. L IMMEDIATE CAUSE (Finel	lat only one causs on ac		*	C 6	1			Interval Between Onset and Death
	disease or condition resulting in dasth) s	Metasta	tic Car	Cham	c of th	e Lung			Zmonths
		DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
CAT	cause. Enter UNDERLYING CAUSE (Disassa or Injury								
	thet initieted events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
SER	d								
AL (	PART II. Other significent conditions	contributing to deeth be	ut not resulting in th	e underlying	csuse given in	Part I. 24s. WAS AN			RE AUTOPSY FINDINGS
						1 YES :	NO		MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDIC						_		1 [	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 81	ACE OF OEATH (Ch	ant anti-anni			
22	EXAMINER?	HOSPITAL:		HER:		8 Other (Specify)			
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		RK? /ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stree	t, factory, offic		28f. LOCATION (Street City or Town, State		Rural Rout	n Number,
E	29a. CERTIFIER								
COMPLETED	(Check only	CIAN: To the best of my knowledge. On the beals of examination						euse(s) sr	d manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIED	// /			29c. LICENSE NUI	WBER	29d. DATE 8	GNED (M	onth, Day, Year)
O BE	Kan Mil	hamlel	- MO		0370	64	> 3/	16/	11
٥	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	1)	1 (eD		E	1	01
	31. DATE FILED (Month, Day, You)	32 MEGISTRAR'S MON	ATTICL.	- 1	Arno	U IU EU I	1 7	75	mila
	1 SAININT O 1221 Y	the veridan-No				, me	~ ~	,0	₹.

BALTIMORE, MARYLAND 21203-3146

OVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

	* REGISTRAR		CERTIF	ICALE	F DEATH	REG. NO	١.		
i b	1. DECEDENT'S NAME (First, Middle, Last)	IF WI	LLIAMS	HA	art	2. DATE OF DEATH:	15/	YEAR 3. TIME OF GEATH	
- 1	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YE	IF UNDER 24 HRS.	7. DATE OF BIRTH	77	6. BIRTHPLACE (State or Foreign	
	231-32-9011	1 🗆 M 2 💢 F	68 YRS.	MONTHS DA		(Month, Day, Year) 9/28/2		USA VA.	
	9a. FACILITY NAME (If not institution, give atr	reet and number)		9b. CITY, TO	VN OR LOCATION OF O	EATH	9c. COUR	NTY OF DEATH	
DIRECTOR	PENINSULA GENERAL	HOSPITAL		SALIS	BURY		WIC	OMICO	
5	RESIDENCE OF DECEDENT								
# 1	10a, STATE 10b, COUNTY			Y, TOWN OR LO				10d. INSIDE CITY LIMITS?	
₽	Virginia Accom	ack	. N∈	ew Chur	ch (Rt.	<i>#</i> 13)		1 YES 2 X NO	
4	10e. STREET AND NUMBER				10f. ZIP CODE			ZEN OF WHAT COUNTRY?	
FUNERAL	Rt. #13				23415			USA	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER				NIC ORIGIN? (Specify Ye	a or No-	14. RACE — American Indian, Black, White, atc.	
	1 Never Married 2 💢 Married	FORCES? 1 YE			yes 2x NO Specify			Specific	
BÝ	3 Widowed 4 Divorced				717			White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		18a. DECEDENT'S	USUAL OCCUI	ATION	16b. KIND OF BU	ISINESS/IND	DUSTRY	
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	most of working				
로	6		Housev	ife .		Domest	ic		
ō	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider	Surname)		
	Ralph Corbin	WILLIAMS			Lacie	e Ellen Wi	HITE		
H	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St		Route Number, City or Tox		Cade)	
2	Elsie Mae Hart		P. (	) Rox	345 Acc	omac, Virg	inia	23301	
	20a METHOD OF DISPOSITION	T			cemetery, crematory or			City or Town, State	
	1) Burial 2 Cremation 3 Remo	oval from State	other place)						
	21. SIGNATURE OF FUNERAL SERVICE LIC		DOWNTING	ning's Cemetery Oak Hall, VA.					
	011	11'0'				ksley Fune	ral H	lome, Inc.	
	Sohn J. Z.	Ullian	20	Rt.	#176. Par	ckslev. VA	. 234	21	
	23. PART i. Enter the diseases, or c shock, or heert feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause or	ulmon	aux	arrest	•		Interval Between Onset and Death 2 kg -	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	sepois,	Chalar	git	1 /2 hrs 1405-			
اب	PART II. Other significant condition	a contributing to deat	h but not reaulting	in the under	lying ceuse given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDICAL						1 TYES		COMPLETION OF CAUSE OF DEATH?	
								1 YES 2 NO	
Σ						— I			
AN	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATH (C	heck only one)			
PHYSICIAN:	EXAMINER?	HOSPITAL:	Nutration of Control	OTHER:					
14.5	27. MANNER OF DEATH	26a, DATE OF INJUI			Home 6 Residence	28d. OEŞCRIBE HOW	IN ITIES OC	CURED	
ВУ Р	1 Netural 6 Pending	(Month, Day, Yes		JURY	WORK?	200. OLGONIDE NOV		001125	
	2 Accident Investigation 3 Suicide a Could not be	28s. PLACE OF INJU- building, stc. (3	URY — At home, ferm,	street, factory,	offica	28f. LOCATION (Stree City or Town, Stat		r or Rural Route Number,	
巴	4 Homicide determined		,				-/		
COMPLETED	(Oriock Orny	CIAN: To the best of my ki						nted.	
8	29b. SIGNATURE AND TITLE OF CERTIFIER								
TO BE	Thura. N	outenb-	1		D/58	5 M	29d. DA1	3/15/91	
F	30. NAME AND ADDRESS OF PERSON WH	vision ST	. Su	isbur	i mo	1, 7	2180	1	
5	31. DATE FILED (MONTO Day, Year) 1	32. Paris PARON	AND HE Handa	92_	·				
~		-							

	2, 3	FUNERAL DIRECTOR	6137 Snow	Hill R	load	
	es 1,	EC	10a. STATE	10b. COUNTY	1	
	t. Pages	H	Maryland	Wor	cester	
	permi	4	10e. STREET AND NUMBER			
	n. ansit	띮	6137 Sn	ow Hil	1 Road	
10	Siciar ial-tra	5	11. MARITAL STATUS		12. WAS DECEDENT EV FORCES? 1	
3146	ling phy the bu	B	1 Never Married 2 💢 3 Widowed 4 Divo	Married roed	IF YES, GIVE WAR	
03-	attend Se as	8	15. OEC	EOENT'S EOUG y highest grade	CATION completed)	
212	ay be retained by the hospital or attending physician, page 5 should be detached for use as the burial-transit permit, the notified at once.	COMPLETED	Elementary/Secondary (0		College (1-4 or 5+)	
N	detach	OM	17. FATHER'S NAME (First, M	liddle, Last)		
7	at be	<u></u>	John H.	Hickm	an Sr.	
A.	5 should notified	TO BE	19a. INFORMANT'S NAME (	lype/Print)		
×	e 5 s	۲	Vaughn :	L. Han	cock	
ORE,	e 6 may be ector, page must be		20a. METHOD OF DISPOSIT  1 XBurial 2 Crematic  4 Donation 5 Other	on 3 🗆 Reme	oval from State	20b
BALTIMORE, MARYLAND 21203-3146	death. Page tuneral dire J.		21. SIGNATURE OF JUNERA		Cooper /	
/B	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician FINEFAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  ITANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.			sart fallure.	complications that ca List only one cause	
146,	completely rial, crematic		resulting in dasth)	<b>→</b>	S. TIN DUE TO (OF	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	he death certificate be executed the attending physician and con Mental Hygiene prior to burial, njury, or other traumatic e	PHYSICIAN: MEDICAL CERTIFICATION	Sequantisily list condit if sny, lasding to imme csuse. Entar UNDERLY CAUSE (Disesse or Inju	diats	OUE TO (OR	
P.O. E	eath certificat attending phy mal Hygiene p	CERTIF	that initiated events resulting in death) LAS	T L	d	AS A
SONO,	s that the deat ned by the atte lith and Mental any Injury,	DICAL	PART II. Other significa	ant condition	na contributing to da	ath b
REC	SICIAN: The law requires the certificate has been signed in the State Dept. of Health if, or item 23 shows and	N: ME				
/ITAL	AN: The la fificate has State De	SICIA	25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	R/Out
OF	ther this certificate with the seath with the marked, or	у РНУ		Pending Investigation	26a. DATE OF IN. (Month, Day,	JURY Year)
ISION	OR ATTENDING P DIRECTOR: After thours after death thours after death	TED BY	2 Accident 3 Suicide 6 Homicide	Could not be determined	28e. PLACE OF If building, atc	JUR (Spe
20	HOSPITAL OR A FUNERAL DIREC WITHIN 72 hours TANT: If Item	COMPLETED	cool only		ER: On the best of my	
- Contraction	HE HOSPITAL  HE FUNERAL  HE WITHIN 72  HE WITHIN 72	Ш	296. SIGNATURE AND TITL	E OF CERTIFIE	IR COLO	

1 - STATE REGISTRAR	STATE OF MA			OF HEALTH AND OF DEATH	MENTAL HYGIEN				
1. DECEOENT'S NAME (First, Midd	le, Last)	i			2. DATE OF DEATH		3. TIME OF DEATH		
Elizabeth	Rachel Hanco	ck			March 14	, 1991 YEA	l A M		
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday			7. DATE OF BIRTH	8. B	RTHPLACE (State or Foreign ountry)		
225 14 3451	1 □ M 2 🔯 F	70 YRS.	MONTHS E	DAYS HOURS MIN.	(Month, Day, Year) 6/19/2	0 V	irginia		
9a. FACILITY NAME (If not institution	on, give street and number)		9b. CITY, T	OWN OR LOCATION OF O	EATH	9c. COUNTY C	OF OEATH		
6137 Snow Hi				Snow Hill		Wo	rcester		
RESIDENCE OF DECEDE	COUNTY	100 0	ITY, TOWN OR	LOCATION			10d. INSIDE CITY		
	Worcester	100.0		Hill			LIMITS?		
Maryland	MOLGERGEL		DIIOW	10f. ZIP CODE		10g CITIZEN	1 YES 2 NO		
C-1,400	Hill Road			21863		US			
11. MARITAL STATUS	12. WAS DECEDENT 6	EVER IN U.S. ARMEO	13. WII	IS DECENDENT OF HISPA	NIC ORIGIN? (Specify V	-	ACE — American Indian,		
1 Never Married 2 🔀 Marri	EODOEGO 4	YES 2 NO	H y	res, specify Cuben, Mexic YES 2 X NO Speci	an, Puerto Rican, etc.)	3	Black, White, atc.		
3 Widowed 4 Divorced	11 125, 0172 751	ON DATES	1	_ TEST MINO Speci	·y·	`	White		
15. OECEOEN	T'S EOUCATION est grade completed)	16a. DECEDENT	'S USUAL OCC	UPATION ring most of working	16b. KIND OF BI	JSINESS/INDUSTF	iy .		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)						
12		Но	memake	r	Ow	n Home			
17. FATHER'S NAME (First, Middle,					AME (First, Middle, Melde				
John H. H:	ickman Sr.				ellyn Hend				
19n. INFORMANT'S NAME (Type/Pi				Street and Number or Rural					
Vaughn L.	Hancock			Hill Rd., S					
20a. METHOD OF DISPOSITION 1 [XBurlel 2 ] Cremetion 3	☐ Ramoval from State	other place)		of cemetery, cremetory or		OCATION — City			
4 Donation 5 Other (Spec	olfy)	Bates M		st Cemeter		ow Hill	, Maryland		
21. SIGNATURE OF TUNERAL SEE	TVICE LICENSEE		De:	nnis Funera	ACILITY B.J. Home				
Himmun	J'h Morar			0 Franklin		Hill.	Md. 21863		
iMMEDIATE CAUSE (Final disesse or condition resulting in dasth)  Sequentially list conditions.	disease or condition resulting in death)  s. Trimary Braun Turnor  DUE TO (OR AS A CONSEQUENCE OF):  b. OUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant c	donditiona contributing to d	eath but not resultin	g In the und	arlying cause given li		N AUTOPSY ORMED? 2 \( \int MO	24b. WERE AUTOPSY FINDINGS AMRABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO ME EXAMINER?				28. PLACE OF DEATH (C	heck only one)				
1 Tes 2 TO	HOSPITAL: 1   Inpetient 2   I	ER/Outpatient 3 🗆 DOA	OTHER:	ng Homa 5 Masidence	6 Other (Specify)				
27. MANNER OF DEATH	26a. DATE OF IN		IME OF 2	Sc. INJURY AT WORK?	28d, DESCRIBE HOW	INJURY OCCURE	D		
1 Natural 5 Pend 2 Accident Inves	ling Itigation	, 1001)	М	1 YES 2 NO					
3 Suicide 6 Could not be building, stc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						ural Route Number,			
cool only	NG PHYSICIAN: To the best of m						use(a) and manner as stated.		
29b. SIGNATURE AND TITLE OF	CERTIFIER			29c, LICENSE NI	JMBER	29d, DATE SIG	ENEO (Month, Day, Year)		
111/1011 -	40less	/		D021					
30. NAME AND ADDRESS OF PE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)								
	Ellis Jr., M.I			., Salisbu	ry, Maryla	nd 218	01		
31. DATE FILEO (Month, Day, Year) MAR 1 5	32. REGISTRAR								

E HOSPITAL OR ATTENDANT PRISONAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	E FINETAL DIRECTION as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	d within 72 hours after own with the State Dept. of Health and Mental Hygiene prior to burial, or removal.	RTANT: Illiam 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O THE P	O THE F	e filed v.	MPORT

FOR 1 - STATE	STATE OF MARYLANI	D / DEPARTI					00122			
1. DECEDENT'S NAME (First, Middle, Lest)  Sydney Colle	ge Hamble		AIE OF	DEATH		6 91	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 202 -18-7003	5. SEX 6. AGE (In yrs		DAYS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-10 -	12 8.81	RTHPLACE (State or Foreign unity)			
5 6760 SIACKS	Rd.		lders	6urg/	EATH 1021184	% COUNTY O				
RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  BL	DUTIMORE		TOWN OR LOCAT		1716		10d. INSIDE CITY LIMITS? 1 VES 2 NO			
10s. STREET AND NUMBER  88 WELLH  11. MARITAL STATUS  1 Never Married 2 Married			101.	21117	21784		F WHAT COUNTRY?			
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S	NO	If yes, spe		NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	8	ACE - American Indian, lack, White, etc. pecify WHITE			
17. FATHER'S NAME (First, Middle, Last)  GROUPE CO  19a. INFORMANT'S NAME (Type/Prigt)	17. FATHER'S NAME (First, Middle, Last) GEORGE College Rhoda STEPhe									
Peggy MILLER 6760 Sla, CKS Rd. ELDers 6 Urg, MD, 21784  200. METHOD OF DISPOSITION (Name of competency cremetory or 200. LOCATION - City of Town. State										
1   Burtel 2   Cremetion 3   Remeded   Donation 5   Other (Specify)	oval from State	er place)	unte	met	ery Phacelity EVNERA	iL Ade	Iphia, Pa,			
23. PART I. Enter the diseases, or on ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complication that caused the List only one cause on each e. Tehning Due to (OR AS A CO	el sta		de of dylng, su		iratory arreat,	Approximate Interval Betwee Onset and Dea			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YEAR 2 NO  27. MANNER OF DEATH	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.   24a. WAS AN AUTOPSY PERFORMED?   1   YES 2   NO									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C	heck only one)					
1   YES 2 NO  27. MANNER OF DEATH  1 Natural 5   Pending	1 Inpatient 2 ER/Outpatie		OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	0			
Accident investigation in the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.    MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and due to the cause(a) and due to the cause(b) and manner as stated.							rel Route Number,			
29a. CERTIFIER CHeck only MEDICAL EXAMINE	ICIAN: To the best of my knowledg						se(a) and manner as stated.			
in the Cal	mora u	<i>b</i>	h-f-Ab	290, LICENSE NO	649	D 3/	ED (Month, Day, Year)			
	O COMPLETED CAUSE OF DEATH  SUI'LLE PLAN  32 REGISTRAR'S SIGNATU	54k	105 CT	lle, 1	hd. 21	784				
MAR 1 9 '91	32 REGISTRIA'S SIGNATU	gandelle					DHMH-16 Rev			

AND SERVICE STREETS CONTRACTOR OF THE SERVICE OF TH 1997 FASA 22 A.M. +300 THE PARTY OF THE WAS TO SEE THE WAS TO SEE THE PARTY OF T - See Anna Carlotte

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BE COLLA SCUPETY NUMBER  1. SECULA E NUM		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH	
A STOCKET NAME (FOR MILLION COUNTY OF CACHY  SA STOCKET NAME (FOR MILLION COUNTY OF CACHY  BALTIMOTE OF CACHY  SA STOCKET NAME (FOR MILLION COUNTY OF CACHY  SA	8	Lester							-		
BARTHET MAN INVESTIGATION OF DEATH  THE MEDITARIES OF DESCRIPTION OF DEATH  THE MEDITARIES OF DEATH OF DEATH  THE MEDITARIES OF DEATH OF DEATH  THE MEDITARIES OF DEATH				E (In yrs. lest		-				a. BIRTHPLACE (State or Foreig Country)	
SALHMAN GENERAL SOFT DESCRIPTION OF DESCRIPTION OF SECRETARY OF SE				[7]						Baltimore Ci	
MD Baltimore Co. Reisterstown  10	TOR	Baltimore Cou	0 1	Hosy	ital		1		_		
2027 Gores Mills   Rd   1. Mainta, Status   Rd   1. Mainta, Mainta, Rd   Rd   Rd   Rd   Rd   Rd   Rd   Rd	DIREC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 12027 Gores Mill RD 10d. INSIDE CITY LIMITS? 1 $\square$ YES 2 $\square$									
Widdle   Diversed   Press   Diversed   Diver	CC		Rd							IZEN OF WHAT COUNTRY?	
Department/placeordary (p-10)   College (rid or s.)		1 Never Married 2 Married	FORCES? 1 YE	ORCES? 1 YES 2 NO if yes, specify Cuban, Maxica							
8th grade    The Mothers NAME (Park Mode, Mache Surrange)   The Mode, Mache Surrange)   The Mode (Park Mode, Mache Surrange)   The Mode	Ш	(Specify only highest gred	le completed)	(GA	ne kind of wo	irk done during me	ON ast of working	16b. KIND OF B	USINESS/INC	DUSTRY	
Theodore R. Hooper  The National Company   19th Maling Address (Street and Number of Paral Protes Name), 25 Code)  Mary J. Allen   4526 old Washington Rd. Sykesville, Md 21784  20th Mary J. Allen   4526 old Washington Rd. Sykesville, Md 21784  20th Mary J. Allen   4526 old Washington Rd. Sykesville, Md 21784  20th Mary J. Allen   4526 old Washington Rd. Sykesville, Md 21784  20th Mary J. Allen   4526 old Washington Rd. Sykesville, Md 21784  20th Mary J. Allen   4526 old Washington Rd. Sykesville, Md 21784  20th Mary J. Allen   4526 old Washington Rd. Sykesville, Md 21784  20th Mary J. Allen   4526 old Washington Rd. Sykesville, Md 21784  20th Mary J. Allen   4526 old Washington Rd. Sykesville, Md 21784  21th Mary J. Allen   4526 old Washington Rd. Sykesville, Md 21784  22th Mark Allen Allen Reisterstown Rd. Sykesville, Md 21784  22th Mark Allen Allen Reisterstown Rd. Sykesville, Md 21784  22th Mark Cause Friend Reisterstown Rd. Sykesville, Md 21784  22th Mark Cause Friend Reisterstown Rd. Sykesville, Md 21784  22th Mark Cause Friend Reisterstown Rd. Sykesville, Md 21784  22th Mark Cause Friend Reisterstown Rd. Sykesville, Md 21784  22th Mark Cause Friend Reisterstown Rd. Sykesville, Md 21784  22th Mark Cause Friend Reisterstown Rd. Sykesville, Md 21784  22th Mark Cause Friend Reisterstown Rd. Sykesville, Md 21784  22th Mark Cause Friend Reisterstown Rd. Sykesville, Md 21784  22th Mark Cause Friend Reisterstown Rd. Sykesville, Md 21784  22th Mark Cause Friend Reisterstown Rd. Sykesville, Md 21784  22th Mark Cause Friend Reisterstown Rd. Sykesville, Md 21784  22th Mark Cause Friend Reisterstown Rd. Sykesville, Md 21784  22th Mark Cause Friend Reisterstown Rd. Sykesville, Md 21784  22th Mark Cause Friend Reisterstown Rd. Sykesville, Md 21784  22th Mark Cause Friend Reisterstown Rd. Sykesville, Md 21784  22th Mark Cause Friend Reisterstown Rd. Sykesvill	OMPL	8th grade		emp	loyed	by Bal				e	
18. BIFORDART'S NAME (Typo-Prior)   18. BIFORDARY NAME (Typo-Prior)   18		Theodore R. Hoor	per								
206. BETHOD OF DISPOSITION   3 C Removal from State   206. PLACE OF DISPOSITION (Name of committing committed) or other plack)   206. LOCATION — City or Town, State   206. DATE of Committed   20				196	MAILING A	ADDRESS (Street			own, State, Zip	o Code)	
Crace Cemetery   Reisterstown	7	Mary J. Allen		4	526 0	ld Wash	ington R	d. Sykes	ville	, Md 21784	
Crace Cemetery   Reisterstown   Rd.			movel from State	other pla	OF DISPOSIT	TION (Name of ce	metery, crematory or	20c. t	OCATION -	City or Town, Stata	
Eline Funeral Home Reisterstown, Md 211  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory errest, Approximinations on the control of the control		4 Donation 5 Other (Specify)							ister	stown	
Sequentially list conditions, if any, leading to immediate countributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  244. WAS AN AUTOPSY PREPONMED?  DUE TO (OR AS A CONSEQUENCE OF):  d.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  244. WAS AN AUTOPSY PREPONMED?  1		ahock, or heart fellure iMMEDIATE CAUSE (Final disease or condition	List only one cause on	each line.		ot anter the mo	ode of dying, auc	REIS	piretory er	reat, Approximate Interval Betwood Onset and D	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  29. CHECK OF DEATH (Check	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  b. Granavene Lea. Secondary To Vascular Occlusion  Due to (or as a consequence of):  Due to (or as a consequence of):									
27. MANNER OF DEATH    Netural   5	MEDICAL	PERFORMED? AMILABLE PRIOR TO									
27. MANNER OF DEATH    Netural   5	HAN				- 1		LACE OF DEATH (C)	neck only one)			
2   Accident 3   Suicide 4   Homicide   Count not be determined   See FLACE OF INJURY At home, term, satisful factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)    29a. CERTIFIER (Check only and Description of the base of the state of	SIC	1 YES 2 NO	HOSPITAL:	utpatient 3			ne 5 🗆 Residence	8 Other (Specify)			
3 Sulcide 4 Homicide 29a. CERTIFIER (Check only 3 MEDICAL ZAMER: On the band of sampling in processing stated).  29b. SIGNATURE AND ACCURATE THE PROCESS OF PEATH (FEM 27) (Type, Print)  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  3 NAME AND ACCURATE A		1 Netural 5 Panding	(Marth, Day, Wei	28s. DATE OF RURRY 28s. TIME OF 28c. INJURY AT WORK?					V INJURY OC	CURED	
29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PEATH (ITEM 27) (Type, Print)  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)	60	3 Suicide & Count not be									
29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  3-19-91  5441 Old Court Revold Report (ITEM 27) (Type, Print)  5441 Old Court Revold Report (ITEM 27) (Type, Print)	MPLE	(Check only	- 1//	////							
54001 Old Court Revend Run of Colletory Management Revend Run of Colletory Management 21132	2	296. SIGHATURE AND TITLE BY CONTIN	ER ///	1					29d. DA		
31. DATE FILEO (Month, Day, Year)  12. REDISTRAR'S SIGNATURE  MAR 1 9 91  Line Devideon—Pandalle	8	1/1/1	//www	14.0	1		1)379	74		1-19-91	
	8	south all B	west Roll	.1	R	relalls			and	. 21133	

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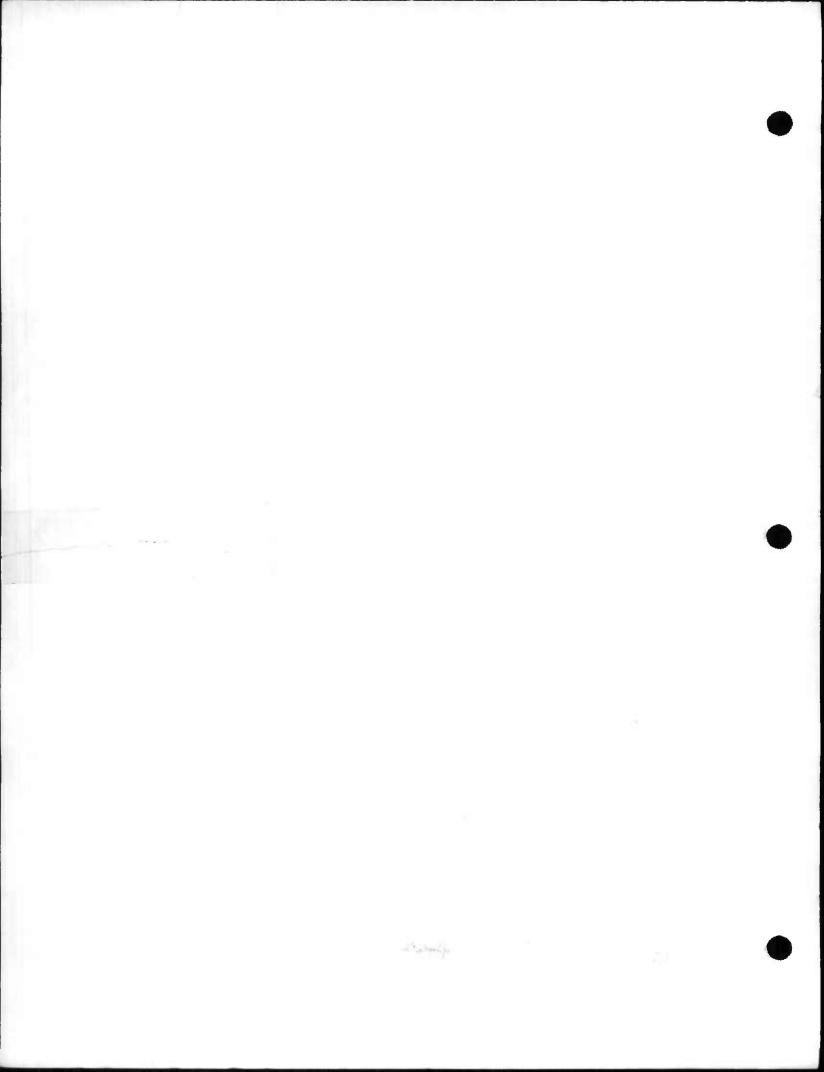
# BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

'DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HIGH THE OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 2× Journal of the death. Page 6 may be retained by the hospital or attending physician.  TO THE FLUE OF SHECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled. This is hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

	1 - FOR STATE OF MARYLAND REGISTRAR	DEPARTMENT OF		IENTAL HYGIENE					
)	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH					
1	JAMES HITCHENS			MARCH 1	J. 1891	0655 M			
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. I		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign			
ŀ	215-12-6686 14M2 OF 50	YRS. MONTHS DAYS	HOURS MIN.	11/16/10		YLAND			
	9e. FACILITY NAME (if not institution, give street and number)	9b. CITY, TOW	OR LOCATION OF DEA	ATH	9c. COUNTY OF				
8	PENINSULA GENERAL HOSPITAL	SALIS	BURY		WICOM	ICO			
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10c, CITY, TOWN OR LO	PATION			10d, INSIDE CITY			
Ë						LIMITS?			
	MARYLAND WICOMICO  10e. STREET AND NUMBER	SALIS	BUKY 10f. ZIP CODE		10a CITIZEN OF	1 TYES 27 NO WHAT COUNTRY?			
FUNERAL	PARSONS ROAD, BOX 1016				log. Officer of				
빌	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A	ARMED 13 WAS D	2 180 1	IC ORIGIN? (Specify Yes	or No.— 1 14. BAC	USA E - American Indian			
BY FU	1 Never Married 2 Married 1 Never Married 2 Married 3 Wildowed 4 Divorced  FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes,	specify Cuben, Mexican ES 2 XNO Specify:	, Puerto Rican, etc.)		CE — Americen Indien, ck, White, etc. city: WHITE			
	15. DECEDENT'S EDUCATION 16e. 1	DECEDENT'S USUAL OCCUPA	TION	16b. KIND OF BUS	INESS/INDUSTRY	7111222			
ETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work done during lie. Do NOT use retired.)	most of working						
릴	6 YEARS NO	DRIVER		TRU	JCKING				
COMPL	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAM	AE (First, Middle, Melden S	Surname)				
BE (	JAMES EDWARD HITCHI	ENS	ANNIE	BLANCHE	E WE	BSTER			
10		19b. MAILING ADDRESS (Street							
-	JUDY CHATHAM-DAUGHTER	200 N. CAMD							
	20e. METHOD OF DISPOSITION 3/13/91 1X) Burlel 2 Cremetion 3 Removal from Stata 4 Donetion 6 Other (Specify)	EE OF DISPOSITION (Name of place) ON CEMETERY	cemetery, crematory or		LOCATION — City or Town, State HEBRON, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		AND ADDRESS OF FAC	HILLY					
	1 /NR //10-1			RAL HOME, E		D 01001			
	23. PART i. Enter the diseases, or complications that caused the			RD, SALIS		D 21801   Approximate			
	ahock, or heart failure. List only ofic cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Cov Condition for a fact of the f								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated eventa resulting in death) LAST								
AL C	PART II. Other algnificant conditions contributing to death but no		/ing cause given in i			b. WERE AUTOPSY FINDINGS			
CA	aver Circhon	à-		PERFOR	100	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
回					v	OF DEATH?			
2				_					
AA	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH (Che	eck only one)					
Sic	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient	3 DOA OTHER:	Iome 6 - Residence	6 Other (Specify)					
Y PHYSICIAN: MEDIC	27. MANNER OF DEATH  1 Netural 6 Pending 2 Accident Investigation	INJURY	INJURY AT WORK?	26d. DEŞCRIBE HOW II	NJURY OCCURED				
ED BY	and Number or Rura	I Route Number,							
Suicide 6 Could not be determined building, atc. (Specify)  29e. CERTIFFIER (Check only 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated.									
8		or arrestigation, at my opinio							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUN	MBER	29d. DATE BIONE	(Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	TEM 27) (Type Print)	1/2/16	10	775/	20/9/			
	Mr. L. M. Evange ligte	4	Alice	WRY.	7 Tuf	97501			
2	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  A. No. J. J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	indella.							
	MAK 1 4 31					DHMH-16 Rev 1/89			



							9	08725
	FOR 1 STATE	STATE OF MARYLAND				MENTAL HYGIE	NE	00720
	REGISTRAR	C	ERTIFICA	TE OF DE	ATH	REG. N	Ю.	
	1. DECEDENT'S NAME (First, Middle, Last)	eborg J	arob	rson		2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
1		SEX 6. AGE (In yrs. In	st birthday) IF U	NDER 1 YEAR IF UN	DER 24 HRS.	7, DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
/	3/1 32 3/3	□M2×F 97	YRS. MONT			11/28/		MASSACHUSETTS
Œ	Se. FACILITY NAME (If not institution, give street	t end number)	9b.	CITY, TOWN OR LOC	ATION OF DE	EATH /	9c. COUNTY	OF DEATH
25	RESIDENCE OF DECEDENT	MOSPITA!		SILVER	J.F	ing.	/-/	onteomery
DIRECTOR	10a. STATE 10b. COUNTY	/-	10c. CITY, TOY	VN OR LOCATION	<	1		10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	n topmery	Di,	101. ZIP C	ODE	KING	10g. CITIZEI	1 YES 2 NO
FUNERAL	1019 TRACY	DR.			209	04	4	151
P.C.	11. MARITAL STATUS  1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2				HC ORIOIN? (Specify n, Puerto Rican, etc.)	Yea or No- 14	I. RACE — American Indian, Black, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 - YES 2 1			7	Specify: WHITE
ED	15. DECEDENT'S EDUCAT (Specify only highest grade cor		ECEDENT'S USUA	L OCCUPATION one during most of wo	nrkina	16b. KIND OF	BUSINESS/INDUS	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	le. Do NOT use retir	ed.)				
OMP	12		<u>HOMEMAKI</u>	72.	OTHER'S NA	ME (First, Middle, Maid	fen Surneme)	
BE C	PETER HANSON				AUGUS			
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or	Town, State, Zip Co	ode)
	ELEANOR G. JACOBSO			OISPOSITION (Name			IG MARYI	LAND 20904
	1 Donation 5 Other (Specify)	of cemetar	y, crematory or ot.					MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22 NAME AND ADD	DESS OF EA	CILITY		
	Man do	212 1				LINS FUNI		ME, INC. PR.,MD. 20901
	23. PART i. Enter the diseases, or con		leath. Do not a					it, Approximate
	IMMEDIATE CAUSE (Final	st Dnly Dne dause Dn aach lin	ie.					Interval Between Onset and Death
	disease or condition resulting in death)	CARDIO- PL	LANONA	ey A	CROS	57		
-		DUE TO (OR AS A CONSI	EQUENCE OF):	marer	EAL	11.05		
TION		DUE TO (OR AS A CONS	EOUENCE OF):	BARI	, ,,,,	-0/2		
ICA	cause, Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONS	YOPA	4114				
ERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EMUENCE OF):					
O	d							
PHYSICIAN: MEDICAL	DIABETES /		resulting in th	a underlying caus	se given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDI	CARCINEMA	BREAST				1 □ YES	2 <b>K</b> NO	OF DEATH?
N.								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE C	F DEATH (C)	neck only one)		
IXSI		Inpatient 2 ER/Outpatient				6 Other (Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY A WORK? M 1 YES		28d. DEŞCRIBE HO	W INJURY OCCU	RED
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, street			281. LOCATION (Str. City or Town, St		Purel Route Number,
TE	4 Homicide determined	Juliani, eta (apaany)				Only of Town, or	arcy	
COMPLETED	CONSCINUTE CONTROL CON	AN: To the best of my knowledge,						
CO	2 MEDICAL EXAMINER:	On the basic of examination end/o	or Investigation, In					
BE	200 SUPPLY AND TITLE OF CENTIFIER	// .	- in a		LICENSE NU ー/ン			SIONED (Month, Day, Year)
2	30 NAME AND ADDRESS OF BURNING	COMPLETED CAUSE OF DEATH (IT			-11	-0 )	,	-/-//

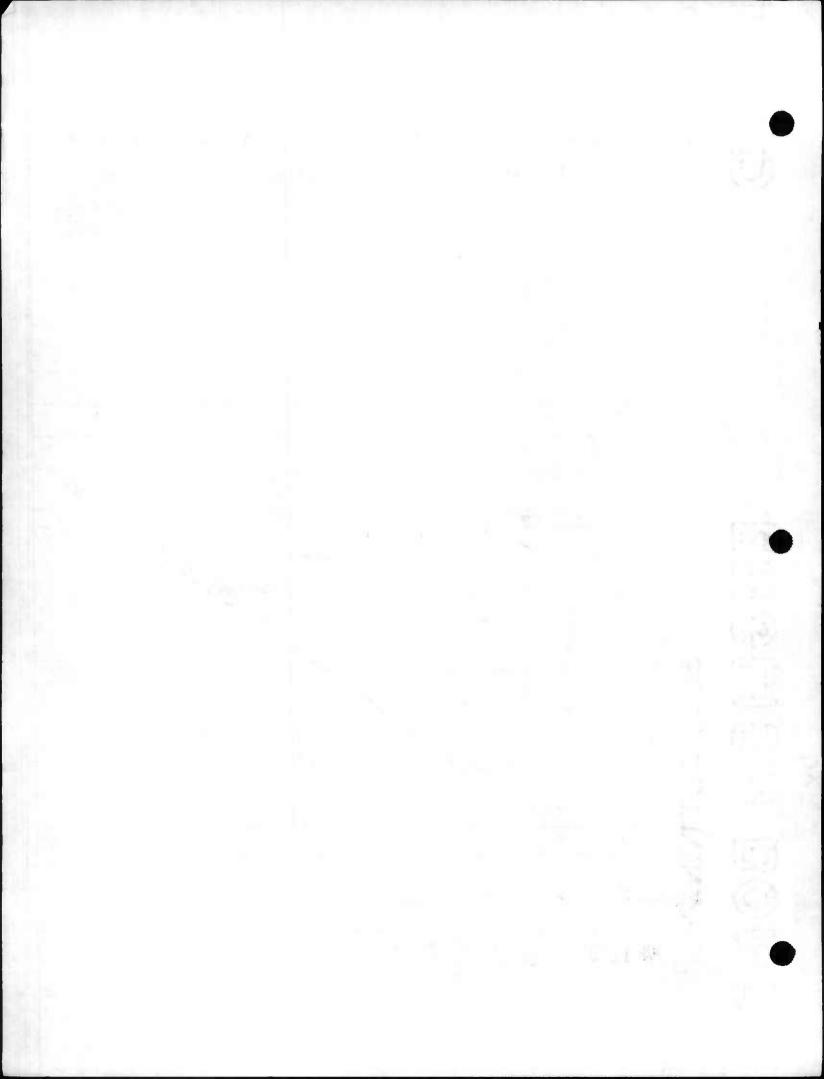
M.D. 10301 GEOR
32 REGISTRAR'S SIGNATURE
June Davidson Andells

EDWARD

MAR 12

NICHARDS

'91

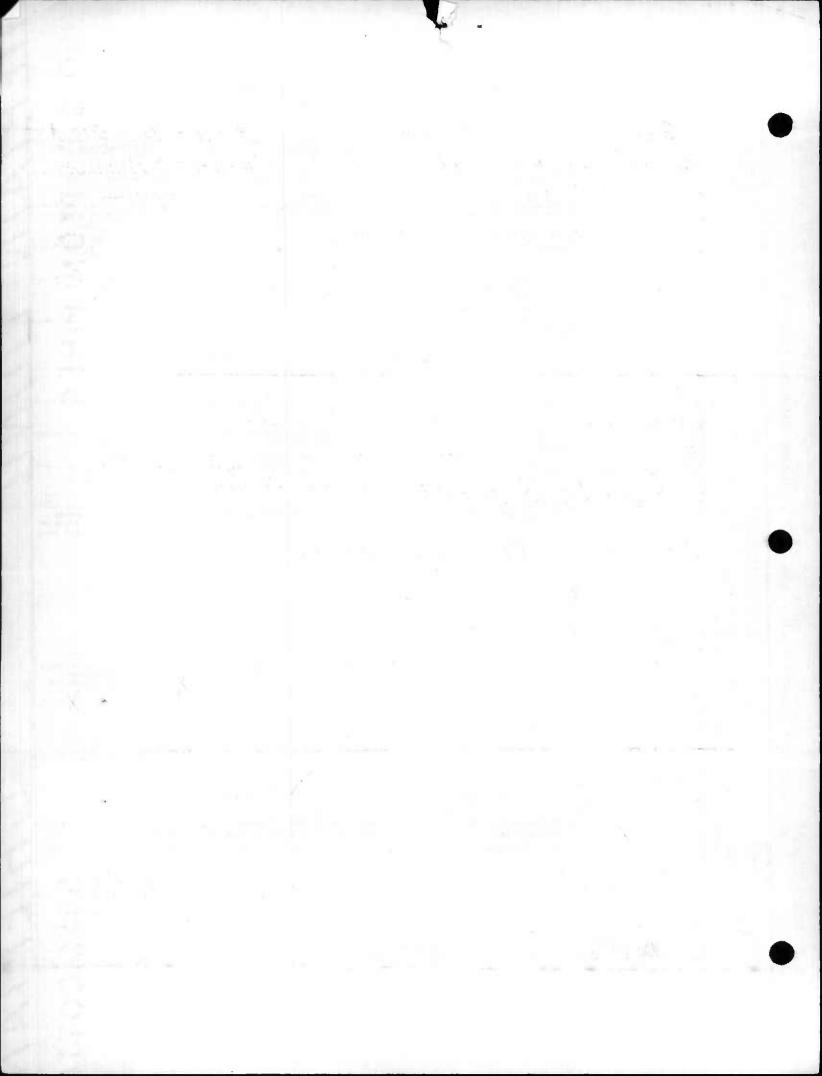


TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

3

REGISTRAR		CERTIF	ICATE O	DEATH	REG.	NO.		
1. OECEDENT'S NAME (First, Middle, Lest)  GEOVGE	F.	Jerome	3_		2. DATE OF OEAT MONTH	H DAY	YEAR	5:10 A M
4. SOCIAL SECURITY NUMBER 267 42 094 1	5. SEX 6. AG 1 (X, M 2   F	(In yrs. lest birthday)  (O YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Yes		8. BIRTHI Country Can	Place (State or Foreign Panama a.a.l. Zone
9a. FACILITY NAME (If not institution, give str.	set and number)		9b. CITY, TOWN	OR LOCATION OF D			INTY OF D	
Stella Maris Hosp				owson			ltim	
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10000						
	e George		y, town or loc tsville					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER			1	IOI. ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?
11723 Roby Ave				20705		USA		
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OF 1949-195	ES 2 NO REPORTED	If yes,	ECENDENT OF HISPAI specify Cuban, Mexica ES 2 (NO Specif	in, Puerto Rican, etc			- American Indian, White, etc.
15. OECEOENT'S EDUC		16a. DECEDENT'S (Give kind of v	USUAL OCCUPA work done during a se retired.)	TION most of working	16b, KIND OF	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12) 12 Years	College (1-4 or 8+)	Sarqear			US Arr	OK 7		
17. FATHER'S NAME (First, Middle, Lest)		Julyani		16 MOTHER'S NA	ME (First, Middle, Me			
unknown				unknot		wor ouriene)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Bural		Town, State, Zi	ip Code)	
William Jerome		11723	Roby A	ve Belts	ville Md	20705		
26a, METHOD OF OISPOSITION 1 Description   Burlal   2   Cremation   3   Ramo	val from State	other place) Arlington				LOCATION —		
21. SIGNATURE OF FUNGS - SERVICE LICE	ENSEE	ALTINGUO!	22 NAME	AND ADDRESS OF EA	CITY Descri	rling	Un.	vd.
· Donald V	Brow	not.	4400 Belt	AND ADDRESS OF FA Pounder M SVILLE, M	ali 20705	warut .	r uner	rai none
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF	F):					
PART II. Other significant conditions	contributing to death	h but not resulting	In the underly	ing cause given in	PE	S AN AUTOPSY RFORMED? ES 2 NO	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 'YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)			
1 TES 2 TO	1   Inpetient 2   ER/C	Outpetient 3 DOA	OTHER: 4 - Nursing H	ome 6 🗆 Residence	6 X Other (Specify	Hosp	ice	
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJUI (Month, Day, Yes		JURY	NJURY AT WORK?  YES 2 NO	28d. DESCRIBE H			
2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU- building, etc. (S	JRY — Al home, farm, Specify)	street, factory, or		281. LOCATION (S City or Town,		er or Rural I	Route Number,
29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC DESCRIPTION OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my king: On the best of axamini	ation and/or investigation			o time, date and place	e, and due to	the cause(a	a) and manner as stated.  (Mooth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF				•			1 //
0 1								
Carla S. Alexande	r, MD- Ste		Hospic	e-Dulaney	Valley	Rd	Tows	on 21204



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	-		2. DATE OF DEATH	YEAR Y	3. TIME OF DEATH
	John Mortimer Joyce			_3 /	7 91	0205 M
-4	4	F UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	Court	HPLACE (State or Foreign
	214-03-7786 12 M 2 L F 80 YRS	3 22	102	3-22-0		ryland
-	9e. FACILITY NAME (If not institution, give street end number)		N OR LOCATION OF DE		9c. COUNTY OF	
DIRECTOR	Meridian Nursing Center	Seve	rna Park	<u> </u>	Anne	Arundel
E C		TOWN OR LO	CATION			10d. INSIDE CITY
	Maryland Anne Arundel Se	verna	Park			1 YES 2 X NO
FUNERAL	10s. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
	24 Truckhouse Road		21146		U.	S.A.
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 YES 2 NO		ECENDENT OF HISPAN specify Cuben, Mexicer	IC ORIGIN? (Specify Yes	or No- 14, RAC	E — American Indian,
BY	1 Never Merried 2 Merried  3 Widowed 4 Divorced  PORCES? 1 YES 2 MRO  IF YES, GIVE WAR OR DATES		ES 2 X NO Specify		Spec	
	15. DECEDENT'S EDUCATION 16.0 DECEDENT'S US	SUAL OCCUPA	TION	165 KIND OF BUI	I W h	ite
	(Specify only highest grade completed)  (Give kind of wor life. Do NOT use if the Do	rk done during retired.)	most of working	15 (10 10 10 10 10 10 10 10 10 10 10 10 10 1	more T	ransit
	12 Claims	Adju	ster	Comp		
COMPLET	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Meiden		
BEC	Edward H. Joyce		Elvira	L. Cox		
0 8		DDRESS (Street	et end Number or Rural R	loute Number, City or Tow	n, State, Zip Code)	
۲	John M. Joyce, Jr. 605	Truxt	on Road,	Annapol	is, MD	21401
	20e. METHOD OF DISPOSITION 1   Suriel 2 □ Cremetion 3 □ Removal from State  of cemetary, crematory of	of DISPOSITION Other place)	DN (Name	20c. LO		
	1 M Buriel 2 □ Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)				to.Co.	, MD
	21. SIGNATURE OF PURESAL SERVICE LIEENSEE		lor Fune	ral Char	el	21401
	Jeffuys layer	147	Glouces	ter St.	Annapo	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not shock, or beart fellure. List only one cause on each line.	t enter the	mode of dying, auch	a cerdiec or reap	iratory erreat,	Approximate Interval Between
		.//	1 XZ			Onset and Death
	resulting in death)	,	1 ~ ~			
	DUE TO (OR AS A CONSEQUENCE OF):					
NO N	Sequentielly list conditions,  DUE TO (OR AS A CONSEQUENCE OF):					
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING					
ᄩᅵ	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):					
F	resulting in death) LAST					
CE	PART II. Other aignificant conditions contributing to death but not resulting in	therunderly	ring cause given in	Part i. 24a. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS
EDICAL	Sessis. An Dich	ter		PERFO	AMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE
	0			1 G YES :	NO	OF DEATH?
Σ				_	5	1 YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL	26	PLACE OF DEATH (Ch	ack only one)		2° 10°
HYSICIAN:		OTHER:	lome 6 - Residence	6 Other (Specify)		1
표	27. MANNER OF DEATH 266. DATE OF INJURY (Month, Day, Year) INJU	OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURED	
<u>a</u>	1 Natural 5 Pending 2 Accident Investigation		YES 2 NO			
9	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, str building, atc. (Specify)	reet, factory, o	ffice	26f. LOCATION (Street City or Town, State		Route Number,
	4 Homicide determined					
MPLET	29e. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred (Check only one)					
8	2 MEDICAL EXAMINER: On the basic of examination end/or investigation,	, in my opinio	n, death occured at the	time, dete and place, e	nd due to the cause	(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUM	JB C	29d. DATE SION	D (Month, Day, Year)
2	20 NAME AND ADDRESS OF DEPON WHO COMES SEED CALLED OF DEATH (TEXAS)	Parinett -	DY	170	71111	(1
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) 17-100. F	OORI	OGLEY	AVEIH	20; A0	Valapily 2 mg
	31. Date Filed (Modil) Day, Apar)		,	,	7	

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 8 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

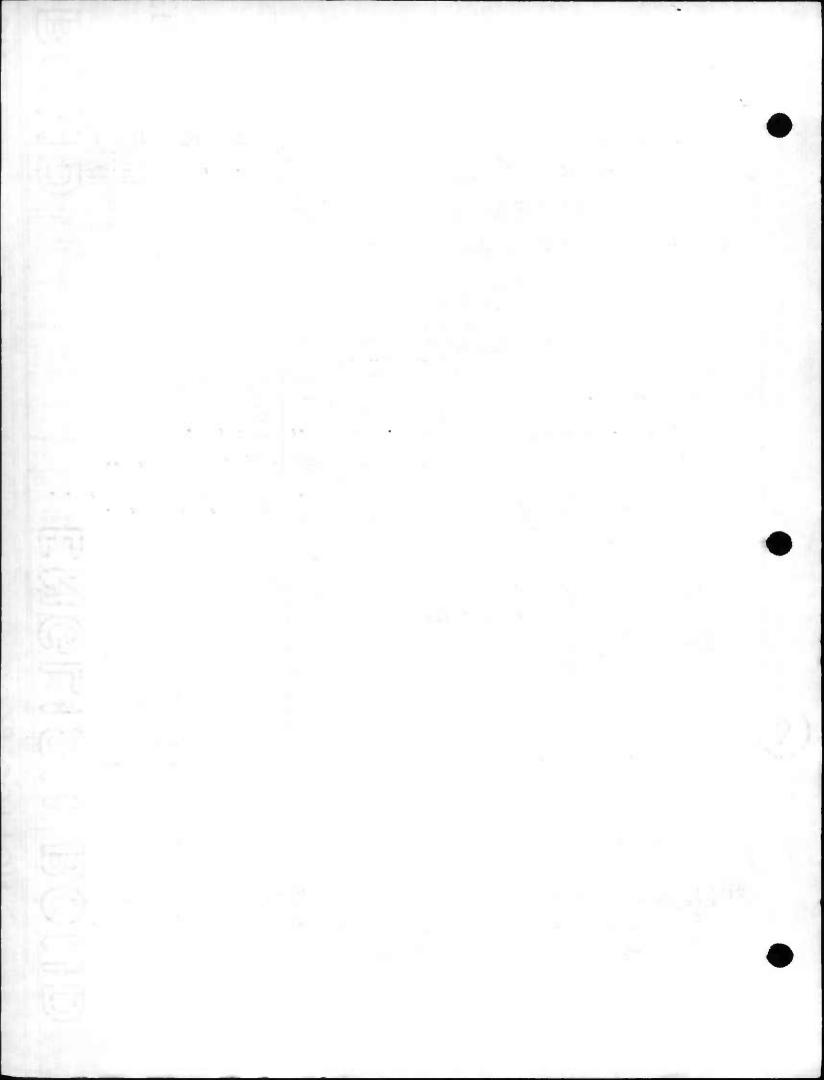
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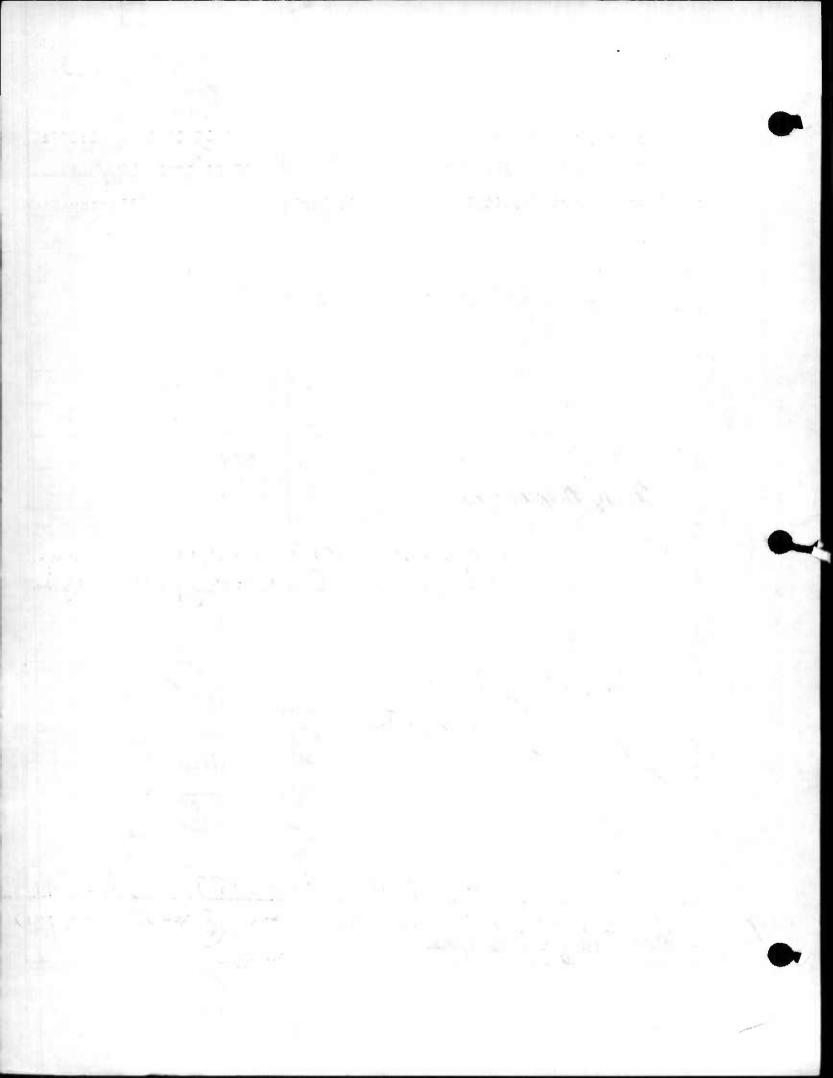
É	Mar in
~	3
OF	PHYSICIL
ISION	TENDING
2	PITAI OR A

1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIENE REG. NO.	31	00120
1. DECEDENT'S NAME (First, Middle,	Lanta E		Johnson		2. DATE OF DEATH DAY	o GI	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219-42-63  9e. FACILITY NAME (II not Institution,	5. SEX 6. AC	E (In yrs. last birthday)	MONTHS DAYS  9b. CITY, TOWN C	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE		898 NOT	HPLACE (State or Foreign
Fallston Genera	-		Fal	lston		Harf	ford
	erford	100000000000000000000000000000000000000	y, town or locat	ION			10d. INSIDE CITY LIMITS? 1 TYES 2 1 NO
1902 Conowingo	Road		101	21014		10g. CITIZEN OF USA	
11. MARITAL STATUS 1 Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Spec	E — American Indian, k, Whita, etc. #/y: Thite
15. DECEDENT' (Specify only highest Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, La		(Give kind of a	USUAL OCCUPATION work done during more retired.)	et of working	166. КІМО ОГ ВИЗ	iance	
17. FATHER'S NAME (First, Middle, La Monroe J.	Graham				ME (First, Middle, Maiden S Caledona	Sumame) Penning	rton
19a. INFORMANT'S NAME (Type/Print Evelyn R. John					Poute Number, City or Town		
20e. METHOD OF DISPOSITION  A Burlet 2 Cremetion 3 C  4 Donation 6 Other (Specify		206. PLACE AND DATE of cometany oremator Bel Air M	e of disposition emorial	(Name Gardens	3-19-91 Be	ation - City or T	
21. SIGNATURE OF FUNERAL SERVI	KM. Con	101 11	Howar 1317	Cokesbur	omas III F	ingdon.N	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. Conges  DUE TO (OR A  DUE TO (OR A	n each line.				atory arrest,	Approximate interval Betwee Onset and Deat S day
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. Metas	tatic on is a consequence of	varion		inn		1 menth
PART II. Other algnificent con	<u>ditions</u> contributing to deat	h but not resulting	In the underlyIn	g cause given in	Part I. 24s. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO	HOSPITAL:	Distriction 2 - DOA	OTHER:	ACE OF DEATH (Ch	Halfred Co.		
25. WAS CASE REFERRED TO MEDI- EXAMINER? 1  YES 2 NO  27. MANNER OF DEATH 1 Natural 6 Pending 1 Pending 1 Natural 1 Pending 1 Pending	28e. DATE OF INJU (Month, Day, Ye.	RY 26b. TIN	ME OF 28c. IN.	URY AT PRICE 2 NO	6 Other (Specify)  28d. DESCRIBE HOW IN	NJURY OCCURED	7 570
3 Suicide 4 Homicide 6 Could r detarmi  29e. CERTIFIER (Check only one) 2 MEDICAL EX	lot be building, etc. (	URY — At home, ferm, Specify)	atreet, factory, offic	•	261. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING 2 MEDICAL EX	PHYSICIAN: To the best of my k						(a) end manner ee stated.
296. SIGNATURE AND TITLE OF CE	RTIFIER			29c, LICENSE NU	MBER 652	29d. DATE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERS	5. Huswel	DEATH (ITEM 27) (Type	BOU	Iton s	+ Bel	Air M.	D 51017
31. DATE FILED (Month, Day, Year) MAR 18 '9	32. REGISTRAR'S S	widson-Rande	.00				



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	1. DECEDENT'S NAME (First, Middle, Li	nsi)						DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	Margaret L	ee Johns						03 15	199		1:20 a
- 4	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER 1 YEAR	IF UNDER 24 HRS		DATE OF BIRTH (Month, Day, Ybar)		8. BIRTH	PLACE (State or Foreign
	217-42-647		8.3	YRS.				07 31 1			YLAND
œ	9a. FACILITY NAME (If not institution, g					OR LOCATION OF			9c. COU	NTY OF DI	
<u></u>	Sacred Hea	rt Hospi	tal		Cun	perla	1d			All	egany
DIRECTOR	10a. STATE 10b. COL				TY, TOWN OR LOCA						10d. INSIDE CITY LIMITS?
		LEGANY			CUMBERL:						1 YES 2 □ NO
RAL	10e. STREET AND NUMBER				10	1. ZIP CODE					HAT COUNTRY?
FUNERAL	235 PACA STRE	-	NT EVER IN U.S. A	2450	T 40 MMC DEC	21502	24,110	ORIGIN? (Specify Ye		SA	- American Indian,
	1 Never Married 2 Married	FORCES?	1 YES 2 WAR OR DATES	(40	if yes, sp	pecify Cuban, Max 3 2)(1) NO Spi	Ican, Pi		a or no—	Black	, White, etc.
ВУ	3 X Widowed 4 Divorced	IF YES, GIVE	MAR ON DATES		I I TES	S Z/L NO Spi	спу:			Specif	WHITE
ED	15. DECEDENT'S (Specify only highest of	EDUCATION trade completed)	16a. D	ECEDENT'S	S USUAL OCCUPATI work done during me	ON ost of working		16b. KIND OF BU	SINESS/INI	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	i+)	le. Do NOT u	use retired.)	out of fronting		HOUE			
COMPLETED	12			OMEN	IAKER			НОМЕ			
_	17. FATHER'S NAME (First, Middle, Last, IOHN FULLER	)						First, Middle, Maiden			
BE	19a. INFORMANT'S NAME (Type/Print)		Τ.	Oh MAII IN	G ADDRESS (Street					n Code 1	21502
2	BARBARA KENI	NEU			BOX 1						21502 AND,MD
	20e METHOD OF DISPOSITION 1.43 Burial 2 Gremation 3 G		20b. PLAC	E AND DAT	TE OF DISPOSITION		<u> </u>		CATION —		
ш	1.X Burial 2 Cremation 3 1 1 4 Donation 5 Other (Specify)	Removal from Stata	of cemetar	ov cremator	y or other place) MEMORIA		1	0.000			ND, MD
	21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE			22 NAME A	ND ADDRESS OF	FACIL I	TY			ME, P.A.
1	Dende 8	). Upcheere	-4.		GEUK	GE-UPC	nui	CH FUN.	ヒドAL	$II \cup \Lambda$	AE , $F$ , $A$ .
					202						
	23. PART I. Entar the diseases,	or complications th	nat ceused tha			GREENE	SI	г., симв.	ERLA	ND, A	Approximate
	shock, or haart faile	or complications th	nat ceused tha			GREENE	SI	г., симв.	ERLA	ND, A	Approximats Interval Between
	shock, or heart fails IMMEDIATE CAUSE (Final disease or condition	or complications th	nat ceused tha			GREENE	S7	cerdisc or resp	ERLA elratory sr	ND, A	Approximats Interval Betw
	shock, or haart falls IMMEDIATE CAUSE (Fins)	or complications the	nat ceused tha	1a.	not sater tha me	GREENE	S7	cerdisc or resp	ERLA elratory sr	ND, A	Approximats Interval Betw
NC	shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications the	nat ceused tha couse on aach lir	EOUENCE	not sinter tha me	GREENE	S7	г., симв.	ERLA elratory sr	ND, A	Approximate Interval Betw
ATION	shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	or complications the	nat ceused tha couse on aach lir	1a.	not sinter tha me	GREENE	S7	cerdisc or resp	ERLA elratory sr	ND, A	Approximate Interval Betw
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LETED BY PHYSICIAN: MEDICAL CERTIFICATION

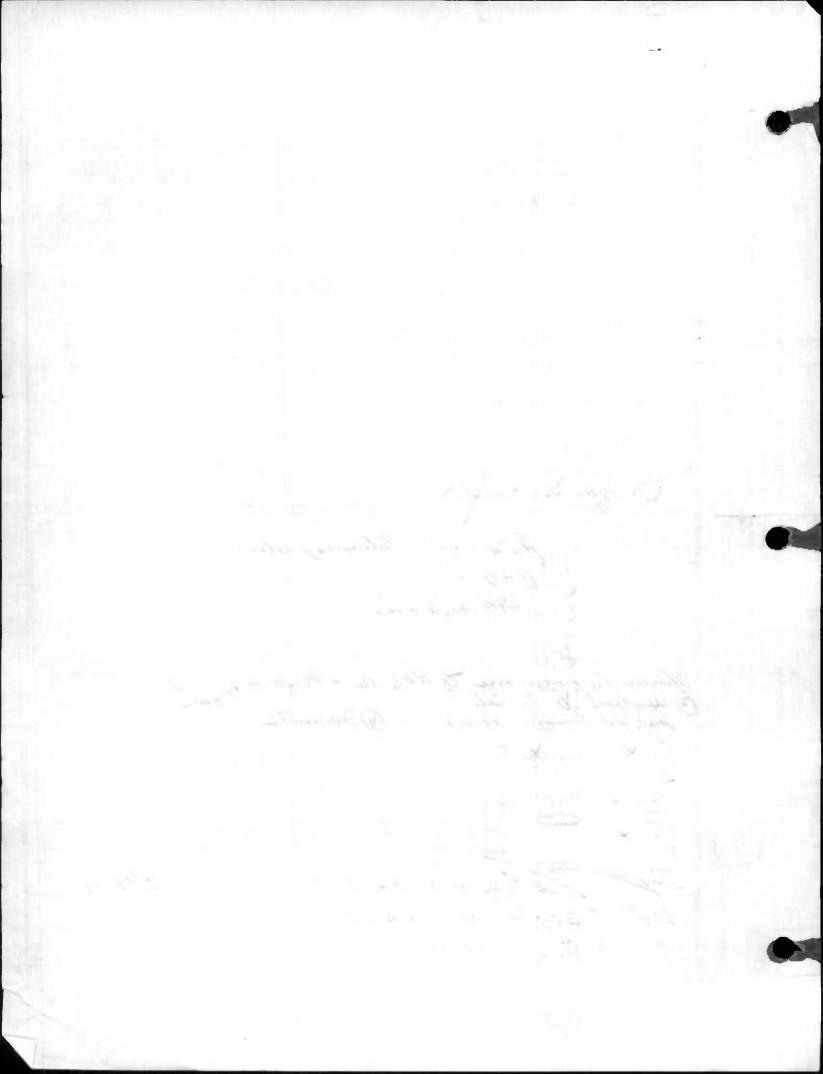
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FOR
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HILDA
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RESIDENC
RESIDENCE 10e. STATE
MARYL  10e. STATE  MARYL  10e. STREET AI  200  11. MARITAL ST
MARYL  10e. STREET AT  200

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		CI	ERTIF	ICATE OF	DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH	AY		3. TIME OF DEATH
HILDA A. JOSEPH						MAR	CH 14		YEAR	01:29 AM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C				PLACE (State or Foreign
203 12 4918	1 M 2 F	98	YRS.	MONTHS DAYS	HOURS MIN.	OCT		892		,, NASYLVANI
9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, TOWN	OR LOCATION OF D	EATH			NTY OF DE	
SACRED HEART I	OSPITAL			CUMBER	LAND				ALL	EGANY
10e. STATE 10b. COUNT	r		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
MARYLAND ALL	EGANY		V	VESTERN	PORT					1 X YES 2 NO
10e. STREET AND NUMBER					. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
200 SOUTH CLA	YTON DR	IVE			21562	2		I	JS	A
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF			CENDENT OF HISPA			s or No-		- American Indien, White, etc.
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE V		NO		2 NO Speci		ican, etc.)		Specif	
15. DECEDENT'S EDU (Specify only highest grade	CATION COMPRISED	18e. DE	ECEDENT'S	USUAL OCCUPATI	ON pet of working	16b.	KIND OF BU	SINESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	100	Do NOT u	se retired.)	on working					
12			HOME	EMAKER			OWN	HOM	ſΕ	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, M	liddle, Meiden	Sumame)		
LEWIS JO	HNSON				CHARI	COTTE	C	ANI	ERS	ON
19s. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORESS (Street	and Number or Rural	Route Numb	er, City or Tow	vn, State, Zip	Code)	
THOMAS MURRAY			349	NINTH	AVE. C	COLLE	GEVI	LLE,	PA	19426
20a. METHOD OF DISPOSITION TYP Burlal 2 Cremation 3 Rem	own from State			E OF DISPOSITION	I (Name	OATE	20c. LC	CATION -	City or To	wn, State
4 Donation 5 Other (Specify)	oval from outle	- WESTM	IORE.	LAND ME	M PARK	3/1	8 GRI	EENS	BURG	, PA
21-SIONATURE OF FUNERAL SERVICE LI	ENSEE	1		22. NAME A	ND ADDRESS OF F	ACILITY				
Downlas	s. Ho	Les								MORTUARY
23. PART I. Enter the diseases, or	complications the	t canned the d	eath Do		NATION					MD 21502 Approximate
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Aut		č 1	Palenge Pr:	uz ela	lun				Interval Between Onset and Death
Conversal the the see distance	o CAD	> ~								
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE								
cause. Enter UNDERLYING CAUSE (Disease or Injury	c /7/0		or							
that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE C	OF):						
Totaling in addition Exo.	d									-
PART II Other significant condition	ns contributing to	death but not	resulting	In the underlying	g ceuse given in	n Part I.	24a. WAS AI		240	WERE AUTOPSY FINDINGS
Olaronde hr	elmon	in to	Ulled	cella +	- Pseula	uan !	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
B) Marchail &	5 C	1.	-			- ~	y un	2 M		OF DEATH?
13 Tel II de	17	1		(1) 0	7	,	0	_		1 TYES 2 NO
25. WAS GASE REFERRED TO MEDICAL	may the	cers	_	200	LACE OF DEATH (C	hack only on	a)	_		
EXAMINER?	HOSPITAL:			OTHER:						
27. MANNER OF DEATH	26e. DATE O	ER/Outpetient	28b. TII		ne 5 🗌 Residence	-	(Specify)	IN ILIEN OC	CHEED	
1-2 Natural 5 Pending		Day, Year)		JURY W	ORK?	200. 003	CHIBE HOW	INJUNI OC	CONED	
2 Accident Investigation	28a PLACE	OF IN ILIDY As b	ome from	street, factory, offi		204 1.00	ATION (Steel	and Mumba	e oe Drumt f	Route Number,
3 Suicide 6 Could not be 4 Homicide determined	building	, etc. (Specify)	ronno, termi,	street, rectory, on			or Town, State		( Or NUTEL I	TODIO PEDINOSI,
29e, CERTIFIER		_	_	_						
(Check only										e) and manner ee stated.
29b, SIGNATURE AND TITLE DE CENTIFIE	-				29c, LICENSE NU	JMBER		29d. DA	TE SIGNED	(Month, Day, Year)
11/1	ali	100	7	FACD	BIL	30	/	<b>D</b>	3/15	1/51
30. NAME AND ADDRESS OF PERSON W	10 COMPLETED CAL	ISE OF DEATH AT	EM 27) /5-	A C P		0	1		11/	
UR FE		A A								
		NIV	121	ACP						
31. DATE FILEO (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	1.00							



notified at P must examiner medicai the event. ther this certificate has been signed by the attending physician and corn eath with the Stare Dept. of Health and Mental Hygiene prior to burial, marked, or Item 23 shows any injury, or other traumatic es

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 30 JONES JOHNNIE 8 A M EE 13 A SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6/13/09 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Georgia DAYS MIN. 1 M 2 F 14-6193 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH Harford Matte He HoriaL DIRECTOR GIACE Hartord Havre de 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Maryland Aberdeen, Harford 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 430 Baltimore Street 21001 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES WW II 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: Black BY 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) Self Employed COMPL Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Johnnie L. Jones Mary Lou UNK BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 430 Baltimore St. Jimmie Lee Jones Aberdeen, Maryland 21001 20e. METHOD OF DISPOSITION

1 Partial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, Stata DATE Calvary Methodist Cem. 3/16/ Aberdeen, Maryland 4 Donation 8 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
Tarring-Cargo Funeral Home, P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Aberdeen, Maryland 21001-3399 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition METASTATIC RAPCINOMA
DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) MCER CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED3 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 1 | YES 2 X NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 8 - Other (Specify) 4 🗌 Nun 27. MANNER OF DEATH 28c. INJURY AT WORK? Natural 28a. DATE OF INJURY 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO BY THE HAVEPAL DIRECTOR: After I had writin 72 hours after death PORTANT: If item 28 is man Accident Investigation 28e. PLACE OF INJURY -- At home, farm, street, factory, offica building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide MPORTANT: If Item 2/ 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beels of ax 29c. LICENSE NUMBER 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month. Day, Year) BE 9 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

DANTE MINAL! 2

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32. ABBISTRARIS SIGNATURE Juna Day door Pandale

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1 - STATE REGISTRAR

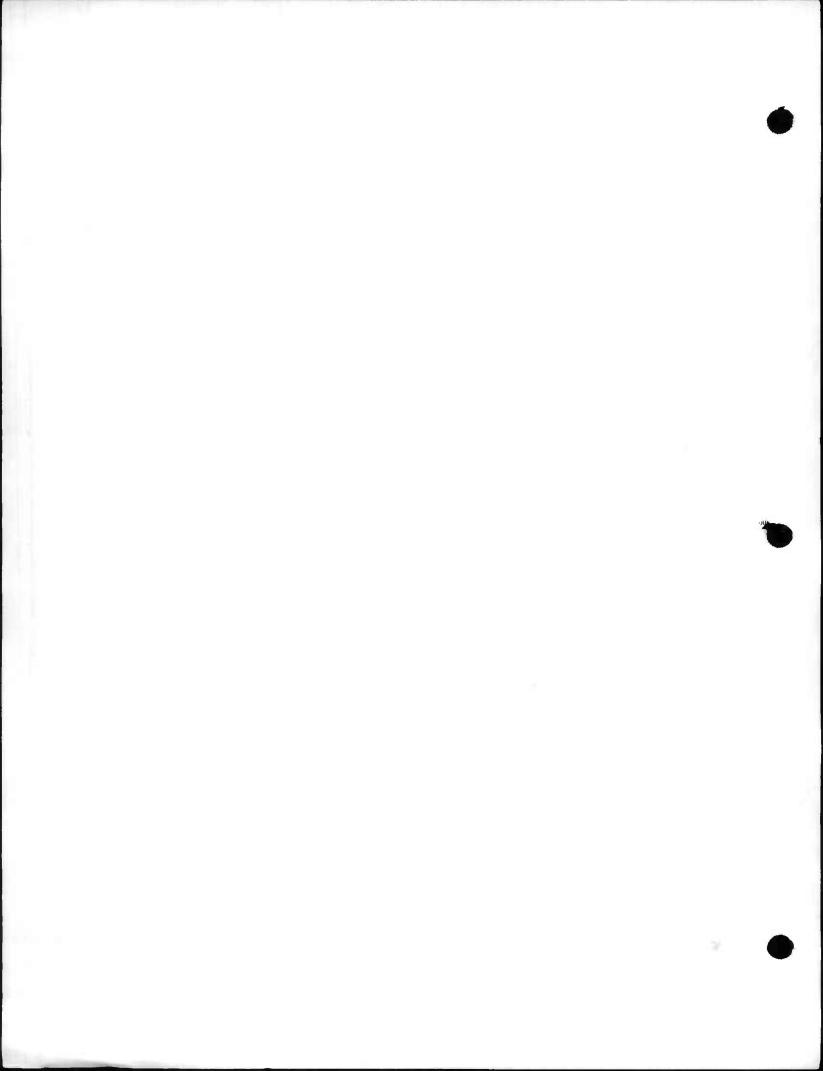
# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1. DECEDENT'S NAME (First, Middle, Lyst) SEUTGE ThumAS	•	Jack	pon	20 10 0	MY YEAR 3 1991	3. TIME OF DEATH 0954 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AC 220 - 68 - 9067 1 M 2 F	SE (In yrs. lest birthde	MONTHS D	EAR IF UNDER 24 HF AYS HOURS MI	N. (Month, Day, Year)	55 8. BIFT	THPLACE (State or Foreign nitry)
_	9e. FACILITY NAME (If not institution, give street and number)		96. CITY, TO	OWN OR LOCATION O		9c. COUNTY OF	
ğ	PENINSULA GENERAL HOSPITAL		SWLTS	DOKI		WIGOII	
DIRECTOR	10a. STATE 10b. COUNTY		CITY, TOWN OR	LOCATION			10d. INSIDE CITY
	m.d. Wicomies	) ,	JA/1	sbury		Tax and	1 DYES 2 NO
FUNERAL	531 W. ISAbella	St		2 18	01	10g. CITIZEN OF	S.D.
N	11. MARITAL STATUS  12. WAS DECEDENT EVE FORCES? 1 V		13. WA	B DECENDENT OF HI	SPANIC ORIGIN? (Specify Yearicen, Puerto Ricen, etc.)	Bia	CE — American Indian, ick, White, etc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR DI	R DATES	10	YES 2 THO S	pecify:		BIK.
TEL	15. OECEDENT'S EDUCATION (Specify and algebraic grade completed)	16a. DECEDEN (Give kind	T'S USUAL OCCU of work done duri T use retired)	JPATION ing most of working	16b. KIND OF BU	ISINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)		tructi		Worth	Cons	truction
BE CO				PAU!	S NAME (First, Middle, Melder	Surname)  JACK	Sun
TO B	SANJUAN Y. JACKSON	196 MAIL 53	ING ADDRESS (S	T Sαβε	lural Route Number Otto or To		4 md 21801
	20e. METHOD OF DISPOSITION   Duriel 2	20b. PLACE OF DISC other place) EDANE	Zia (	of comotory, cromatory	20c. Ly	Oruma	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  AUSSEIL-TOUKS FOUKS	7/4	22,NA 100	ME AND ADDRESS O	eral Hon	e '	y m/21/01
	23. PART i. Enter the diseases, or complications that cou		o not antar th	e mode of dying,	auch as cardiac or resp		Approximata
	ahock, or heart feliure. List only one cause o  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Condition	n aach lina.	rus C				Interval Batween Onset and Death
z	Acute	Angu	este la	(mujoca	udial dry	aretim	,
ATIO	If any, leading to immediate	AS A CONSEDUENCE	E OF):	In di			
CERTIFICATION	CALISE (Disease or Inluny S C.	AS A CONSEQUENCE	E OF):	gina			
CER	d						
	PART II. Other significant conditions contributing to deat	h but not reaultin	ng in the unde	erlying cause give		N AUTOPSY 2-	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL				· · · · · · · · · · · · · · · · · · ·	1 YES	2 🗆 NO	COMPLETION OF CAUSE OF DEATH?
Σ							1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATI	H (Check only one)		
SIC	EXAMINER?  1 VES 2 ND  1 Inpatient 2 VERA	Outpatient 3 🗆 DO.	OTHER:	_	ince 8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending  28e. DATE OF INJU (Month, Dey, Ye			Bc. INJURY AT WORK?	28d. DESCRIBE HDW	INJURY OCCURED	
ВУ	2 Accident Investigation	URY — At home, far		1 YES 2 No	281. LOCATION (Stree	t and Number or Burn	al Route Number.
ETED	8 Could not be building, stc. (				City or Town, Stell		· · · · · · · · · · · · · · · · · · ·
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examiner						e(a) and manner as stated.
E CC	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSI	E NUMBER	29d. DATE SIGN	ED (Month, Day, Year)
0	Og Lead			DI	9289	> 3/	13/91
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F DEATH (ITEM 27)	Type, Print)	2 5/3/	Salisbur	ma	2180/
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	BIGNATURE	0-0 130	K2656	Jausbur	7 110	2154
6	MAR 15'91 Sulia Maria	ייי מל			<i>y</i>		
	(100)	Any or president		-			OHMH-16 Ray 1/89

BALTIMORE, MARYLAND 21203-3146

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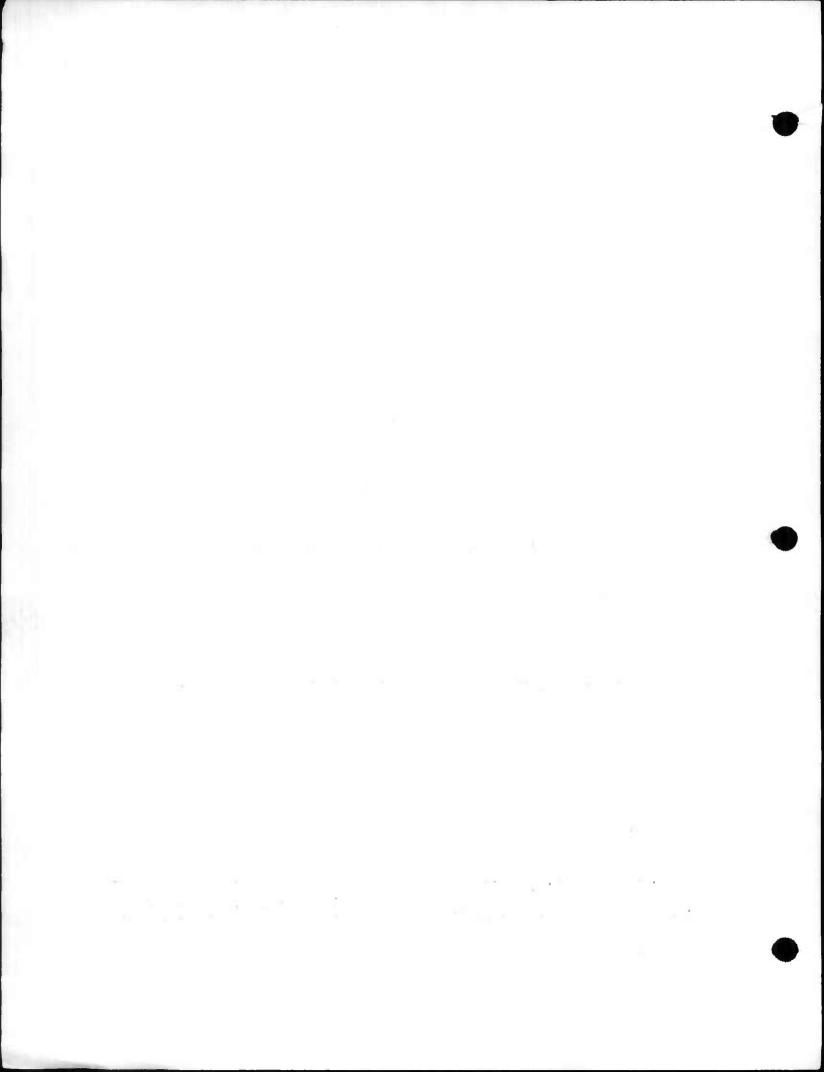
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31. DATE FILED (Morth, Day, Year)
WR 18 '9

	FOR STATE REGISTRAR		STATE OF I	MARYLAND /		TMENT				NENT	AL HYGIEN			
	1. DECEDENT'S NAME (First,	Middle, Last)									TE OF DEATH	AY	YEAR	3. TIME OF DEATH
	GEORGE	R.	KIEFERLE							MAI	RCH 14,	199	1	11:45 M
	4. SOCIAL SECURITY NUMBER 577-40-3560		5. SEX	6. AGE (In yrs. less	t birthday) YRS.	IF UNDER t	YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mo	RIL 17,	1905	8. BIRTI Count	HPLACE (State or Foreign rry)
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY,	O MWG	R LOCATI	ON OF DE		,		NTY OF D	DEATH
DIRECTOR	RANDOLPH H		NURSING H	IOME		WHEA	ATO	1				MONT	ГGOMI	ERY
EC	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN OF	LOCAT	ION						10d. INSIDE CITY
E	MARYLAND	MONTO	GOMERY			WHEA	ATON	V						LIMITS? 1 YES 2 NO
AL	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	4011 RANDOL	PH ROA	AD.				2	20902	2				USA	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED						GIN? (Specify Yes	s or No—	14. RACI	E — American Indian, k, Whita, etc.
ВУБ	1 Never Married 2 3 Wildowed 4 Divo			WAR OR DATES					Specify		to riteall, vic.,		Spec	oify:
		17	l .	40.00										HITE
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COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	PTAIN					,	J.S. CO.	A COTT (	711 A 111	
ŏ	17. FATHER'S NAME (First, M	liddle, Last)		OAI	IALI	ν		18. MOT	HER'S NA		st, Middle, Malden		JUANI	-1
								25 00						*
TO BE	190. INFORMANT'S NAME (I	,,	(GUARDIA	N) 35	PART 150 I	ADDRESS TMENT TERRAL	OF RA I	FAMI	or Rural F	POUN N	Umber, City or Fow DURCES LON MD	m, State, Zi	SION	N OF ELDER
	20e. METHOD OF DISPOSIT 1X Burlel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Rem	oval from State	20b. PLACE other ple	OF DISPO		e of cen	netery, crer	netory or		20c. LC	CATION —	City or To	
	21. SIGNATURE OF FUNERA		CENSEE ,	) /	10201	22. N	AME AN	ID ADDRE	SS OF FA	CILITY				
	Mul	Land)	100	Eug Co							NS FUNE			, INC.
	23. PART I, Enter the d shock, or h IMMEDIATE CAUSE (Fig.	eart fallure.	complications the List only one ca			not enter t	he mo	de of dy	ing, auci	h as c	ardiac or reap	iratory ar	rest,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)		METH	STATIC	- c	ANC	FR	of	B	4	DER			45
	rosaring in country		DUE TO	(OR AS A CONSE	QUENCE C	IF):								1
N	Sequentially list condit	tions.	b	OR AS A CONSE		_								
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윤	CAUSE (Disease or Inju	Jry S	C. DUE TO	(OR AS A CONSE	QUENCE O	PF):								
	resulting in death) LAS	ET .	d.											
	DART II Other elevities	ant condition	na naminih utima te	double but make		t- ob-			-1	Deat 1	24a, WAS AF		Lau	
정	PART II. Other significa			The second second	_					Part I.	PERFO		241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă	INSULIN DAKE	דוראע ה	D.M.j	MICINA	1 3 -	-,,-	41	Me	70_		1 TYES	2 NO	1	OF DEATH?
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2	EXAMINER?	O MEDICAL	HOSPITAL:			OTHER	:		DEATH (Ch					
₹	1 YES 2 NO		28a. DATE O	ER/Outpatient 3	26b. Til	/>	_	HO 5 ∐ R	asidenca	_	ther (Specify) DESCRIBE HOW	IN HIRY O	CUBED	
	1 Natural 5	Pending		Day, Year)	IN	JURY	WC	PRK? YES 2	NO NO	200.	DEGOTION 11011		JOUNED	
TED BY	2 Accident 3 Suicide 6 4 Homicide	Investigation Could not be determined		OF INJURY — At ho, etc. (Specify)	ome, ferm,	street, facto	ry, offic				OCATION (Street City or Town, State		or or Rural	Route Number,
9	29a. CERTIFIER	TIEVING PHYS	ICIAN: To the best of	f my knowledge de	ath accur	and at the tie	an data	and also	and due	to the	anuncial and ma		eted	
COMPLETED	one) 2 MED	HCAL EXAMINE	ER: On the basis of					ieath occu	red at the	time, d				(a) and manner as stated.
TO BE	29b. SIBNATURE AND TITLE	- 81	age 1	9				D PIC	8 8		4	29d. DA	TE SIGNE	O (Morgh, Day, Year)
٦	MARTIN C	F PERSON WI		L M.		e, Print)	7	372	OF	K	Abas	AV	4	9 (~

ISTRAR'S SIGNATURE PROJECT

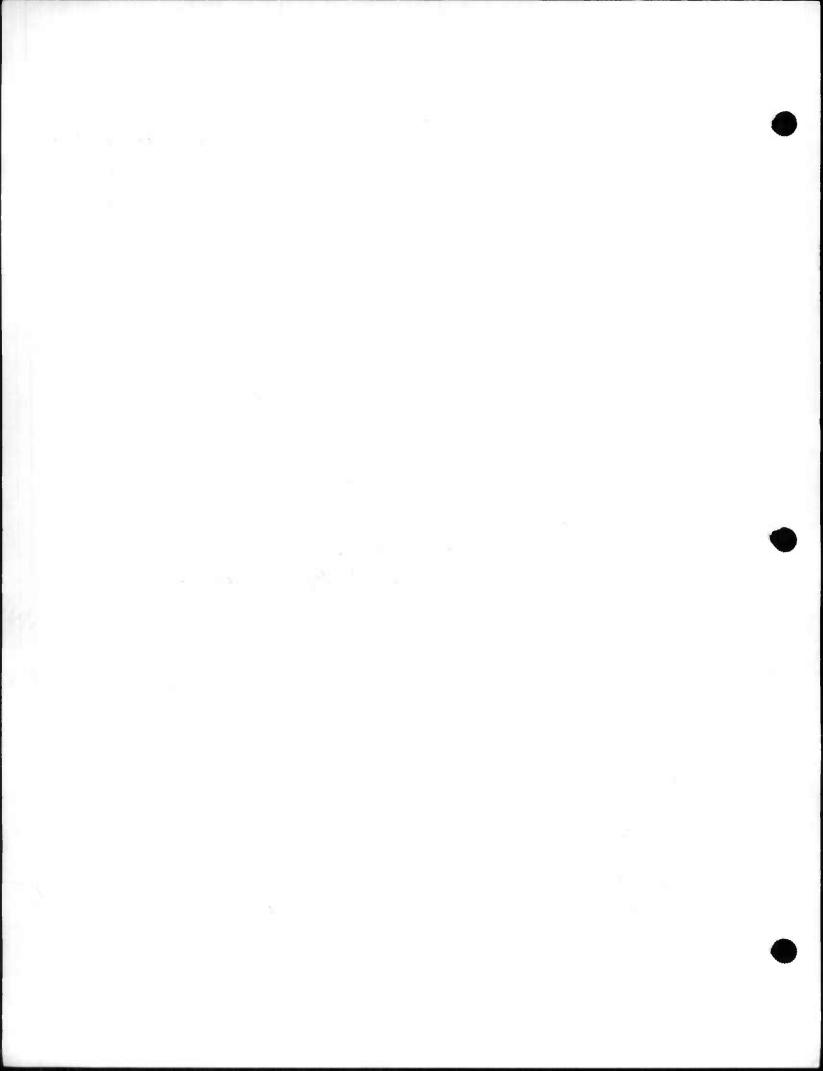


TO BE COMPLETED BY FUNERAL DIRECTOR

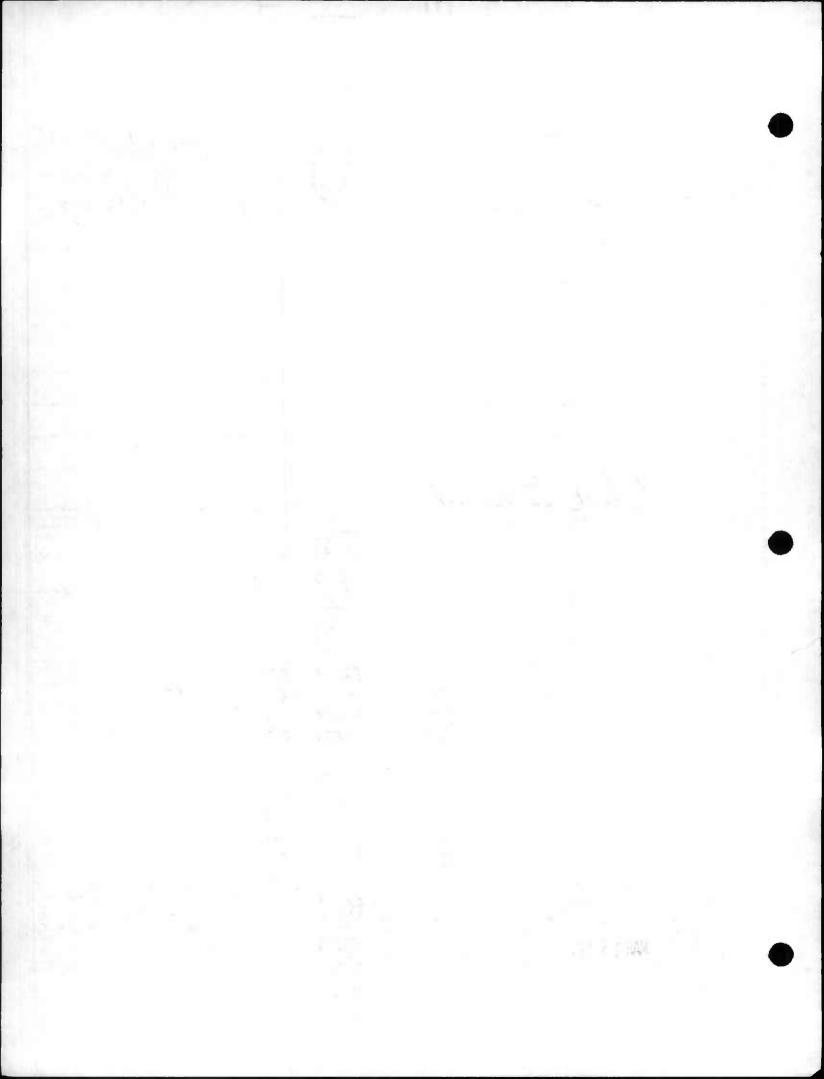
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

							91		8734
1 - FOR STATE REGISTRAR	TATE OF MARYLA		RTMENT OF		MENTAL	HYGIENE REG. NO.			
	EDWARD T// H	KIMBLE/			2. DATE O	OF DEATH			3. TIME DF DEATH
Edward Ta	ULOY KI	mille	JIK.		MONTH 3	- /z	5 -	91	6:01 Du
		n yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH			IPLACE (State or Foreign
421-07-5395	XM2□F 79	YRS.	MONTHS DAYS	HOURS MIN.		29.19	11.	AT.A	BAMA
9a. FACILITY NAME (If not Institution, give street			96. CITY, TOWN	DR LOCATION OF D	1			NTY OF D	
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RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		40- 00						1	
111 11		10c. CI	TY, TOWN OR LOC						10d. INSIDE CITY LIMITS?
MARYLAND MONTGO	MERY		SILVER	SPRING Of ZIP CODE					1 YES 2 NO
			- 1	III TOX TO E			10g. CIT		
905 ORANGE DRIVE	WAS DECEDENT EVER IN	110 10110		20901 CENDENT OF HISPA				US	
	FORCES? TY YES		If yes, s	pecify Cuban, Mexic	an, Puerto Ri		or No—	Blac	E — American Indian, k, White, atc.
3 X Widowed 4 Divorced	WW II	ITES	1 🗆 YE	S 2 NO Spec	₩y:			Spec	"y: ITE
15. DECEDENT'S EDUCATION	DN	16a. DECEDENT	S USUAL OCCUPAT	TON	16b. I	KIND OF BUSI	NESS/INC		III
(Specify only highest grade comp	pleted) pllege (1-4 or 5 +)	(Give kind of	work done during nue retired.)	nost of working					
	4	ANALYST	[	CIA					
17. FATHER'S NAME (First, Middle, Last)	······································			18. MOTHER'S N	AME (First, Mi	liddle, Maiden S	Surname)		
EDWARD T. KIMB	LE.SR.			G	RACE S	STARK			
19a. INFDRMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rura			, State, Zip	Code)	
MOLLY THOMPSON (D	AUGHTER)	6275 I	FIRETHOR	N LANE	CLARKS	SVILLE	.MAR	YLAN	D 21029
20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPO		emetery, crematory or					own, State
1 Buriel 2 Cremetion 3 Removel 4 Donation 5 Other (Specify)		other place)	CITY CE	METERY		FLOR	ENCE	. AL	ABAMA
21. SIGNATURE OF PUNEMAL SERVICE LICENS		//	22. NAME	ANO ADORESS OF F					
1/1/1/1	4			IS J. CO	LLINS			OME,	INC.
	12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -								
23 PART i Enter the diseases or com	ofications that caused	the death Do							,MD.20901
23. PART i. Enter the diseases, or com shock, or heart feliure_List									Approximata interval Between
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shock, or heart fellure. List	only one cause on se	ton d	Paula	oda of dying, su	ch aa cardi	iac or reapir	atory an		Approximata interval Between
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Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE CONSEQ	OF):  26.  OTHER: 4   Nursing H	PLACE OF DEATH (Come 5   Residence NJURY AT VORK?  ] YES 2   NO like and place, and do death occured at the company of the com	n Part i.  Theck only one  6 Other  28d. OESC	24a. WAS AN. PERFORI 1 YES 2.  (Specify) CRIBE HOW IN	AUTOPSY MED?	244 244 ccureD	Approximata interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0	DUE TO (OR AS A  DUE TO	CONSEQUENCE CONSEQ	OF):  26.  OTHER: 4   Nursing H	PLACE OF DEATH (Come 5   Residence NJURY AT VORK?  1 YES 2   NO Residence and de death occured at the 29c. LICENSE NI	n Part i.  Theck only one  6 Other  28d. OESC	24a. WAS AN. PERFORI 1 YES 2.  (Specify) CRIBE HOW IN	AUTOPSY MED?	244 244 ccureD	Approximata interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
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### STATE OF THE PRINCIPLE OF PERSON WHO CO.	DUE TO (OR AS A  DUE TO	CONSEQUENCE  CONSE	orther:    OTHER:   A   Nursing He   Nursing	PLACE OF DEATH (Come 5   Residence NJURY AT VORK?  1 YES 2   NO Residence and de death occured at the 29c. LICENSE NI	n Part i.  Theck only one  6 Other  28d. OESC	24a. WAS AN. PERFORI 1 YES 2.  (Specify) CRIBE HOW IN	AUTOPSY MED?	244  CCURED  Arai  the cause	Approximata interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons



	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)  Q < S U A  4. SOCIAL SECURITY NUMBER	Trthur  5. SEX 6. AGE (In yrs. Is	Kess est birthdevi   IF UNDE		EF-	2. DATE OF DEATH	76,19	197	TIME OF DEATH  4 1 4 4 M  ACE (State or Foreign
	579-14-1406 1 M 2 F 70 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 1920 MISSOURI  9a, FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH							souri M	
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  Maryland	Montgomery	10c. CITY, TOWN OR LOCATION Silver Spring			ing money			Id. INSIDE CITY LIMITS?  YES 2 \( \subseteq \text{NO} \)
FUNERAL	10e. STREET AND NUMBER 700 Notley	•	101. ZIP CODE 20904				10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Nerried 3 Widowed 4 Divorced	MED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yea, specify Cuban, Maxican, Puerto Rican, atc.)  1 YES 2 1 NO Specify:					ea or No— 14. RACE — American Indian, Black, Whita, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1-12								
BE COM	17. FATHER'S NAME (First, Middle, Last) Andrew J. Kessin		18. MOTHER'S NAME (First, Middle, Meidden Surname) Ellie M. Leedy						
TO B	196. INFORMANT'S NAME (Type/Print)  Jean P. Kessinger  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  700 Notley Road, Silver Spring, Md. 20904								20904
	1   Burial 2   Cremetion 3   Removal from State   Volcemetory or other place)   A   Donation 5   Other (Specify)   Volcemetory   Of cemetory or other place)   Tort Lincoln Crematory   3-18-9  Brentwood, Md.								
	23. PART I. Enter the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or 16 A consequence of):								
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	b. DUE TO (OR AS A CONS		a	rlery	disla	4		Jeans
O									-
MEDICAL	PARI II. Other significant condition	i. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO						o o	ERE AUTOPSY FINDINGS WALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AL  HOSPITAL: 1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Raskdence 6   Other (Specify)							
PHY	27. MANNER OF DEATH  1 Netural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. IN.	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED			
ETED BY	2 Accident 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	ome, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
D BE COMPLE	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.								
TO BE C	296. SIGNATURE AND TIPLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  297. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  3/16/9/								
۲	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								



Pages 1, 2, 3

permit.

the hospital or attending physician.

be detached for

cremation, attending physician and completely mtal Hygiene prior to burial, cremation signed by the atter Health and Mental has been of h The law r certificate h HOSPITAL OR ATTENDING PHYSICIAN: DIRECTOR: After this certification hours after death with the

8 2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Mar.19, 1991 YEAR KEMP 12:36AM DANIELLE NICOLE 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 10705/89 218-25-6931 MARYLAND 1 DEBMAL 1 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH FREDERICK MEMORIAL HOSPITAL FREDERICK FREDERICK DIRECTOR RESIDENCE OF DECEDENT STATE 10d. INSIDE CITY 10b. FREDERICK UNION BRIDGE 1 YES 2 NO 101. ZIP CODE 1791 FUNERAL 7902 TIMMONS RD. 109. CITIZEN OF WHAT COUNTRY? use as the burial-transit 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, stc. FORCES? 1 YES 2
IF YES GIVE WAR OR DATES 1 Never Married 2 Married
3 Widowed N 4 Divorced 1 YES 2 NO NOCHY WHYTE 8 COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondery (0-12) N/A N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) R. TYRONE KEMP VALERIE RHODERICK 15 BE filled in by the funeral director, page 5 should on, or removal. notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 R. TYRONE KEMP 7902 TIMMONS RD. UNION BRIDGE 21791 must be 20a. METHOD OF DISPOSITION BUKIAL
1 Device 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State RESTHAVEN MEMORIAL GARDENS NR. FREDERICK, MD 4 Donation 5 Other (Specify) . 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS examiner LIBERTYTOWN. MD Thorne 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory erreat, abock, or heart failure. List only one cause on each lina. medical Approximats Interval Between Onset and Death IMMEDIATE CAUSE (Final 8. Carelia - Tesperalur Jassest

DUE TO (OR AS A CONSEQUENCE OF): traumatic event, the disease or condition resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING + Dacherty CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) or Item HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA | 4 | Nursing Home 5 | Residence 6 | Other (Specify) | A Object | 1 | YES 2 | NO 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? marked, 5 Pending Investigation 1 Natural 1 YES 2 NO 8 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Flural Route Number, City or Town, State) 28 ls r 3 Suicide 6 Could not be COMPLETED 4 Homicide ltem mex 29a. CERTIFIER

Chart and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

N. S. Z. M. M.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Nahid Solham nd 198 thomas Johnson, tPlo7, Frederich, ms, 2/702

31. DATE FILED (Month, Day, Year)

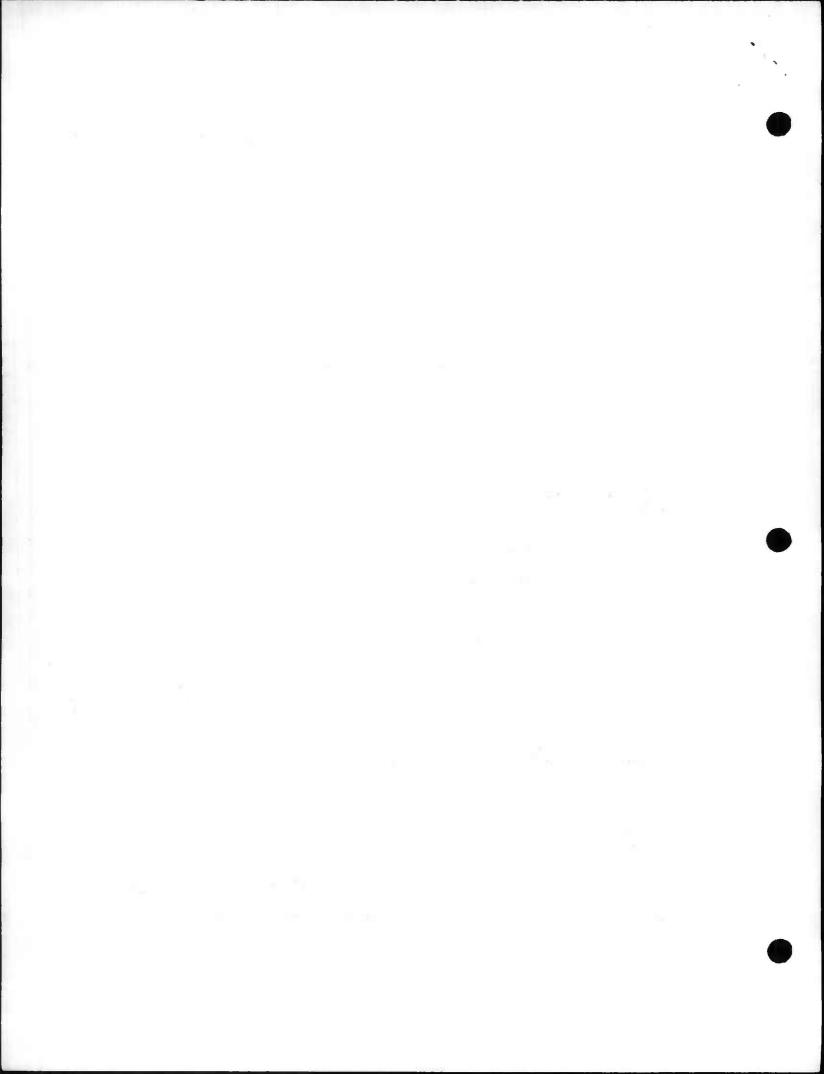
32. REGISTRAR'S SIGNATURE

N-STELL MD W. 21'91

Julie Beinden Pendell

DHMH-16 Rev 1/ 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

			FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN REG. NO			
			1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY YE		TIME OF DEATH
	P		Anthony Louis K			1	,	3 20	110 0		1302 "
1	11	3	4. SOCIAL SECURITY NUMBER 214-26-7161	5. SEX 6. AGE (1	n yrs. last birthday) 76 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	Country)	CE (State or Foreign
	P		9a. FACILITY NAME (If not institution, give	25	/6	9b. CITY, TOWN (	OR LOCATION OF DE	09-25-19	9c. COUNTY		ylvania
	3 should	œ l	Carroll County (		-a1		inster		Carro		
	1, 2,	ECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT			Y, TOWN OR LOCAL			Carre		
	Page	DIRE									1. INSIDE CITY LIMITS?  YES 2 NO
	emit.		Maryland  100. STREET AND NUMBER	Carrol1	we	stminste	f. ZIP CODE		10g. CITIZEN		<u> </u>
	as the burial-transit permit. Pages 1,	FUNERAL	640 Uniontown Ro	pad			21157		United	1 Sta	ates
	al-trai	5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES			CENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	e or No- 14, 1		American Indian,
146	e bur	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify			Specify:	
21203-3146	se as the burial-tran	ED	15. DECEDENT'S ED	UCATION		USUAL OCCUPATION		16b. KIND OF BU			E
12	5 2		(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo see retired.)	ost of working				
	ched ched	COMPL	8		Aut	o Repair	_		bile Bo	ody 1	Repair
AN	detach	00	17. FATHER'S NAME (First, Middle, Last)				0.000	ME (First, Middle, Maider			
RYL	5 should be detached notified at once.	BE	Stanley  19a. INFORMANT'S NAME (Type/Print)	Kirk	19h, MAIL IN	D ADDRESS (Street )		BOKUMIEWIC Poute Number, City or You		fe)	
MARYLAND		2	Eva C. Kirk		0.00			estminster	1111	211!	57
- 7	funeral director, page		20e. METHOD OF DISPOSITION 1 String 2 Cremetton 3 Res	20b		SITION (Name of ce			OCATION — City		
BALTIMORE,	irector, p		4 Donation 6 Other (Specify)	Ev			1 Garden		ksburg,	, Ma	ryland
NIT.	e funeral dir 1. examiner		21. SIONATURE OF FUNERAL SERVICE L	JCENSEE MA			no appress of fa				
BALT	a) a)		100en	H. Mage	N			reet, West	minste	c, M	D 21157
	E 3 &		23. PART I. Enter the diseases, or shock, or heart failure	complications that the complications that the complications that the complete comple		not enter the mo	ode of dying, suc	h as cardiac or resp	dratory arreat,	,	Approximate Interval Between
	E 2 E		IMMEDIATE CAUSE (Finel disease or condition	RESPIR	ADDOV	ARREST					Onset and Death
é,	and completely fille b burial. cremation, matic event, the		resulting in death)		CONSEQUENCE						
13146,	8 8 4 6	z		ASPIRAT							
	ng physician and c giene prior to buris other traumatic	CERTIFICATION	Sequentieily list conditions, if eny, leading to immediate	CHF	CONSEQUENCE	OF):					
80	physician ne prior to	FIC	cause, Entar UNDERLYING CAUSE (Disease or injury that initiated events	C.	CONSEQUENCE	OF): (					
	5 6 2	F	resulting in death) LAST	3 evere	PARKW	SCN'S	distase				
Э,	by the attending phy and Mental Hygiene p y Injury, or other		PART II. Other significent condition	one contributing to deeth b	out not resulting	in the underlyin	ng cause given in	Part I. 24e. WAS A	N AUTOPSY	24b. WE	FRE AUTOPSY FINDINGS
RDS	d by th	CAL		WIL AFIB		, are underly a		PERFO	RMED?	AM CO	MILABLE PRIOR TO IMPLETION OF CAUSE
00	ne law requires that has been signed to be better of Health a m 23 shows any	MEDIC						1 YES	1		DEATH?
R	as been Dept. of 23 sho	N.									
VITAL RECOR	refishions: the law requires that the organiths certificate has been signed by the attention with the State Dept. of Health and Mental Fried, or Item 23 shows any Injury, o	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	PLOSPITAL:	netient 3 🗆 DOA	OTHER:	PLACE OF OEATH (C)	6 Other (Specify)			
A .	certiff the the	PHYS	27. MANNER OF DEATH	28e, DATE OF INJURY	28b. TI	ME OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED	
FOZ		ВУ Р	Natural 5 Pending Investigation	(Month, Day, Year)			YES 2 NO				
DIVISION	TOR: A after d after d is		3 Suicide 6 Could not b datarmined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm clfy)	, street, factory, offi	ca	281. LOCATION (Street City or Town, State	and Number or F	Rural Rout	e Number,
۵	ISPITAL DR A NERAL DIREC Thin 72 hours NT: If Item	COMPLETE	cool	SICIAN: To the best of my know NER: On the besie of examination						ause(a) ar	nd manner as stated.
	TO THE HOSPITAL L TO THE FUNERAL D be filed within 72 ho IMPORTANT: If It	BE	29b. SIGNATURE AND TITLE OF CERTIF	MO			29c. LICENSE NU			201	onth, Day, Year)
		5	30. NAME AND ADDRESS OF PERSON OF	VHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (TYPE	GIN RA		MUSERUR	mo 2	-115	7
0	e l		31. DATE FILED (Month, Day, Year) MAR 2 1 '91	LVIN 542 32. REGISTRAR'S SIGN Fisher Design	on fonde	82_					



3. TIME OF DEATN

20851

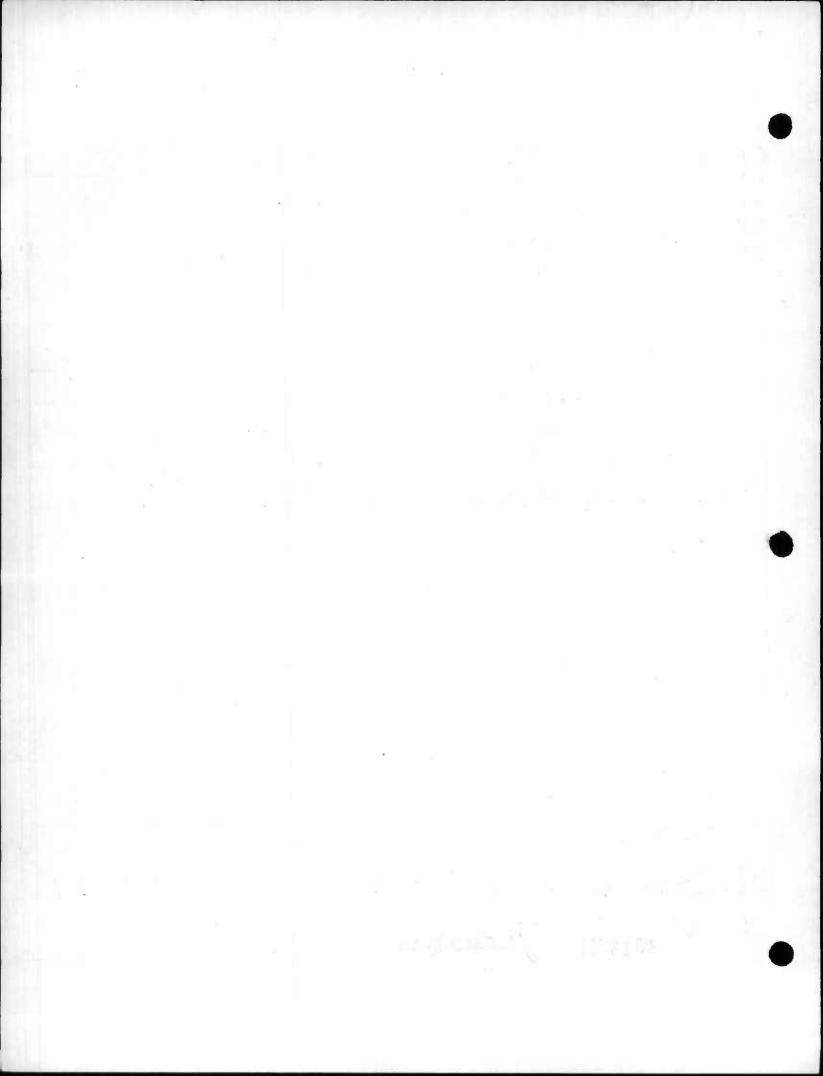
809 Veirs Mill Road, Rockville, Maryland

• _		1. DECEDENT'S NAME (First, Middle, Last) Vi	ctoria P	earl Kir	by				- Mi	are of Death onth Darch 17	7 19	991	7:35PM
(P	1	4. SOCIAL SECURITY NUMBER 233-72-0431	5. SEX	6. AGE (In yrs. led 91	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HR	(N	ATE OF BIRTH Month, Day, Year) ay 31,18	399	Country	Virginia
2.338	CTOR	90. FACILITY NAME (If not institution, give Rockville Nursin				9b. CITY,		ockvil	F DEATN		9c. COUN	NTY OF DE	
	5	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	γ		10c CIT	Y, TOWN O	R LOCAL	TION				1	10d. INSIDE CITY
permit. Pages	DIRE	W.Virginia	Mercer		100.00.	Pri	ncet	on					LIMITS?
-15	IERAL	Glenwood Park, I	nc.				101	24740					hat country? States
1203-3146 or attending physician. r use as the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2XX WAR OR DATES		1	f yes, sp	CENDENT OF NIS ecity Cuben, Me 2 X NO Sp	xicen, Pue	RIGIN? (Specify Yearto Ricen, etc.)	a or No—	14. RACE Black, Specify Whi	
2 章章	IPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		+) (Gi	ive kind of a Do NOT us	usual oc work done of se retired.) emake	during mo	ON ost of working		18b. KIND OF BU	siness/ind		
MARYLAND 2: e retained by the hospital e 5 should be detached for	1111	17. FATHER'S NAME (First, Middle, Last) J.H.	Lilly					18. MOTNER'S		irst, Middle, Maiden lie Lill			
0 5 6	은	190. INFORMANT'S NAME (Type/Print)  Mary Price		2	05 W	indwa	ard	Drive,	S.W	Number, City or Tow			inia 24014
Page 6 may be director, page		20e. METNOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Ren  4 Donation 5 Other (Specify)		other pla	ace)	n Mer	nori	al Par	k	Pri		on, V	V.Virginia
death. P the funeral		21. SIGNATURE OF FUNERAL SERVICE LI	9. St	ella MO	0348	He	ome/	Bethes	da-Cl	hevy Cha	ase,	Inc.	rey Funeral 7557 814-3501
ted within 24 nours after completely filled in by the ial, cremation, or removal areas areas.		23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ca		lmon	ary A			such ss	cardlec or resp	iratory arr	rest,	Approximate interval Between Onset and Death
C. BOX 1314 certificate be executed dding physician and con Hygiene prior to burial,	ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO	Colon Ca O (OR AS A CONSEC COPD O (OR AS A CONSEC CHF	ncer	F):							1989
requires that the death sen signed by the atter of Health and Mental	ICAL	PART II, Other algnificant condition	ns contributing to	o death but not r	resulting	in the un	deriyin	g cause giver	in Part	i. 24a, WAS AN PERFO 1 — YES	RMED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
F VITAL R SICIAN: The law n certificate has be thathe State Dept.	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF DEATH					
CIAN:		1 TYES 2 X NO		☐ ER/Outpatient 3				ne 5 🗆 Resider					
OEE	ву Рн	1 Netural 5 Pending 2 Accident Investigation	28e. DATE O (Month.)	Day, Year)	28b. TIN	JURY M	WC	JURY AT ORK? YES 2 NO	1000,100	DESCRIBE NOW	INJURY OC	CURED	
TTENDI TTOR: A after de	TED	3 Suicide 8 Could not be 4 Homicide determined		OF INJURY — At ho i, etc. (Specify)	ome, farm,	street, fact	ory, offic	:0	281.	LOCATION (Street City or Town, State		or Rural R	sute Number,
DIN RAL OR AL DIR 72 hour	5	29a. CERTIFIER (Check only one) 1 X CERTIFYINO PNYS	ER: On the basic of										end menner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72	O BE C	296. SIGNATURE AND TITLE OF CERTIFIE  Tours	Wesh	hal	H	7)		29c. LICENSE	NUMBER 785		29d. DAT	E SIGNED	(Month, Day, Year)
	F	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	USE OF DEATH (ITE	M 27) (Type	, Print)						1	7

32 MEGISTRAB'S SIGNATURE

Julia Davidson Annaell

Frauke Westphal, M.D.,

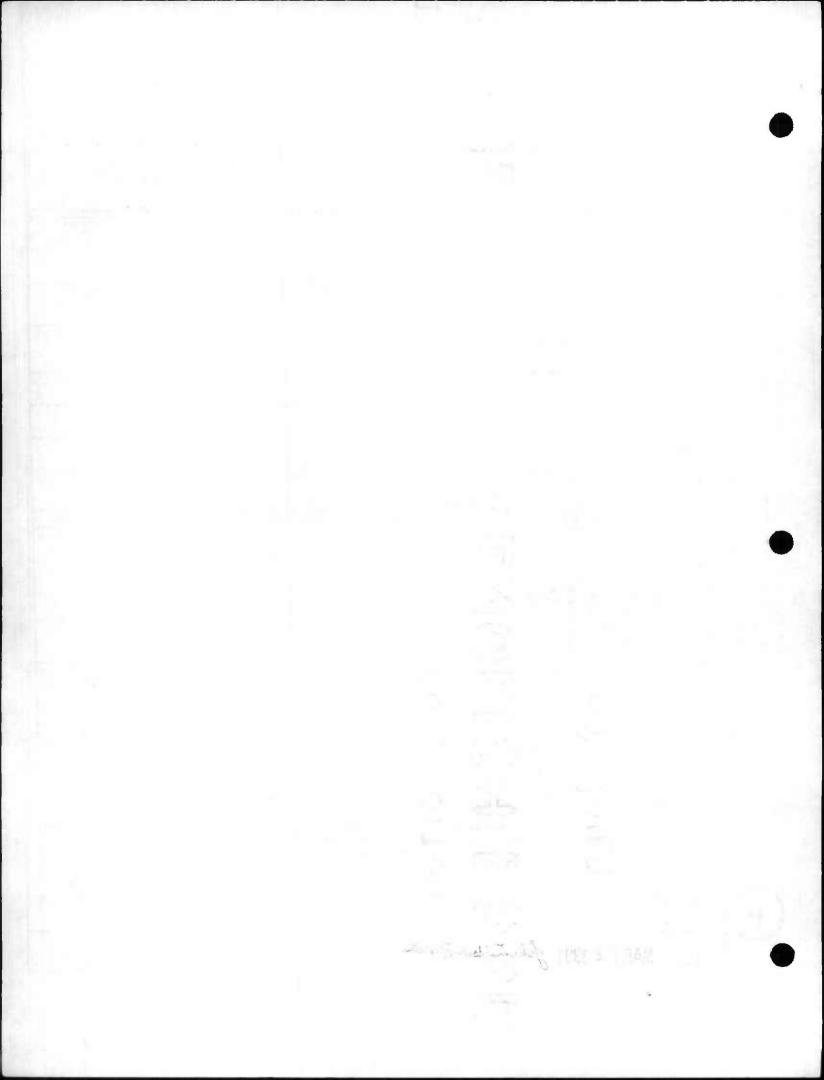


		2, 3 should
		Pages 1
BALLIMORE, MARTLAND ZIZIS-UUZU	hay be retained by the hospital or attending physician,	page 5 should be detached for use as the burial-transit permit. P.
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DA	after de	y the fi
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	in 24 i	ely fille
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
	THE HOSPITA	HE FUNER

	1. DECEDENT'S NAME (First, Middle, Last)						2 DATE	OF DEATH		1	3. TIME OF DEAT
- 1	EDITH			KIRBY	V		MONT 03			YEAR	6:22 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last bit					OF BIRTH	BIRTH	PLACE (State or For	
	214-03-5157	1 🗆 M 2 📈 🛣	90	YRS. MONTHS	DAYS	HOURS MIN.	12	25 19	00	Country MAR	YLAND
	9s. FACILITY NAME (If not institution, give a	street and number)		9b. CIT	ry, town (	OR LOCATION OF D	EATH		9c. COUNT	TY OF DE	EATH
OR	NORTH ARUNDEL HO	SPITAL ASS	OCIATIO	BURNIE			A	.A.	COUNTY		
ECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	Υ	1	IOC. CITY, TOWN	OR LOCA	TION	-				10d, INSIDE CITY
DIRI	MARYLAND ANNE	E ARUNDEL ANNAPOLIS									LIMITS?
AL	10e. STREET AND NUMBER		f. ZIP CODE			10g. CITIZI	EN OF W	HAT COUNTRY?			
ER	114 DOGWOOD RI				2	1403			Ū	.S.	Α.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 U IF YES, GIVE WAR	YES 24 ANO	D 13	If yes, sp	CENDENT OF HISPA Decity Cuben, Mexic BAN NO Specia	an, Puerto			Specif	
ED	15. DECEDENT'S EDU		16a. DECEI	DENT'S USUAL	OCCUPATION	ON	168	. KIND OF BU		R L.A.	C.K.
COMPLETI	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		kind of work done NOT use retired.	e during mo	ost of worlding					
MP	DOMESTIC  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)										
_	RICHARD THOMAS	3				SARAH			Sumama)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. N	MAILING ADDRE	SS (Street		or Rural Route Number, City or Town, State, Zip Code)				
5	MARY MURRAY			114 DOGWOOD RD. ANNAPOLIS,							403
	20s. METHOD OF DISPOSITION	normal dunum Charles		O OATE OF OIS		N (Name	3 041	E 20c. LC	CATION — C	ity or To	wn, State
	20s. METHOD OF DISPOSITION  1 M Burlal 2 Cremetion 3 Removal from State  20b. PLACE AND DATE Of DISPOSITION (Name of cemetary, cremetary, cremetary) or other place)  20b. PLACE AND DATE Of Cremetion 3 PARK  20c. LOCATION — City or 1 of cemetary, cremetory or other place)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY 8 2 1 WEST ST.										
	OR DARK I Consulte discount ou		ese	1		E & SO1			,		
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition rasulting in death)	List only one cause	on each lina.	h. Do not ante	ar the mo		ch aa car	diac or reap	iratory arre	est,	Approxim Interval B
TIFICATION	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Acuta OUE TO (OI  DUE TO (OI  C.	on each lina.	PO NOT ANTE	ar the mo	ode of dying, suc	ch aa car	diac or reap	iratory arre	est,	Approxim Interval B
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MEDICAL CERTIFI	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant conditions.	a. OUE TO (OI  DUE TO (OI  DUE TO (OI  d	R AS A CONSEQUE	LOS OF):	er the mo	Lle	Part I.	24s. WAS AMPERFO	CALITOPSY RMED?	est,	Approxim- Interval Be Onset and
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PHYSICIAN: MEDICAL CERTIFI	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	a. OUE TO (OI b. DUE TO (OI d. DUE TO (OI HOSPITAL:	R AS A CONSEQUE	ENCE OF):  ENCE OF):  ENCE OF):  OTHI	undariyin  26. P  ER:  Ursing Hor	LLC of death (C	n Pert I.	24a. WAS AN PERFO	A AUTOPSY RMED?	24b.	Approximinterval Boonset and Onset a
SICIAN: MEDICAL CERTIFI	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	a. OUE TO (OI b. DUE TO (OI c. DUE TO (OI d	R AS A CONSEQUE R AS A CONSEQU	ENCE OF):  ENCE OF):  ENCE OF):  Ulting in the of the open control	undariyin  26. P  ER: uraing Hor  28c. NN 1	PLACE OF DEATH (C	Part I.  heck only of 6 Oth 28d. DE	24e. WAS AN PERFO	A AUTOPSY RMED? 2 NO	24b.	Approxim Interval B Onset and Onset
D BY PHYSICIAN: MEDICAL CERTIFI	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 5 Could not be determined.  299. CERTIFIER (Check only 1 CERTIFYING PHYS)	a. OUE TO (OI b. DUE TO (OI c. DUE TO (OI d	R AS A CONSEQUE R AS A CONSEQU	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  A OTHING IN the original properties of the original properties of the original properties of the occurred at the occurr	undariyin  26. P  ER: lursing Hor  28c. IN  1 □  actory, office	Department of the property of	Part I.  heck only of 6 Oth 28d. DE 28f. Lo	24a. WAS AN PERFO  1 VES :  CATION (Street or Town, Stelle	N AUTOPSY RMED? 2 NO	24b. URED or Rural F	Approxim Interval B Onset and Onset

MAR 2 2 1991

12. REGISTRAR'S SIGNATURE



Donald Ralph KIDWELL

BALTIMORE, MARYLAND 21203-3146

BOX 13146,

P.0.

VITAL RECORDS,

OF

DIVISION

4. SOCIAL SECURITY NUMBER

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

6. AGE (In yrs. lest birthday)

YEAR

3. TIME OF DEATH

P

11:39

BIRTHPLACE (State or Foreign

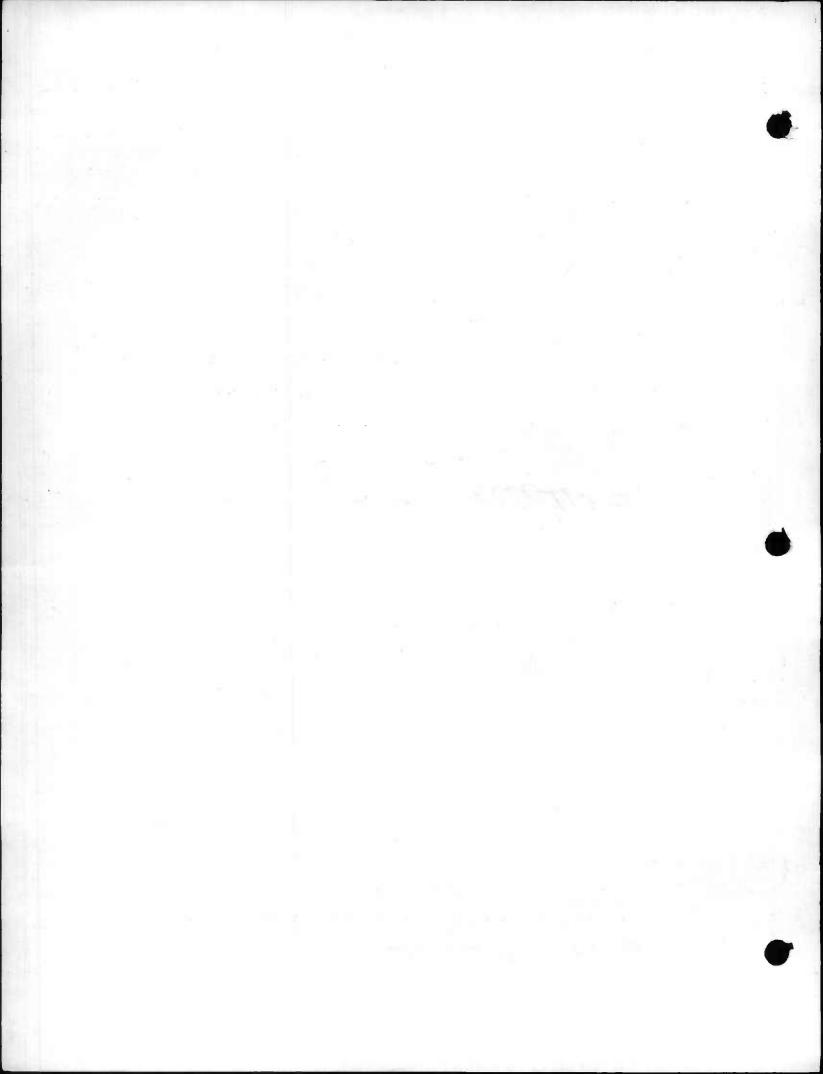
2. DATE OF DEATH

7. DATE OF BIRTH

March 17,1991

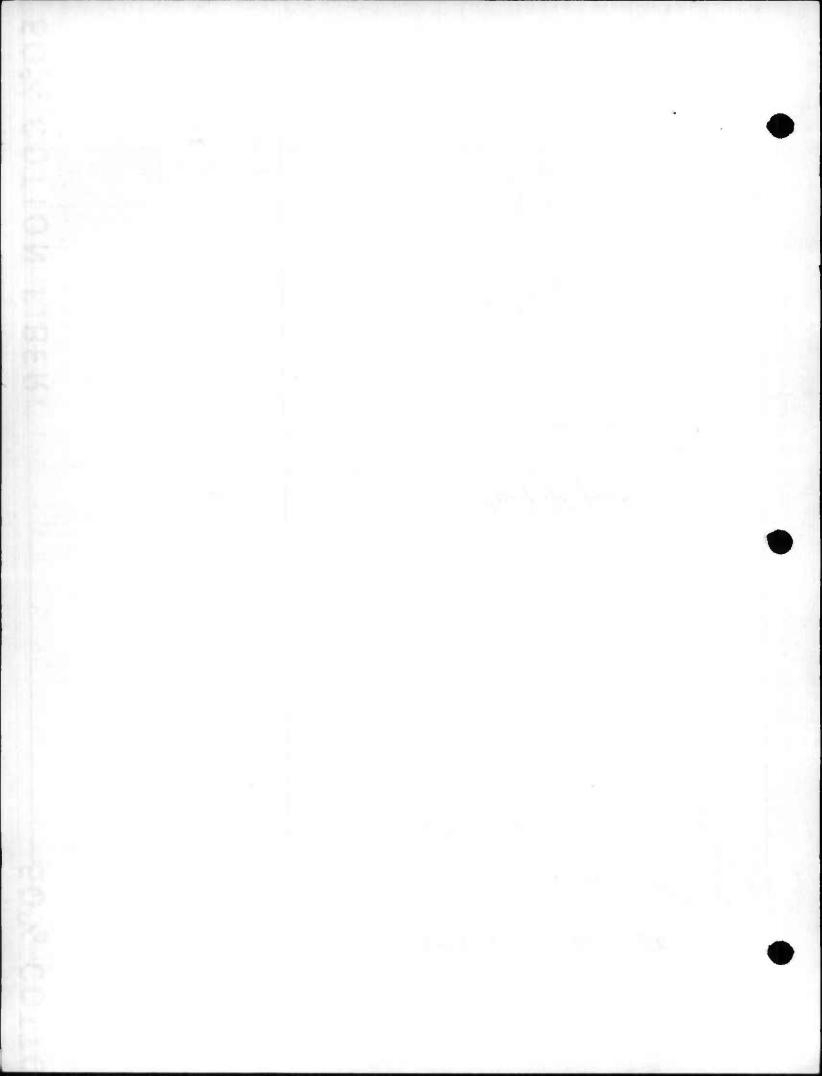
1 😾 M 2 🗌 F 213 44 1449 43 YRS. 1947 April 22. Maryland 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT Pages 1 10a STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 712 Marshall Street 21740 USA burial-transit Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13, WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No... 14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married BY the 3 Widowed 4 Divorced 1964-1968 white for use as COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 restaurant & lounge self-employed 0 page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Edwin L. Kidwell Bernice Croston notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Barbara Kidwell 712 Marshall St., Hagerstown, Md. 21740 pe 20s. METHOD OF DISPOSITION
1X Burisl 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must director, Rocky Gap Veterans Cemetery Flintstone, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MINNICH FUNERAL HOME funeral death. 415 E. Wilson Blvd., Hagerstown, Md. 21740 much the medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest. filled in by Approximate shock, or heart fellure. List only one cause on each line. interval Between 6 Onset and Death IMMEDIATE CAUSE (Fine) ACUTE MYOCARDIAL INFARCTION SECONDARY TO completely fille rial, cremation, the disease or condition SEVERE ATHEROSCLEROTIC CORONARY DISEASE resulting in death) event. OUE TO (OR AS A CONSEQUENCE OF)and com o burial. traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to 1 if any, leading to immediate cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL WAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1 X YES 2 □ NO 1 YES 2 NO t. of h has b. Dept. PHYSICIAN: MATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate his Item OTHER: 1 X YES 2 NO 1 | Inpetient 2 | ER/Outpetlent 3 | DOA ng Home 6 - Residence B - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 X Natural 5 Pending 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 .00 ED 6 Could not be DIRECTOR: / 4 🔲 Homicide 28 datermined COMPLET Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. -**CINETAL** 2 🔯 MECICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. MPORTANT HIII 296. SHANATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 五年 五 29d. DATE SIGNED (Month, Day, Year) BE How well March 20, 1991 DO 1062 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Edward W. Ditto, III, M.D., 217 West Washington Street, Hagerstown, Maryland 21740 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 20 Julia Davidson-Randalle DHMH-16 Rev 1/89



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J.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	NEGISTRAN		0.		IOAIL	- 01	250		n	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF O		Y	YEAR 3	TIME OF OEATH
	Donald Cliff	ord Ki	ck						March	16	, 19	991	5:50 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER	1 YEAR	IF UNDER	MIN.	7. DATE OF E (Month, De	HRTH V. Year)		8. BIRTHPt Country)	ACE (State or Foreign
	234-36-9951	1 ⊠ M 2 □ F	64	YRS.	MONTHS	Detro	HOURS	mere.	11-18	3-19	26		. Virgini
	9a. FACILITY NAME (If not institution, give st	reet and number)		9			96. CITY, TOWN OR LOCATION OF OR			EATH 9c. C			тн
DIRECTOR	Residence-508 F	rederi	ck Stre	Street			Cumberland			All			ıy
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			T 40. 00	Y, TOWN (		1001						Od. INSIDE CITY
<u> </u>							_						LIMITS?
	Maryland Alle	gany		Cu	mber		. ZIP COD						YES 2 NO
Mar		a				101					10g. CIT		AT COUNTRY?
FUNERAL	508 Frederick		NT EVER IN U.S. AI				215					USA	
2	1 Never Married 2 Married	FDRCES?	YES 2			If yes, sp	ecify Cube	ın, Mexica	IIC ORIGIN? (S <sub>i</sub> n, Puerto Ricar		or No—	1.0	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced		Korea			1 TYES	2 X NO	Specify	r.			Specify:	White
	15. DECEDENT'S EDUC	CATION	180 0	ECEDENT'S	USUAL O	CCUPATIO	ON .		16b. KIN	O OF BUS	INESS/IN	DUSTRY	WILLLE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 8	(C	Silve kind of a. Do NOT u	work done se retired.)	during mo	et of working	ng	1.2.2.2				
2	1 2	College (1-4 or 8		osta	1 W	orke	er		Fe	dera	a 1 G	over	nmant
S	17. FATHER'S NAME (First, Middle, Last)							HER'S NA	ME (First, Middl			0.01	······································
	Lawrence Kirk								e Tur				
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	3 ADDRES	S (Street i			Boute Number, C		, State, Zi	p Code)	
٩	Mrs. Mary Kirk	5							Cumb				21502
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO		_	_	_		_		City or Town	
	1 XBurial 2 Cremation 3 Remo	oval from State	ROC.	ky G	ap 1	Vet.	Ce	mete	erv	Cun	ber	land	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					ID ADDRE						-
	· Cunt	1 DI	1 B		easi	asure-Stein,			C. 2	230	Balt	imore Av.	
_	Leasure-Stein, Inc 230 Baltin Cumberland, Md. 2150230 Baltin												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feliure. List only one cause on each line.											Approximate Interval Between	
	IMMEDIATE CAUSE (Final											Onset and Death	
	disease or condition resulting in death)			dial Infarction									10 Min.
			OR AS A CONSE	QUENCE (	XF):								
2	Sequentially list conditions.	CAD		B AS A CONSECUENCE OFF									
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE IC	O (UH AS A CUNSE	R AS A CONSEQUENCE OF):									
윤	CAUSE (Disease or Injury	c. DUE TO	O (DR AS A CONSE	R AS A CONSEQUENCE OF):									-
CERTIFICATION	that initiated events resulting in death) LAST			OR AS A CONSEQUENCE OF):			):						
8		d											+
	PART II. Other significant condition	a contributing to	death but not	resulting	in the u	nderlyin	g cause	given in	Part I. 24	PERFOR			VERE AUTOPSY FINDINGS
EDICAL									16	YES 2			COMPLETION OF CAUSE OF DEATH?
										11117	2%		YES 2 NO
2									_				
ξ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. P	LACE OF D	DEATH (Ch	eck only one)				
BY PHYSICIAN:	1 X YES 2 □ NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE 4 Nu		• 5 X R	esidence	6 Other (Sp	pecify)			
ᇎ	27. MANNER OF DEATH	28a. DATE O	F INJURY Day, Year)	28b. TH	ME OF		URY AT		28d. DESCRI	BE HOW I	NJURY O	CURED	
7	1 Natural 5 Pending 2 Accident Investigation	(wond),	Day, rowy	"	M		YES 2 [	□ NO					
	3 Suicide 6 Could not be		OF INJURY — At h	ome, ferm,	street, fac	tory, offic	:0		281. LOCATIO	N (Street a	and Numbe	or Rural Ro	ute Number,
	4 Homicide determined	10000								,,, cicic,			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	of my knowledge, d	eath occur	red at the	time, date	and place	e, and due	to the cause(s	and mer	mer as st	rted.	
١١	(Check only one) 2 MEDICAL EXAMINE	1-3111											and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE			III POLITATE			200 110	ENSE NUI	MBED		204 DA	TE SIGNED	Month, Day, Year)
BE	ways - Mars	1-1	- Donus	M	- A	Ex.			007098	2		3-18-	
2	38. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAL	-Deput	_		EX.	LAT	u. 1	007090	)	,	0-10-	1991
	,					n D	~ i ***		mhorl	222	MA	215	0.2
	Giovanni Mastr	allye 10	AR'S SIGNATURE	00 1	300	ע זו	TIVE	=, Cu	mberl	alla	, IVICI .		UZ
	MAR I 9 1991	Jesia David	lson-Randa	M									
		/											



notified at once.

FOR STATE REGISTRAR

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uiii	# B	
	TO THE CONTINUOUS PHYSICIAN: The law requires that the death certificate be executed within 24-3urs after death. Page 6 may b	THE FUNERAL OR ATTENTING PHYSICIAN: The law requires that the death cardificate be executed within 2000 as after death. Page 6 may be THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages and the funeral director, pages and the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

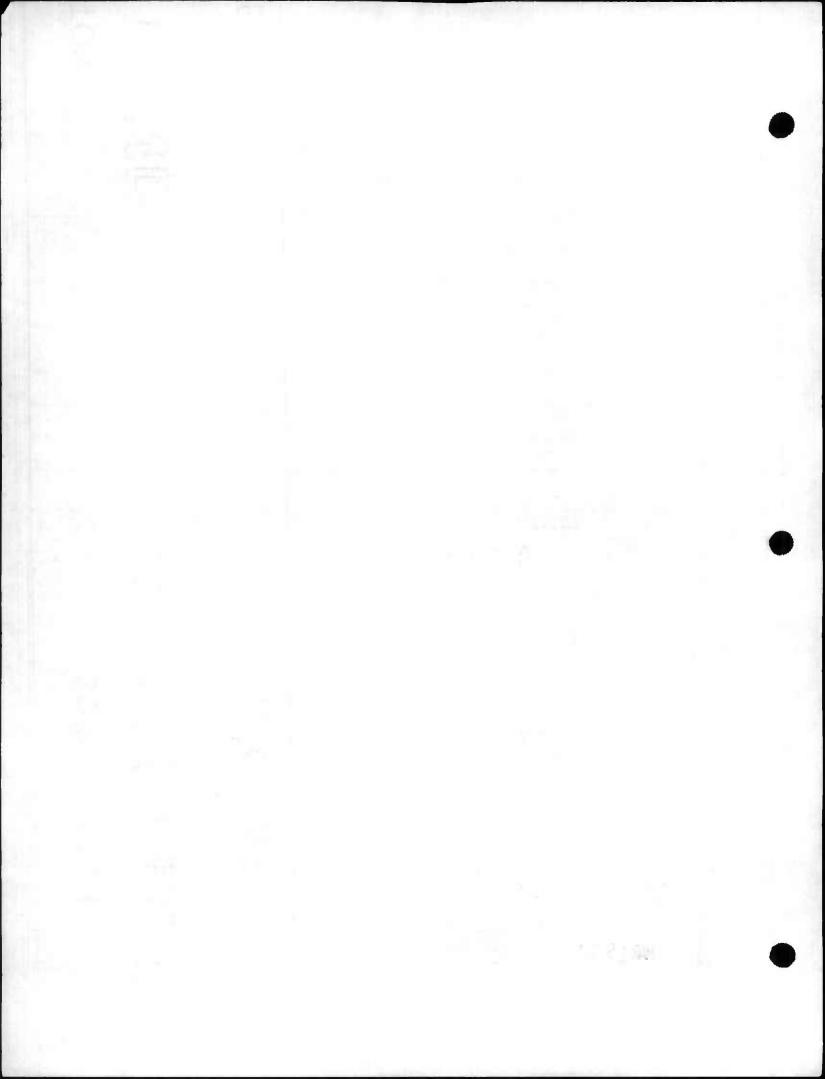
ł	1. DECEDENT'S NAME (First,	Middle, Last)		1/.		4.1			- 1	2. DATE OF I	DEATH DA	ν	YEAR	3. TIME OF DEATH
ł	VAMES	1		TIL	4UE	RU	JE	IDE	N	MARC	H B	19	91	1805 H
1	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. In:		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF E (Month, Da	BIRTH v, Year)	,	8. BIRTH Countr	PLACE (State or Foreign
- 1	218-05-8749	)	1 M 2 🗆 F	74	YRS.					JUNE 2		16	N.	DAKOTA
_	9a. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY	, TOWN	OR LOCATIO	ON OF DE	ATH		9c. COUP	NTY OF D	EATH
DIRECTOR	PENINSULA C		L HOSPITA	L		SAI	LISB	URY				WIC	OMIC	CO
E I	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION					П	10d. INSIDE CITY
뜸	MARYLAND	W	ICOMICO		l -	DEI	MAR							LIMITS?  1 YES 2 NO
	10e. STREET AND NUMBER						10	1. ZIP CODE	E			10g. CITI	ZEN OF W	WHAT COUNTRY?
FUNERAL	RT 4, BOX	392,	FOSKY LA	NE				2 1	1875				U	ISA
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AI	RMED					IC ORIGIN? (S		or No-	14. RACE	— American Indian,
BY	1 Never Married 2 🔀	_	IF YES, GIVE Y	MAR OR DATES				3 X NO			1, 410.7		Speci	fy:
		EDENT'S EDU	ARM		L L	LIGUAL O	COLIDATI	ON		10h VII	ID OF BUIL	INESS/IND	HOTOV	WHITE
COMPLETED	(Specify only	y highest grade	ompleted)	(0	live kind of Do NOT u	work done	during mo	ost of worldn	g	100. (1)	ID OF BUS	HNESS/IND	USTRY	
7	Elementary/Secondary (0 7_YEARS	F-12)	College (1-4 or 5	*	PERAT	OR / F	ΔRM	ER			FARM	ITNC		
OM	17. FATHER'S NAME (First, M	liddle, Last)			- Diuii	.01() 1	211011		HER'S NAI	ME (First, Midd	-			
BE C	JAMES		Γ.	KLAVERW	EIDEN	I		НА	TTIE		(unk	()	D	AVIS
	19a. INFORMANT'S NAME (1	ype/Print)	-				S (Street			Route Number, (				, 20
5	ELSIE KLAVE	RWEIDI	EN-WIFE		RT 4,	ВОХ	39:	2, DE	LMAR	R, MD	2187	7.5		
	20s. METHOD OF DISPOSIT	ION 3/	15/91	20b. PLACE other p	OF DISPO	SITION (N	ame of ce	metery, cren	natory or		20c. LO	CATION —	City or To	wn, Slate
	4 Donation 5 Other	(Specify)		PARS	ONS (						SAI	ISBU	RY,	MD
	21. SIGNATURE OF MARINA	1 SERVICE LI	llows	,		22. F	IOLL	ND ADDRE	FUNE	CRAL HO	OME, E	PA		
	110011	100	KKOWA	y		5	01.5	SNOW	HILL	RD, S	SALÍS	BURY	, MD	21801
	23. DART I. Enter the d	leeceas, or	complications the	caused the d	eath. Do	not enta	r the mo	ode of dy	ing, suci	h se cerdiac	or respi	ratory an	rest,	Approximata interval Between
	IMMEDIATE CAUSE (FI	nai	27	/	11		E	-/-						Onset and Deeth
	disease or condition resulting in daeth)	$\rightarrow$	a. CONGE	stive 1	Hak	1	14	144	Re					
ľ			DIVE TO	(OR AS A CONSE	OUENCE O	F):								
ON	Sequantially liet condit		b	OR AS A CONSE	OUENCE O	F):			_					
CERTIFICATION	if any, leading to imme cause. Enter UNDERLY	ING	•											
FI	CAUSE (Disease or Injuthat initiated events		DUE TO	(OR AS A CONSE	OUENCE O	PF):								
F	resulting in deeth) LAS	T L	d											
0	PART II. Other significa	ent conditio	ne contributing to	daath but not	resulting	in the u	ndarivir	o csuae	given in	Part I. 24	a. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
MEDICAL					10.0000000						PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED										_   '	YES 2	□ NO		OF DEATH?
										-				1 YES 2 NO
AN	25. WAS CASE REFERRED 1	O MEDICAL					26. P	LACE OF D	EATH (Ch	eck only one)		_		
PHYSICIAN:	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE 4 Nu		me 5 🗆 Re	esidence	8 HOther (S	nec/h/)			
Ŧ	27. MANNER OF DEATH		28a. DATE O	F INJURY	28b, TI		28c. IN	JURY AT ORK?		28d. DESCRI	77	NJURY OC	CUREO	
ВУР	1 Natural 5 🗌 2 🗎 Accident	Pending Investigation	(Moran,	Day, Year)	li iii	M	_	YES 2	] NO					
	3 Suicide 8	Could not be		OF INJURY — At h	ome, farm,	street, fac	tory, offi	ca			ON (Street i		r or Rural i	Route Number,
	4 Homicide	detarmined												
1		TIFYING PHYS	BICIAN: To the best of	f my knowledge, d	eath occur	red at the	time, det	a and place	, and dua	to the cause(	a) and mai	nner as ste	ted.	
COMPLETED	one) 2 MEC	ICAL EXAMIN	ER: On the basis of	examination and/or	Investigati	on, in my	opinion,	death occu	red at the	time, data and	d place, an	d due to ti	he cause(i	a) and manner as stated.
BE C	29b. STENATURE AND TITLE	OF CERTIFIE	ER ALD					29c. LIC	ENSE NUI	MBER		29d, DAT	E SIGNED	(Month, Day, Year)
10	I auch Kot	cella	MAP					12	48	72		•	3//	191
54	PAUL R	FLEC	COMPLETED CAI	TOO R	EM 27) (Typ)	e, Print) QS 14	SE	PR.	Sul	He 20	4	Sa	ales	bury My
1	MAR 1 3 9	Year)	32. REGISTR	ar's signature										
L														

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

91

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Nours after death. Page 6 may be retained by the hosp	TO THE FURENCE After this excitations has been signed by the attending physician and completely filled in by the funeral direction page 5 should be detached to the control of the control	NO DE INCOMENS after Used I With the State Dept. Of regular and member systems or other traumatic event, the medical examiner must be notified at once.
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REGISTRAR  1. DECEDENT'S NAME (First, Middle, L	ast)			ICATE OF	DEATH	2. DATE O				TIME OF DEATH			
	Elizabe	th B. L	.ee			Marc		199	YEAR	6:15 A			
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	est birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	/84	BIRTH Day, Year)	05	8. BIRTHPL Country)	ACE (State or Foreign			
578-68-3675	1 🗆 M 2 💢 F	42	YRS.	MONTHS DAYS	HOURS MIN	Nov.		L948		naton. D			
9a. FACILITY NAME (If not institution, g	(ive street and number)			9b. CITY, TOWN	OR LOCATION OF				NTY OF DEA				
2702 East West	Highway			Chevy	Chase			Mont	gomer	.A			
10e. STATE 10b. CO			10c. CITY, TOWN OR LOCATION						10	Dd. INSIDE CITY LIMITS?			
Maryland Mor	ntgomery	Chevy Chase							1	1 TES 2 X NO			
10e. STREET AND NUMBER				1	Of. ZIP CODE			10g. CIT	ITIZEN OF WHAT COUNTRY?				
2702 East West	Highway				2	0815		Uni	ited S	tates			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X		If yes, a	CENDENT OF HIS pecify Cuben, Me is 2 (X) NO Sp	xican, Puerto Ric		en or No—	Specify:	- American Indian, White, etc.			
15. DECEDENT'S (Specify only highest ( Elementary/Secondary (0-12)		+)		-		16b. 1	Mini	ng.	DUSTRY				
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)													
Robert H. Boor	man				Mira	Noyes							
19e. INFORMANT'S NAME (Type/Print)				ADDRESS (Street									
Robert M. Lee			2702	East We	st High	way, Ch	nevy	Chase	, MD	20815			
20a. METHOD OF DISPOSITION 1 Buriel 2 C Cremation 3	Removal from State			E OF DISPOSITIO		1	, Chevy Chase, MD 20815 OATE 20c. LOCATION — City or Town, State			15 THE TOTAL			
4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		_ Subu	rban	Cremato	ry	3-18	Sil	ver S	Spring	, Maryla			
	or complications the ure. List pnly one ceu			933	Funera Gist Av	enue. S	Silve	r Spr	rina.	MD 20910 Approximate interval Betw			
disease or condition resulting in death)  a. A S T P C Y T O M B  DUE TO (OR AS A CONSEQUENCE OF):										4 years			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
resulting in death) LAST													
PART II. Other aignificent cond	ttiona contributing to	death but not	reauiting	in the underly	ng ceuse giver			N AUTOPSY ORMEO? 2 X NO	6	/ERE AUTOPSY FINDH MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
25. WAS CASE REFERRED TO MEDIC	AL	100		26.	PLACE OF DEATH	(Check only one,	)						
EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	ome 8 X Resider								
27. MANNER OF DEATH  1 💢 Natural 8 🗌 Pending	28e. DATE OF (Month, D	INJURY	28b. TII	ME OF 28c. J	NJURY AT VORK?	28d. DE\$0		INJURY O	CCURED	100			
2 Accident Investiga 3 Suicide 6 Could no 4 Homicide detarmin	26a. PLACE C	OF INJURY — At I , etc. (Specify)	home, farm,	street, factory, of	lice	281. LOCA City of	TION (Street Town, State	et and Numbe te)	or Plural Roo	rte Number,			
and only	PHYSICIAN: To the best of a									and menner as state			
295 GIGNATURE AND TITLE OF CERTIFIER 30 DATE SIGNED (Month, Day, Year)  18126 (D.C.)  March 18, 1991													
OR MANE AND ADDRESS OF THE	I MINO COMP. CHES	OF OF OTHER	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)  Henry B.Fox, M. D., 730 24th Street, NW, #7, Washington, DC 20037										
					#7, Wa	shingto	on, D	C 20	0037				

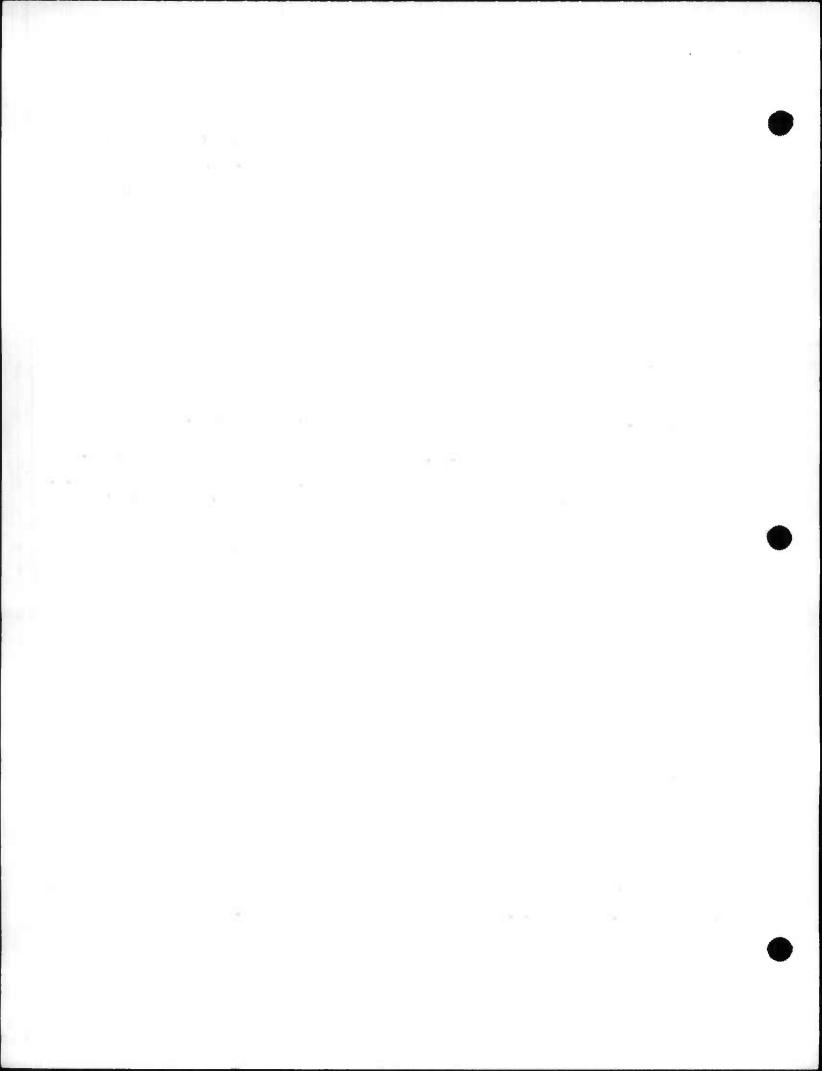


DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sha within 75 hours after heart with the State Dent of Health and Mental Hodiere prior to burial, cremation, or removal.
MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

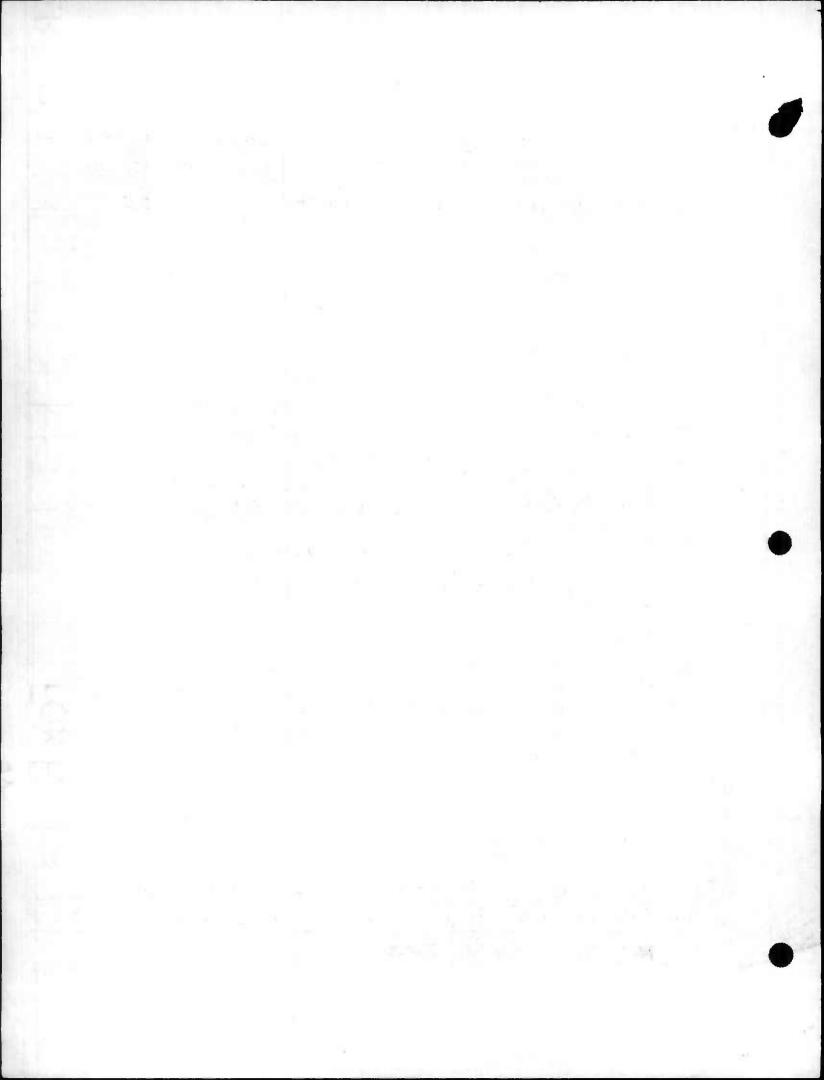
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART				YGIENE EG. NO.	
1. DECEDENT'S NAME (First, Middle,	Lesi)	<u> </u>	ALIE OI	DEATH	2. DATE OF D	EATH	3. TIME OF DEATH
BERNARD SE	WELL LONGLE	Y			March 4	20, 1991	2:45 AM M
4. SOCIAL SECURITY NUMBER	5. SEX 8. A		F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BI	RTH a	BIRTHPLACE (State or Foreign
216-14-8143 98. FACILITY NAME (If not institution,		76 YRS.	DAYS DAYS	OR LOCATION OF DE		8,1914	Maryland Y OF DEATH
3701 Longley R	oad		Abing		AITI		ford
RESIDENCE OF DECEDER	OUNTY	10c CITY	TOWN OR LOCA	TION		•	10d, INSIDE CITY
Maryland	Harford		bingdo				LIMITS?
100. STREET AND NUMBER 3701 Longley R			10	2100 zip code	)9	10g. CITIZE	EN OF WHAT COUNTRY?
11, MARITAL STATUS	12. WAS DECEDENT EVE	D IN II S ADMED		ENGENT OF HISPAN		anita Managa Na I d	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 😾 Y	ES 2 NO R DATES	If yes, sp	ecity Cuban, Maxicar 2 NO Specify	n, Puerto Rican,		4. RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT	S EDUCATION WWI	16a, DECEDENT'S U	SUAL OCCUPATI	ON	16b, KINI	OF BUSINESS/INDU	White stay
(Specify only highes		Give kind of wo	rk done during me retired.)	ost of working		Garage	
17. FATHER'S NAME (First, Middle, La	nell)	Dody 2 ca			AS /Sint Middle	Afaidan Sumama)	-
William Berna						Meiden Surname) Eene Gal	
19a. INFORMANT'S NAME (Typo/Prin Marie D. Longl		19b. MAILING A 3701 L	ongley	Road, Ab:	ingdon	ity or Town, State, Zip C Md.	Code)
20a, METHOD OF DISPOSITION	Bamaral toon State	20b. PLACE OF DISPOSIT	TION (Name of ce	metery, cremetory or		20c. LOCATION — CI	
1 Buriel 2 Toremation 3 4 Donation 5 Other (Specify		R. A. Fern	ris Cre	matory		West Ches	ster, Pa.
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE		22. NAME A	ND ADDRESS OF FA	Compe	III Funera	al Home, P.A.
DO019112	K. Mala	MINITE	1317	Cokesbu	ry Road	a. Abingdo	on Md. 21009
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. IN OFFRA DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR /			VER	CREA!	SWITH	Interval Batween Onset and Daath
PART II. Other algorificent cor	nditione contributing to deal	h but not resulting in	the underlyin	o cause given in	Part I. 24a	. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
		•				PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					_   '	YES 2 NO	OF DEATH?
					— I		1 TES 2 NO
25. WAS CASE REFERRED TO MEDI	CAL		26. F	LACE OF DEATH (Ch	eck only one)		
EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/		OTHER:	ne 5 Residence	6 Other (Sp	ec/fv)	
27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye	RY 26b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO		BE HOW INJURY OCCU	URED
2 Accident Investig	gation 28s. PLACE OF INJ	URY — At home, farm, str			28f LOCATIO	N (Street and Number o	or Rural Route Number
3 Suicide 6 Could 4 Homicide detarm	not be building, etc. (	Specify)			City or To	wn, State)	The service is the service in the service is the service in the service is the service in the service is the service in the service is the service in the se
CONTROL OTHY	PHYSICIAN: To the best of my k						
29b. SIGNATUPE AND TITLE OF CE	жтирбен			29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)
Thelepa 1	Veriman.	m.Z	).		914		9RCH 20,1991
30. NAME AND ADDRESS OF PERS					100 -		
Philip W. Heu	man, M.D., 30	7 Hickory A	lvenue,	Bel Air,	, Md. 2	21014	



	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / [CEI	DEPARTMENT OF H		NTAL HYGIEN REG. NO		1 0874
	1. DECEDENT'S NAME (First, Middle, Lest)  Arthur	Latney		1	March	17,199	
14	223-28-9450	SEX 6. AGE/In yrs. last b	YRS. MONTHS DAYS	HOURS MIN. AL	DATE OF BIRTH (Month, Day, Year)  19. 21,19	921 \	BIRTHPLACE (State or Foreign Country) /irginia
TOR	9e. FACILITY NAME (If not institution, give street	land Hospi	tal 96. CITY, TOWN C	in of DEATH	1	9c. COUNTY	OF DEATH
DIRECTOR	100. STATE 10b. COUNTY Carolin	e	10c. CITY, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER General Delivery	Rt. 721		2552		U.S.	N OF WHAT COUNTRY?
BY FUN		WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	ED 13. WAS DEC	ENDENT OF HISPANIC ( celfy Cuban, Mexican, P NO Specify:			Black, White, etc.  Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete (Particular Complete (Particula	pleted) (Give life, D	EDENT'S USUAL OCCUPATION of work done during mode NOT use retired.)	ON at of working	16b. KIND OF BU		Transportat
	17. FATHER'S NAME (First, Middle, Last) Aaron Latne:		Lired	18. MOTHER'S NAME Julia GY	(First, Middle, Maider		Transportat
TO BE	19a. INFORMANT'S NAME (Type/Print)  Samuel Lee Latney 20a. METHOD OF DISPOSITION	19b.	MAILING ADDRESS (Street of DOCUMENT OF DISPOSITION	and Number or Rural Rout	e Number, City or Tox		
	1V   Ouriel 2 Cremetion 3 Removel    Donation 5 Other (Specify)	Jerusa Jerusa	alem Bapt. (	Ch. Cem.  ND ADDRESS OF FACILITY  AWAY 3 1	Spa	rta, Va	
CAL CERTIFICATION	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUE TO (OR AS A CONSEQUED TO (OR AS A CONSEQ	UENCE OF):	CINOMA			
MEDICAL	PART II. Other algorificant conditions of CACHEXIA  ATHEROSCUER					RMED?	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION DF CAI OF DEATH? 1 YES 2 NO
PHYSICIAN:		OSPITAL:	OTHER:	LACE OF DEATH (Check			
ву РНҮ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	INJURY WO	JURY AT 20 DRK? YES 2 NO	Bd. DESCRIBE HOW	INJURY OCCU	RED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A1 hom building, etc. (Specify)	ne, farm, street, factory, offic	29	B1. LOCATION (Street City or Town, State		Rural Route Number,
D BE COMPLETED	200	t: To the best of my knowledge, dear on the basic of examination end/or in					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MDA	A(C	29c, LICENSE NUMBE	744	29d. DATE 5 ▶ 3	SIGNED (Moreth, Day, Year)
10	30 NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM	R3 CAPA	way PD	CiNT	an I	MD2073
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE					



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		idle, Last)	GLADYS		eBLAN	Ċ			2. DATE	OF DEATH	_	YEAR 3. TIME OF DE
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER 24 HRS.		OF BIRTH	9	BIRTHPLACE (State of
	219-48-4202		1 🗆 M 2 🏋 F	65	YRS.	MONTHS .	DAYS	HOURS MIN.	Month	Day Year)	5	MAINE
	9a. FACILITY NAME (If not institut	tion, give s	treet and number)	^		9b. CITY,	, TOWN O	OR LOCATION OF	DEATH		9c. COUNTY	Y OF DEATN
Б	KENSINGTON		ENS NURS	ING-HOM	E	KI	ENSI	NGTON			MOR	VIGOM
DIRECTO	RESIDENCE OF DECED	ENT	,		10c. CI	Y, TOWN C	OR LOCAT	TON				10d. INSIDE C
E	MARYLAND		MONTGO	MEDV	100.01			ER SPRI	NC			LIMITS?
	10e. STREET AND NUMBER	_	HONTG	JFIEK I				ZIP CODE	NG		10a, CITIZE	N OF WHAT COUNTRY
ER/	616 SILVER	SPI	RING AVI	ENUE, #	1			2091	Ω		US	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED			ENDENT OF HISP	ANIC ORIGIN			I. RACE — American In Black, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced		IF YES, GIVE V	MAR OR DATES	JNO			ecify Cuben, Mexi 2 NO Spe		lican, etc.)		Specify:
ED B	A			1		1						WHIT
=	15. DECEDE (Specify only high	hest grade	completed)		DECEDENT'S (Give kind of life. Do NOT L	work done	during mo	on st of working	166.	KIND OF BU	ISINESS/INDUS	STRY
P.E	Elementary/Secondary (0-12)		College (1-4 or 5	+)	OMEMA							
COMPLET	17. FATNER'S NAME (First, Middle	, Last)		111	OHLHA	KLIK		16. MOTHER'S	NAME (First, A	Aiddle, Malder	Sumame)	
ш	FRANK		THOMPS	SON				Е	TTA	orale and t	RAI	CLIFF
00	19a. INFORMANT'S NAME (Type/	Print)		-	19b. MAILIN	ADDRESS	S (Street a	nd Number or Run		oer, City or Tov		
2	DONNA HICKS		(DAU	UGHTER	6216	BRIC	GHT :	LEA DRI	VE, L	ANHAM,	MARYI	LAND 2070
	20e. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation	3 □ Bam	oval from State		CE AND DAT				DAT	E 20c. LC	OCATION CIT	ty or Town, Stata
	4 Donation 5 Dother (Spe	ecify)		QUA	NTICO	NAT	LONA	L CEMET	ERY	QUA	ANTICO	, VIRGINIA
	21. SIGNATURE OF FUNERAL SE	ERVICE LIC	ENSEE	- /		22. F1	NAME AN	TS T. C.	FACILITY O.T.T.T.N.:	S FIINE	ERAT. HO	OME, INC.
	> X with	1	(In	mill)								L.SP., MD
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	t fellure.	Liet only one cer	elful h	deeth. Do ns.	not enter	the mo	ds of dying, so	CVA)	lisc or reep	olratory srres	st, Approx
HTIFICATION		a, <b>C</b>	a. Oue TO	LOT AS A COME	NS.  WELLE  SEQUENCE  SEQU	a b	Recu Long Etun	Suff	CVA)	lisc or reep	oliratory srres	interval
MEDICAL CE	Sequentielly list conditions if any, isading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a, te	a. Due to bue to bue to bue to	USA A CONT	SEQUENCE O	and enter	leeu ion etim	Sout Carries	(CVA)	lisc or reep	N AUTOPSY	24b. WERE AUTOPS ANAILABLE PRI COMPLETION OF DEATH?  1 YES 2
MEDICAL CE	Sequentielly list conditions if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant of the cause of th	condition	a. Due to bue to bue to bue to	USA A CONT	SEQUENCE O	and enter	Allunderiying Chi Za. Pi	Sout Carries	In Part I.	24a. WAS AI PERFO	N AUTOPSY	24b. WERE AUTOPS AMILABLE PR COMPLETION OF DEATH?
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TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR			C	ERIIF	ICATE OF	DEATH	REG. NO			
1. DECEDENT'S NAME (First	, Middle, Last)				:		2. DATE OF DEATH		YEAR	3. TIME OF DEATH
1 - 44 1		Barba	ara S. L	ibers	skv		March 15.	199		12:05 p M
4. SOCIAL SECURITY NUMBER	BER	5. SEX	8. AGE (In yrs. Is		# UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			HPLACE (State or Foreign
480-38-327	1	1 M 2 XF		YRS.	MONTHS DAYS	HOURS MIN.	Month, Day, Year)		Count	··_
9e. FACILITY NAME (If not in		met and number	<u>57</u>		OF CITY TOWN	OR LOCATION OF DI		L a. CO!!	INTY OF D	Iowa
90. PACIENT NAME (II NOT II	isin <b>uuo</b> n, give si	reet end number)			98. CITY, TOWN C	OR LOCATION OF DI	EATH	9c. COU	INTY OF L	DEATH
SII RESIDENCE OF DEC	hurhan	Hospita	1			Bethesda			Mor	ntgomery
10s. STATE	10b. COUNTY			10a CIT	Y, TOWN OR LOCAL	ION				10d. INSIDE CITY
IOS. SIXIE	IOLL COOK!			100, 011	i, lown on Eoca	ION				LIMITS?
Maryland		ontgomer	У			Betheso	la			1 TYES 2 NO
100. STREET AND NUMBER					10	. ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?
5210	Belvo	ir Drive				208]	6	Un	ited	States
11. MARITAL STATUS	20110	12. WAS DECEDEN	NT EVER IN U.S. AI			ENDENT OF HISPA	NIC ORIGIN? (Specify Yes			E — American Indian, ok, White, atc.
1 Never Married 2 📉	Married		MAR OR DATES	NO		ecity Cuban, Maxica 2 X NO Specif	n, Puerto Rican, etc.)		Spec	
3 Widowed 4 Dive	proed	11 123, 0112 1	INITION DATES		T TES	Z M NO Specifi	у.		Spec	White
15. DEC	EDENT'S EDUC	CATION	16a, D	ECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/IN	DUSTRY	MILLE
	ly highest grade		(0	Give kind of v	work done during mo se retired.)	et of working	THE CANADIDATE			
Elementary/Secondary (	0-12)	College (1-4 or 5	+)							olumbia
		5+		L	ibraria			rary	Syst	tem
17. FATHER'S NAME (First, A	Aiddle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
Co	rtez Ta	aylor So	uter			E	lva Marque	erite	Uff	ord
19s. INFORMANT'S NAME (	Type/Print)		19	9b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	m, State, Zi	p Code)	
Fra	nk Lib	ersky		5219	Belvoir	Drive Be	ethesda, Ma	arvla	and 2	20816
20s. METHOD OF DISPOSIT										own, State
1 Burisi 2 K Cremetic 4 Donation 5 Other		oval from State	of cemetar	y, crematory	or other place)	March 16	1991			
21. SIGNATURE OF:FUNERA		ENGEE	- I Mon	tgome	22 NAME A	NO ADDRESS OF F	CHITY			Maryland
2. 300.00	L SUNTIFIC EIG		1		Robei	t A. Pur	phrey Fun	eral	Home	Wisconsin
1/200		Kan	1 1	00005	Bethe	sda-Chev	y Chase,	Inc,	7557	Wisconsin
23. PART I. Enter the	liseases, or o	omplications the		00335 leath, Do	not enter the mo	de of dylan, suc	th as cardiac or resp	Iratory si	rest.	Approximete
shock, or f	eart fallure.	List only one car	use on each lin	le.	iot onto the	ac or cynig, soc	an de dendido or roop	natory of	1000,	Interval Between
IMMEDIATE CAUSE (FI										
	nel		1			- 0.	1.			Onset and Death
disease or condition	nel -	· Our	ite	mu	ocavd	ial in	fanction	1		2 days
	nel -	. Que to	OR AS A CONS			ial in	fanction	1		2 days
disease or condition resulting in death)	<b>+</b>	OUE TO				ial in	fanction tion	1	10	Onset and Death 2 days
disease or condition resulting in death)  Sequentially list condition	tions,	DUE TO		EQUENCE D	1 pel	ial infora	fanction	1	10	2 days
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disease or condition resulting in death)  Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS  PART II. Other signific  PART II. Other signific  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5	ent condition  on MEDICAL  Pending Investigation  Could not be detarmined  CITYING PHYSI  DICAL EXAMINE	DUE TO  d.  B contributing to  A COMPLETED CAR  CLIAN: To the best of the complete CAR  COMPLETED CAR  COMPLETE	OF INJURY — At his examination and/or	resulting  D DOA  28b. Till IN.  deeth occurr r Investigation	28. POTHER: 4 Nursing Hor ME OF 28c. IN WM 1 Street, factory, office on, in my opinion,	g cause given in  LACE OF DEATH (CI ne 5   Realdence JURY AT J	Part I. 24a. WAS AN PERFO 1 YES:  Deck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  e to the cause(s) and mage time, data end place, e	INJURY OC	or or Rurel or or Rurel or other cause The Sagne	2 days 14days 3 yrs  b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO  Route Number, (a) and manner as stated.

MAR 1 8 91

32 REGISTRAN'S SIGNATURE Junia Davidson Mandalle

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

R & W

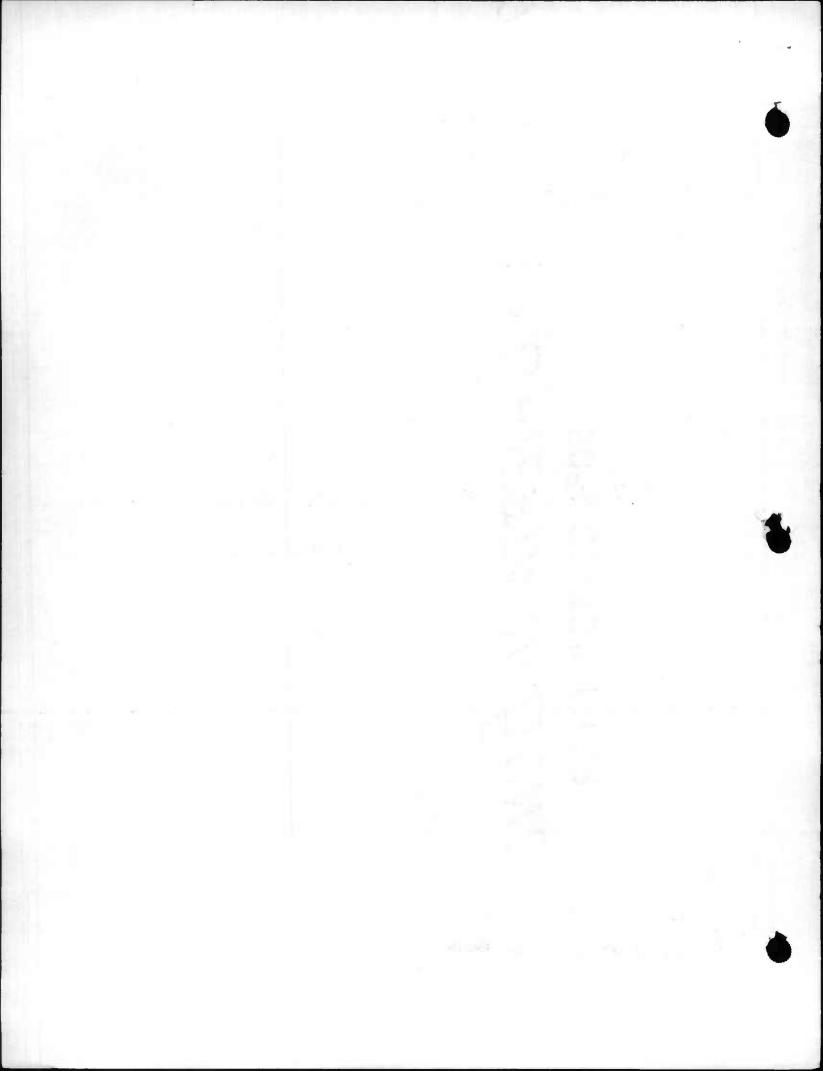
. 1	1. DECEDENT'S NAME (First, Middle,	Last)	CERTI			2. DAT	REG. NO	AY	YEAR	3. TIME OF DEA
	ROBERT	Thomp	son Lo	ckard,	JR.				991	
/	4. SOCIAL SECURITY NUMBER 189-30-8875	5. SEX	6. AGE (In yrs. lest birthday	MONTHS DAYS	HOURS MIT	(Mor	e of BIRTH oth, Day, Year)		Cour	THPLACE (State or Intry) nnsylvan
1134	9a. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TOWN	OR LOCATION O			9c. COUN	_	
TOR	PRINCE GEORGES		ENTER	CHEVE	RLY			PRIN	CE	GEORGES
DIRECTOR	10a. STATE 10b. Co	ounty rince Georg		ort Wash						10d. INSIDE CIT LIMITS? 1 YES 2
3AL	10e. STREET AND NUMBER			1	of. ZIP CODE					WHAT COUNTRY?
FUNERAL	6917 Noah Driv		NT EVER IN U.S. ARMED	12 400 00	2074 ECENDENT OF HIS		INIO (Canally, Va			d States
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced		NAT OR DATES	If yes, a	specify Cuban, Ma S 2 X NO S	xican, Puerto		- OF NO-	Bla	ock, White, atc.  White
COMPLETED	15. DECEDENT'S (Specify only highest Flementary/Secondary (0-12)	s EDUCATION I grade completed)  Sollege (1-4 or 5 Z Years	(Give kind o	rs usual occupat If work done during in use retired.) Schanic	TION nost of working	16	U.S. A			e
OM	17. FATHER'S NAME (First, Middle, La.	est)			16. MOTHER'S	NAME (First	, Middle, Malden	Surname)		
BE C	Robert T. Lock				Hele	n Ba	rkey			
TO	Jaunita: Lockai		196. MAILI	e as # 1		iral Floute Nu	mber, City or Tov	vn, State, Zip	Code)	•
	20s. METHOD OF DISPOSITION		20b. PLACE ANO OA			OA	TE 20c. LC	OCATION — (	City or	Town, State
	Xiliurial 2 Cremation 3 4 Donation 5 Other (Specify,	)	of cemetary cremato				/91 Ar	lingto	on,	Virgini
	21. SIGNATURE OF FUNERAL SERVI	ICE LICENSEE		22. NAME	AND ADDRESS O	FACILITY				
	- ( ) 0.0	11 0	1 H	Dona	ld V. B	orgwa	rdt Fu	neral	Ha	me, PA.
	23. PART I. Enter the diseases ahock, or heart fall IMMEDIATE CAUSE (Final	liure. List only one ca	use on each line.	Dona 4400 not enter the m	ld V. B Powder node of dying,	orgwa: Mill	Rd. Be	eltsv	i11	e, Md. 2
RTIFICATION	ahock, or haart fal	a. DUE TO	at ceused the death. Do use Dn aach line.  FAD FAD D (OR AS A CONSEQUENCE D (OR AS A CONSEQUENCE	Dona 4400 p not antar the m	ld V. B Powder node of dying,	orgwa: Mill	Rd. Be	eltsv	i11	e, Md. 2
AL CERTIFICATION	shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO  DUE TO  d.	USE ON BECH LINE.  FAIR FAIR  O (OR AS A CONSEQUENCE  O (OR AS A CONSEQUENCE	Dona 4400 p not antar the m	ld V. B Powder noda of dying,	orgwa. Mill auch aa ca	Rd. Be	eltsvi	illo	e, Md. 2 Approximatorial interval Onset a
	ahock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO  DUE TO  d.	USE ON BECH LINE.  FAIR FAIR  O (OR AS A CONSEQUENCE  O (OR AS A CONSEQUENCE	Dona 4400 p not antar the m	ld V. B Powder noda of dying,	orgwa. Mill auch aa ca	Rd. Be	eltsv:	illo	e, Md. 2 Approximation interval onset at the conset at the
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MEDICAL	ahock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO  c. DUE TO  d. CAL	USE ON BECH LINE.  FAIR FAIR  O (OR AS A CONSEQUENCE  O (OR AS A CONSEQUENCE	Dona 4400 o not antar tha m  OF:  OF):  OF):	ld V. B Powder noda of dying,	orgwa. Mill such as ca	PRI. Be	eltsv:	illo	e, Md. 2 Approxitinterval Onset at
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions, if any very leading in the cause of	b. DUE TO  C. DUE TO  d. HOSPITAL: 1   Inpattent 23	USE ON SECUENCE  O (OR AS A CONSEQUENCE	Dona 4400 p not antar the m p Jure 1 OF): OF): OF):  26. OTHER: 4 □ Nursing He	Id V. B Powder  node of dying,  ling ceuse gives  Place of oeath  ome 5  Reside	orgwa. Mill such as ca	P.C. Be reflector respondence or res	NAUTOPSY	ill	e, Md. 2 Approximate interval onset as
PHYSICIAN: MEDICAL	ahock, or heart fall iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions.  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	b. DUE TO  d. DUE TO  d. DUE TO  A DUE TO  DUE TO  A DUE	USE ON BECH INC.  O (OR AS A CONSEQUENCE	Dona 4400 p not antar the m  TUVEL  OF):  OF):  OF):  OF):  OF):  OTHER: 4 □ Nursing He  IMALURY  26. I	Id V. B Powder  node of dying,  ing ceuse gives  Place of ceath  ome 5  Reside  NJURY AT  profice.	Mill auch as ca	Personne)	eltsv: iratory arm  N AUTOPSY RMED7 2  NO INJURY OCC	2 2	e, Md. 2 Approxitintarval Onset at Onset at Ab. Were Autropsy AMAILABLE PRIO COMPLETION DI OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent con  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investig	a. DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL: 1   Inpattent 32 280. DATE 0 0 0/307/. 280. PLACE	USE ON SECUENCE  O (OR AS A CONSEQUENCE  O (OR AS A CO	Dona 4400 p not antar tha m p JUVE/ OF):  OF):  OF):  OF):  26.  OTHER: 4   Nursing He N	PLACE OF OEATH OTHER S CONTROL	Mill auch au ca	24a. WAS AI PERFO	NAUTOPSY MMED? 2 NO	2 2 COURED CK	e, Md. 2 Approxisintarval Onset as onse
BY PHYSICIAN: MEDICAL	ahock, or heart fail immediate condition and immediate cause. Condition and if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions. II. Other aignificent conditions. II. Other aignificent conditions. II. Other aignificent conditions. III. Other aignificant conditions	a. DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL: 1   Inpatient 32 280. DATE 0 (North) pation ont be ined	USE ON SECUENCE  O (OR AS A CONSEQUENCE	Dona 4400 p not antar tha m p JUVE/ OF):  OF):  OF):  OF):  26.  OTHER: 4   Nursing He N	PLACE OF OEATH OTHER S CONTROL	Mill auch as ca	24a. WAS AI PERFO 1 YES one) her (Specify) escribe How E-SULED) AATTON (Stellar, by or Town, Stellar, by the Stellar	NAUTOPSY PANED?  2 NO  INJURY OCC STRUE	2 2 COURED CK	e, Md. 2 Approxisintarval Onset as onse
ETED BY PHYSICIAN: MEDICAL	ahock, or haert fail immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent con  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investig 3 Suicide 6 Could not ammediate cause. Certifier 1 Certifying CAUSE (Check only 1 CERTIFYING CAUSE) CERTIFIER (Check only 1 CERTIFYING CERTIFIER (Check only 1 CERTIFYING CAUSE)	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO DU	D (OR AS A CONSEQUENCE  O (OR	Dona 4400 p not antar tha m p Jurish OF):  OF):  OF):  OF):  OF):  OF):  OTHER: 4   Nursing H Nu	PLACE OF OEATH OME 5 GRESIDE NUMBER 1 PLACE OF OEATH OME 5 GRESIDE NUM	Mill auch as ca	24a. WAS AI PERFO 1 X YES one) her (Specify) escribe How E-SULED) AATON (Stellar) ause(a) and mi	NAUTOPSY PARTIES NAUTOP	illeest,	PAPPOXIS INTERPRETATION OF DEATH?  1 YES 2  BY  ## Route Number,  St STREE
COMPLETED BY PHYSICIAN: MEDICAL	ahock, or haert fail immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent con  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investig 3 Suicide 6 Could not ammediate cause. Certifier 1 Certifying CAUSE (Check only 1 CERTIFYING CAUSE) CERTIFIER (Check only 1 CERTIFYING CERTIFIER (Check only 1 CERTIFYING CAUSE)	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO DU	D (OR AS A CONSEQUENCE  O (OR	Dona 4400 p not antar tha m p Jurish OF):  OF):  OF):  OF):  OF):  OF):  OTHER: 4   Nursing H Nu	PLACE OF OEATH Ome 5 - Reside NJURY AT YORK? YES 2 NC	Mill auch as ca ca ca ca ca ca ca ca ca ca ca ca ca	24a. WAS AI PERFO 1 X YES one) her (Specify) escribe How E-SULED) AATON (Stellar) ause(a) and mi	N AUTOPSY PARED?  2 NO  ENJURY OCC STRU  AND AUTOPSY PARED?  3 NO  ENJURY OCC STRU  AND AUTOPSY PARED?  3 NO  ENJURY OCC STRU  AND AUTOPSY PARED?  AND AUTOPSY PARED.	2 2 CURED CK Or Flum 41 A	Approximation of the state of t
ETED BY PHYSICIAN: MEDICAL	ahock, or heart fail immediate cause cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent con  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 Ves 2 No  27. MANNER OF DEATH  1 Natural 5 Pending Investig 1 Notice 1 N	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO DU	D (OR AS A CONSEQUENCE  O (OR	Dona 4400 p not antar tha m p Jurish OF):  OF):  OF):  OF):  OF):  OF):  OTHER: 4   Nursing H Nu	PLACE OF OEATH OME 5 GRESIDE NUMBER 1 PLACE OF OEATH OME 5 GRESIDE NUM	Mill auch as ca will be in Part I.  (Check only the case of the time, distributed in Number in Number in Mumber in M	24a. WAS AI PERFO 1 X YES one) her (Specify) escribe How E-SULED) AATON (Stellar) ause(a) and mi	NAUTOPSY PRINCED?  2 NO  NAUTOPSY PRINCED?  2 NO  NAUTOPSY PRINCED?  4 3 15  MARY  APPROXIMATION OF THE PRINCED PRINCED?  29d. DATI	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PAPPOXIS INTERPRETATION OF DEATH?  1 YES 2  BY  ## Route Number,  St STREE

e. Eu

1. DECEDENT'S NAME (First, Middle, Last)	George I		CERTIF Lipscon		E OF	DEAT	Н	2. DATE OF	D	W	EAR	TIME OF DEATH
								March		1991		1:50 A.
4. SOCIAL SECURITY NUMBER 233-46-9991	5. SEX 1 M 2 F	6. AGE (In yr.	s. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF	7-192	7	Country	V.Va.
9a. FACILITY NAME (If not institution, give Garrett County Me		spita	1		oakl	and	ON OF DE	ATH		9c. COUNTY Ga	of DEATH	
RESIDENCE OF DECEDENT												
W. Va.	Prestor	1	10c. CIT	Y, TOWN	OR LOCAT	To	erra	Alta				INSIDE CITY LIMITS?  YES 2 NO
West State Ave.	. Box 101				101	. ZIP CODE		6764		10g. CITIZEN	USA	COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W KOLOG	TYES 2	□NO		If yes, sp			HC ORIGIN? n, Puerto Ric		or No 14.	RACE — / Black, Wh Specify:	American Indian, lite, etc. White
15. DECEDENT'S EDI (Specify only highest grad		164	DECEDENT'S	USUAL O	CCUPATIO	ON of worlds	-	16b. K	IND OF BU	SINESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	)	(Give kind of title. Do NOT u Mec	hanio		St Of WORK	ny		Aut	omobil	е	
17. FATHER'S NAME (First, Middle, Lest)	Andrew Ho	ward :	Lipsco	mb		18. MOT		ME (First, Mic 11ian				
190. INFORMANT'S NAME (Type/Print) Katly Lewis			196. MAILING Rt 1					lta, I		n, State, Zip Co 764	de)	
20e. METHOD OF DISPOSITION 1. Burlel 2 Cremetion 3 Rer 4 Donetion 5 Other (Specify)	movel from State	20b. PL.	ACE OF OISPO	sition (Na	arme of cer Alta	netery, cren	netory or eter	У		cation - city		
21. SIGNATURE OF FUNE AL SERVICE L  CT 1. Enter the diseases, or	- Wria:	ht.	e desth. Do	Ai 10	rthu 05 H	ighla	Wrig	ght Frave.	Terra	1 Home Alta,	WV 2	26764 Approximata
shock, or haert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	les	sir	NSEQUENCE O	if):	7	-	e	-				Onset and De
Sequentially flat conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	с		NSEQUENCE O									
PART II. Other aignificent condition	ons contributing to	death but r	not resulting	in the u	nderlyln	g cause i	given in		PERFOR	MED?	COL	RE AUTOPSY FINDIN ILABLE PRIOR TO IMPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only one)				
1 TES 2 NO	*XInpatient 2	ER/Outpatie	nt 3 🗆 DOA			10 5 🗆 Ri	esidence	6 🗆 Other (	Specify)			
27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident Investigation	28e. DATE OF (Month, D		28b, TIN	ME OF JURY M	WC	URY AT ORK? YES 2	NO	28d. DESC	RIBE HOW	NJURY OCCUP	RED	
3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY - I etc. (Specify)	At home, farm,	atreet, fac	tory, offic	: <b>a</b>			TON (Street Town, State)	and Number or	Rural Route	Number,
290, CERTIFIER	SICIAN: To the best of	my knowledg	e, death occur	red at the	time, date	and place	, and due	to the caus	e(e) end ma	nner as stated.		
(Check only one) 2 MEDICAL EXAMIN				on, in my	opinion, d	death occu	red at the	time, dete s			euse(e) and	d menner ee stated

32. REGISTRAR'S SIGNATURE

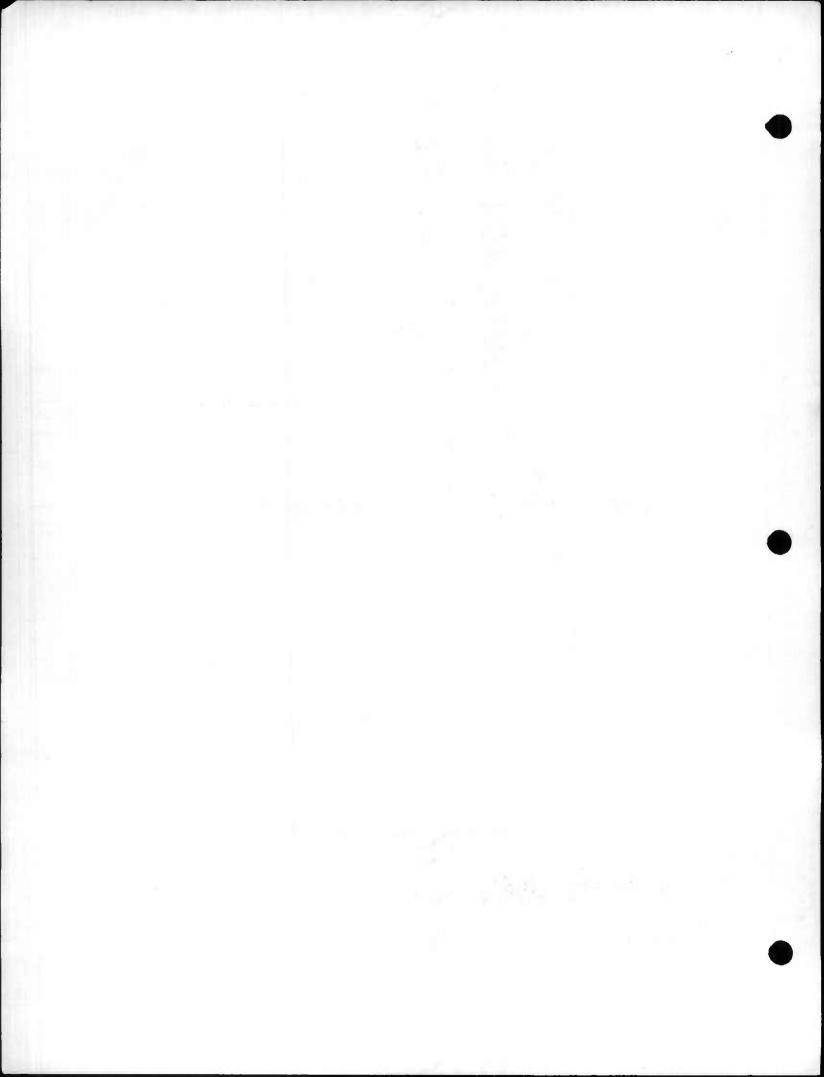
31. DATE FILED (Month, Day, Year)



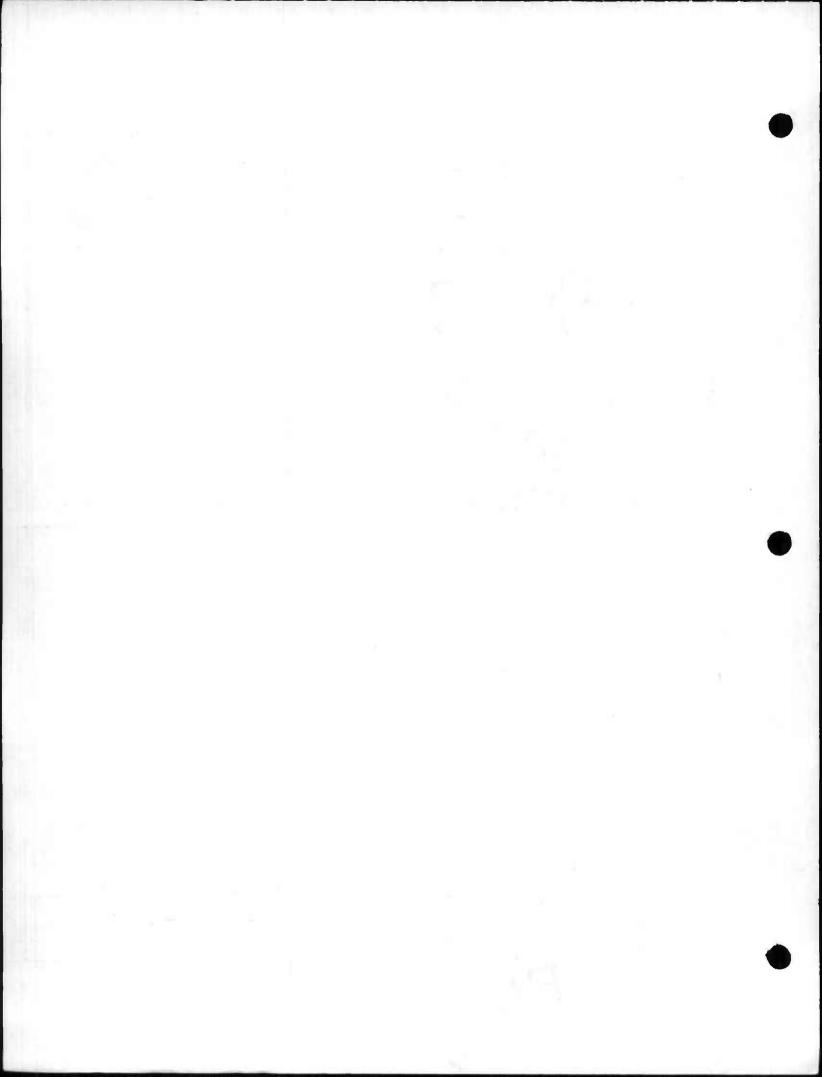
TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detache al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cettificate be executed within 2x-rouns after death. Page 6 may be retained by the hosp

MAR 2 0 1991

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / CE		MENT OF H			MENTAL	REG. NO	1	1	8750
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			TIME OF DEATH
	NANNIE VIOLA	LYONS						MONTH		W YE	AR	:00 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		UNDER 1 YEAR	IF UNDER		7. DATE	SE BIRTH	7 4 36	BIRTHPLA	CE (State or Foreign
	215-48-6366	1 🗆 M 2 💢 F	90	YRS. MO	NTHS DAYS	HOURS	MIN.	(MONTH	Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give		1 30	96	L CITY, TOWN (	OR LOCATI	ON OF DE	ATH U.S.	-15-15	9c. COUNTY	OF DEATH	1
E	113 W. Second S	Street			Cumber	cland				277	egan	
DIRECTOR	RESIDENCE OF DECEDENT				Canbo	Luic				HIT	egan	<u>V</u>
H H	10e. STATE 10b. COUNT	TY		10c. CITY, T	OWN OR LOCAT	TION					10d	LIMITS?
	MD Alleg	any		Cumb	erland						1/	YES 2 NO
AL	100. STREET AND NUMBER				10	ZIP COD	E			10g. CITIZEN	OF WAAT	COUNTRY?
FUNERAL	113 W. Second S	Street			12	1502				IJSA		
5	11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. ARI	MED		ENDENT C			? (Specify Ye		RACE -	American Indian,
ВУ	1 Never Married 2 Married	IF YES, GIVE	WAR OR DATES	2		2 NO			ircen, etc.,		Specify:	
	3 Widowed 4 Divorced					141					whi	ite
E	15. DECEDENT'S ED (Specify only highest grad		(GA	ve kind of work	UAL OCCUPATH done during mo	ON ost of world:	מר	16b.	KIND OF BU	SINESS/INDUST	TRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT use re								
N N	12		h	ousewi	.fe	T.			OWn			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NAI	ME (First, A	fiddle, Maiden	Surname)		
BE	John E. Marshal	.1			DRESS (Street a	M-	rth-	Wil	liama			
9	19e. INFORMANT'S NAME (Type/Print)											28078
-	Schley R. Lyon	S			wansea			inter				
	204. METHOD OF DISPOSITION	moval from State	other pla	(00)	ON (Name of ce	-	-			CATION - City		
	4 Donation 8 Other (Specify)		_   Hillo	crest	Burial	Par	<	3.5	Cun	berlan	d. M	D
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	11		22. NAME A			GLIT				
	1 the I	dan	alli						Home			
	23. PART I Enter the diseases, or	complications the	at caused the de	ath. Do not	Cumb	ertai	Ing. suc	h as carr	1502	Iratory arrest		Approximate
	shock, or heart fallure	. List only one ca	use on each line.			,						Interval Between
	IMMEDIATE CAUSE (Finel disease or condition		ADTEDIO	CCLE	DAMIA	CAD			***			Onset and Death
	resulting in death)		ANIEKIU	100	KUIII.							
		a				CAK	DIO	VASC	ULAK	DISE	ASE	
		a	O (OR AS A CONSEC			CAK	DIO	VASC	ULAK	DISEA	ASE	
NO	Sequentially list conditions,	DUE TO	O (OR AS A CONSEC	OUENCE OF):		CAK	DIO	VASC	ULAK	DISE	ASE	
ATION	Sequentially list conditions, if eny, leeding to immediate	DUE TO		OUENCE OF):		CAR	DIO	VASC	ULAK	DISEA	ASE	
FICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO	O (OR AS A CONSEC	DUENCE OF):		CAK	DIO	VASC	ULAK	DISE	ASE	
TIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	b. DUE TO	O (OR AS A CONSEC	DUENCE OF):		CAR	DIO	VASC	ULAK	DISE	ASE	
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO	O (OR AS A CONSEC	DUENCE OF):		CAR	DIO	VASC	ULAK	DISEA	ASE	
AL CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO DUE TO OUE TO d.	O (OR AS A CONSEC O (OR AS A CONSEC O (OR AS A CONSEC	DUENCE OF): DUENCE OF):					24a. WAS AI	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
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PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  15. VES 2 \( \) NO  27. MANNER OF DEATH  1 \( \) Natural \( 5 \) Pending	b	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):	26. POTHER:  Nursing Horory  Y 28c. IN.	LACE OF E	given in	Part I.	24a. WAS AF PERFO	I AUTOPSY RMED? 2 溢 NO	24b. WE AMICO OF	MLABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  15. VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation	b. DUE TO  e. OUE TO  d	O (OR AS A CONSECT O (OR AS A CONSECT O (OR AS A CONSECT O (OR AS A CONSECT O death but not n	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):	26. POTHER:  Nursing Hor  W M 1	LACE OF E	given in	Part I.	24a. WAS AI PERFO 1  YES	I AUTOPSY RMED? 2 🙇 NO	24b. WE AMM COOO OF 1 [	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  15. VES 2 \( \) NO  27. MANNER OF DEATH  1 \( \) Natural \( 5 \) Pending	DUE TO  DUE TO  OUE TO  OUE TO  DOES CONTRIBUTING to  HOSPITAL: 1   Inpetient 2  28a. DATE O (Month,)  28b. PLACE	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):	26. POTHER:  Nursing Hor  W M 1	LACE OF E	given in	Part I.  eck only or  6 Othe  28d. DEs	24a. WAS AI PERFO 1  YES	I AUTOPSY RMED? 2 M NO INJURY OCCUR and Number or	24b. WE AMM COOO OF 1 [	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  19 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 2 Accident   Suicide   Could not be determined	DUE TO  DUE TO  OUE TO  OUE TO  DOE TO  OUE TO	O (OR AS A CONSECT OF	DUENCE OF):  DUENCE OF):	26. P THER: Nursing Hor N M 1  Det, factory, office	LACE OF E	given in	Part I.  eck only or  6 Othe  28d. DES	24a. WAS AI PERFO 1	I AUTOPSY RMED?  2  NO INJURY OCCUR and Number or	24b. WE AMM COOO OF 1 [	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO  DUE TO  OUE TO  OUE TO  DOS CONTRIBUTING to  HOSPITAL: 1   Inpetient 2 28a, DATE O (Month,  28a, PLACE building	O (OR AS A CONSECT OF INJURY — At ho, etc. (Specify)	DUENCE OF):  DUENC	26. PTHER: Nursing Hor NF M 1  1  1  1  1  1  1  1  1  1  1  1  1	LACE OF E	given in	Part I.  eck only or  5 Othe  28d. DES  28t. LOC  Chy	24a. WAS AI PERFO 1	I AUTOPSY RMED?  2 M NO  INJURY OCCUP and Number or	24b. WE AME CO OF 1 [	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO Number,
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  15 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINERAL EXAMINERY  MEDICAL EXAMINERY	DUE TO  b. DUE TO  c. OUE TO  d	O (OR AS A CONSECT OF INJURY — At ho, etc. (Specify)	DUENCE OF):  DUENC	26. PTHER: Nursing Hor NF M 1  1  1  1  1  1  1  1  1  1  1  1  1	LACE OF E	given in	Part I.  eck only or  5 Othe  28d. DES  28t. LOC  Chy	24a. WAS AI PERFO 1	I AUTOPSY RMED?  2 M NO  INJURY OCCUP and Number or	24b. WE AME CO OF 1 [	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO Number,
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are successful to the sequence of the sequen	DUE TO  b. DUE TO  c. OUE TO  d	O (OR AS A CONSECT OF INJURY — At ho, etc. (Specify)	DUENCE OF):  DUENC	26. PTHER: Nursing Hor NF M 1  1  1  1  1  1  1  1  1  1  1  1  1	LACE OF E	given in	Part I.  eck only or  6 Othe  28d. DEt  28t. LOC  Chy  to the castime, date	24a. WAS AI PERFO 1	I AUTOPSY RMED?  2 NO  INJURY OCCUP  and Number or  onner se stated.  Indidue to the co	24b. WE AM CO OF 1 [	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are supported by the conditions of the conditions are supported by the conditions of the conditions are supported by the conditions of the con	DUE TO  b. DUE TO  c. OUE TO  d	O (OR AS A CONSECT OF OR AS A CONSECT OR AS A CONSECT OF OR AS A CONSECT OR AS A CONSECT OR AS A CONSECT OR AS A CONSECT OR AS A CONSECT OR AS A CONSECT OR AS A CONS	DUENCE OF):  DUENC	26. P THER:  Nursing Hor PF 28c. IN. W 1 1 et, factory, office	LACE OF Eme 55 R	given in  DEATH (Chi esidence  NO  No	Part I.  eck only or  5 Othe  28d. DES  28t. LOC  Chy  to the cast	24a. WAS AI PERFO 1	I AUTOPSY RMED?  2 M NO  INJURY OCCUP and Number or  inner se stated. nd due to the c	24b. WE AM CO OF 1 [ I See See See See See See See See See S	MLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  Number,
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are successful to the sequence of the sequen	DUE TO  b. DUE TO  c. OUE TO  d	O (OR AS A CONSECT OF OR AS A CONSECT OR AS A CONSECT OF OR AS A CONSECT OR AS A CONSECT OR AS A CONSECT OR AS A CONSECT OR AS A CONSECT OR AS A CONSECT OR AS A CONS	DUENCE OF):  DUENC	26. P  THER: Nursing Hor  Y  M  1   tet, factory, office at the time, date in my opinion,	LACE OF C	given in  DEATH (Ch esidence NO esidence to no esid	Part I.  eck only or  5 Othe  28d. DES  28t. LOC  Chy  to the cast	24a. WAS AI PERFO 1	I AUTOPSY RMED?  2 M NO  INJURY OCCUP and Number or  inner se stated. nd due to the c	24b. WE AM CO OF 1 [ I See See See See See See See See See S	MLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  Number,  Number,  d manner as stated.



	1 - STATE REGISTRAR	CERTIFI	CATE OF	DEATH	REG. I	NO.			
		LORRAINE			2, DATE OF DEATH	DAY	YEAR	3. TIME OF DEAT	Н
	Edna L Lap				3	19	91	2145	Рм
į,		E (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year	)	8. BIRTH Countr	IPLACE (State or Fo	reign
- 4	718-24-7662 10 M2 VF	6 YRS.	aonina Lara	nobia win.	5 2	29		Mary la	nd
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN C	R LOCATION OF O	EATH	9c. COU	INTY OF D	EATN	
DIRECTOR	Washington County Hoapita	1	Hager	stown		W:	ashi	ngton	
5	RESIDENCE OF DECEDENT  10a, STATE  10b. COUNTY	10c CITY	, TOWN OR LOCAT	ION				10d. INSIDE CITY	
E		100						LIMITS?	
	Maryland Washington  100. STREET AND NUMBER		lear Sp	ring . ZIP CODE		10a, CIT	IZEN OF V	WHAT COUNTRY?	
RA	HERSON MINORTAGE		100		0	5.0			1
FUNERAL	Goldizen Lane  11. MARITAL STATUS  12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC	2172 ENDENT OF NISPAL	NIC ORIGIN? (Specify			E American Indi	en,
	1 Never Married 2 Married FORCES? 1 Y IF YES, GIVE WAR O	ES 2 ND	If yes, sp		an, Puerto Rican, etc.		Spec	k, White, etc.	
B	3 XWidowed 4 Olvorced			I (2010 Option				White	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON st of working	16b. KIND OF	BUSINESS/IN			
	Elementary/Secondary (0-12) College (1-4 or 5+)	Me. Do NOT us	e retired.)						
M	11	Manager	in Clot			artme	nt Si	tore	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Me	iden Surname)			
BE	Abram R. French				Ann Mong				
2	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or	Town, State, Z.	ip Code)		
	Christopher LaPole				t Hagers	LOCATION -			740
	20e. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal from State	20b. PLACE OF DISPDS other place)			200				
- )	4 Donation 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE LICENSEE	Kest Ha	ven Cem	etery	ACILITY	Hager	stown	n. Maryl	and
- 11	Homm	-	X		Minn			al Home	
	SCOULINI	muce	415	E. Wilso	n Blvd. H	lagers	town	, Md. 21	740
	23. PART I. Enter the diseases, or complications that cau shock, or heart failure. List only one cause of		ot enter the mo	de of dying, sur	ch as cardiac or n	espiratory s	rrest,	Approxim	
	IMMEDIATE CAUSE (Final	VID ATIO	211 11	10-5				Onset an	d Death
110	disease or condition a.	1141019	4 171	(1622)		_			
	DUE TO OR	AS A CONSEQUENCE OF	d: NAM	1A df	THE U	FOI	10		
O	Sequentially list conditions, b. DUE TO (OR.)	AS A CONSEQUENCE OF	1///////	V) 01	1116 0	1810	/ 3	-	
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING	MH N	neTAC	TASIC	TO				
FIC	CAUSE (Disease or injury that initiated events	AS A CONSEQUENCE OF	7: -	2	1				
RT	reaulting in death) LAST	UNG	LIVER	- 71	119h.				
		)	le ART condition		5-1   11	S AN AUTOPSY		b. WERE AUTOPSY I	
EDICAL	PART II. Other significant conditions contributing to dear	in but not resulting	in the underlyin	g cause given ir	Pert I. 244. WA	RFORMED?	24	AMILABLE PRIOR COMPLETION OF	OT F
ă					1 □ YE	S 2 NO		OF DEATH?	
Σ					—			1   YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL		24.5	LACE OF DEATH (C	Shook only and				
PHYSICIAN:	EXAMINER?  1 YES 2 NO  1 Inperient 2 ERV	Outside a C DOS	OTHER:						
HXS	27. MANNER OF DEATH 28a. DATE OF INJU	RY 26b. TIM	E DF 28c. IN	JURY AT	28d. DESCRIBE N		CCUREO		
	1 Netural 5 Pending (Month, Day, Ye	er) INL		YES 2 NO					
ВУ		IURY — A1 home, farm,	street, factory, offi	00	281. LOCATION (S		er or Rural	Route Number,	
	3 Suicroe 6 Could not be building, etc.	(Specify)			City or Town,	State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my	mourledge, death occur	nd at the time, dat	and place, and ds	e to the cause(s) and	d manner as a	tated.		
₩.	(Check only	nation and/or investigation						e(a) and menner as	stated.
	29b. SIGNATURE AND TITLE OF COUNTRIES						-	ID (Mouth, Day, Year	
B	TIAKVICT	1-12		29c. OCEMSE N	043	<b>&gt;</b>	277	Mala	′
2	30, NAMII AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (LIEM 27) (Type	, Print)	1,44	1)	<u> </u>	51.		
	199 Howell	120	17/30	SIN	10 2	1740	0		
	31. DATE FILED (MONTH), Day, MAR 2 1 91 32. REGISTRARY	SIGNATURE Panda	02						



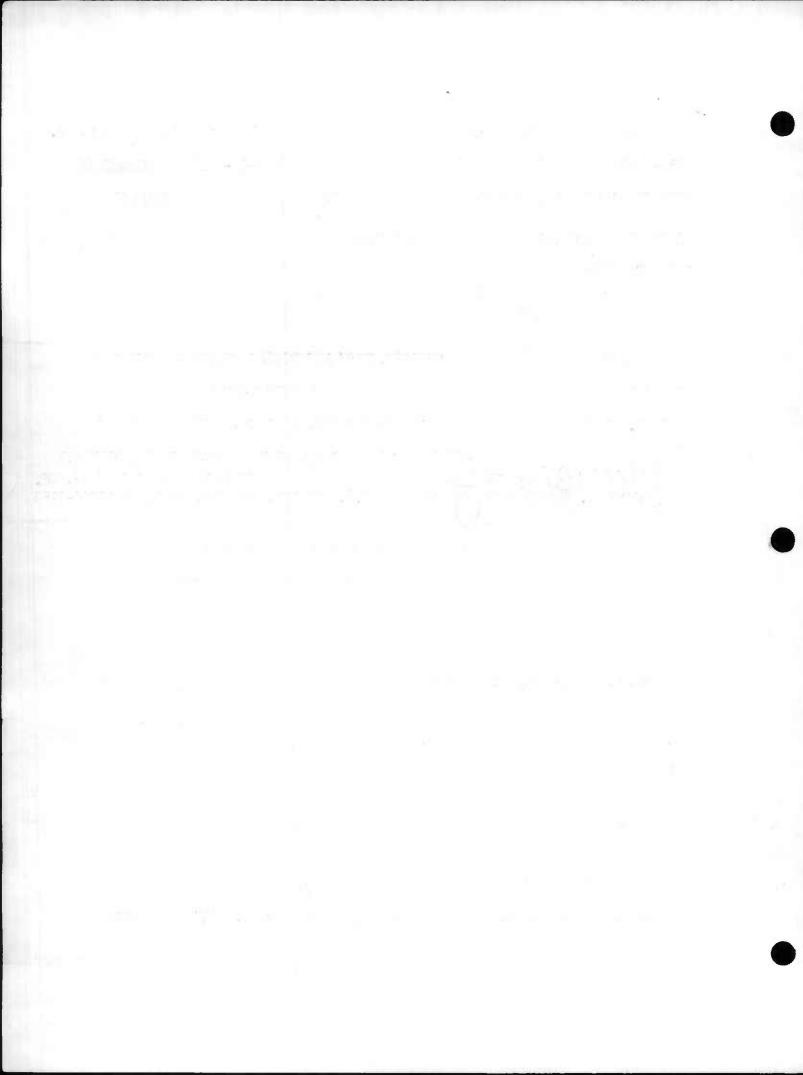
TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146	The law requires that the death certificate be executed within 2. Jours after death. Page 6 may be retained by the hospital or attending physician.	amplificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be called the state Deat. of Health and Mental Motione prior to burial, cremation, or removal.	ed or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
BOX 13146,	ifficate be executed within	physician and completely one prior to burial, crema	her traumatic event,
DE VITAL RECORDS, P.O. BOX 13146,	requires that the death cen	a untificate has been signed by the attending physician and completely filled in by the firm the State Dent. of Health and Mental Hotiene prior to burial, cremation, or removal.	shows any injury, or o
OF VITAL F	THE SIGIAN: The law	m with the State Deat.	narked, or Item 23
DIMENO	SPITAL OF ATTENDING	NERAL DIRECTOR AND	NT. II them 98-is m
7	口研究	D THE RU	MPORTA

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN	(E
		CE	RTIFICATE	0	F DEAT	H		REG. NO	١.

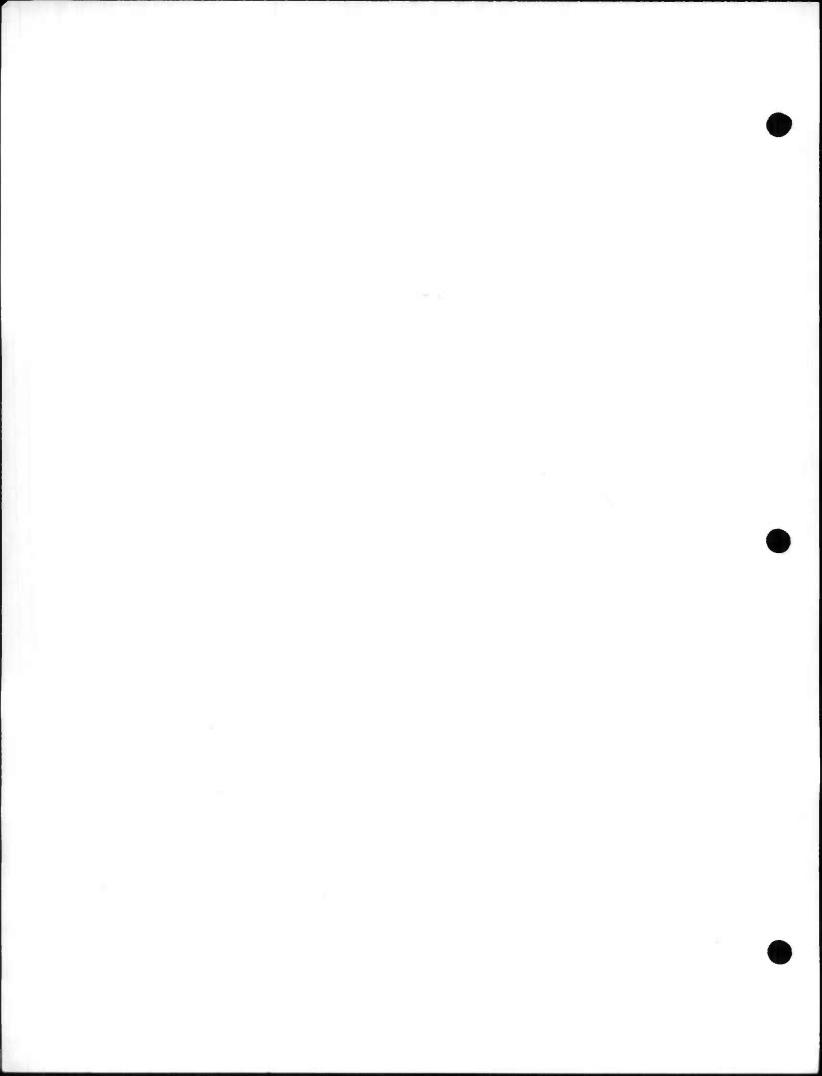
1 - STATE REGISTRAR		SINIE OF MARTIE	CERTIFI	CATE OF	DEATH	MENTAL HYGIENI REG. NO.	Ē		
1. DECEDENT'S NAME (First						2. DATE OF DEATH MONTH DA	Y YI	3. TIME OF DEATH	
MITCHELL  4. BOCIAL SECURITY NUMBER		ESTER LOC			L	MARCH 17,	1991	08:30	
215-26-359	1	1 X 64 2 🗆 F	76 YRS. 1	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-12-1915	M	BIRTHPLACE (State or For Country) INNESOTA	reign
90. FACILITY NAME (# not in					OR LOCATION OF DE	HTA	9c. COUNTY		
PHYSICIANS RESIDENCE OF DE	CEDENT	T HOSPITAL		LA PLAT	A		CHAF	RLES	
10e. STATE	106. COUNTY			TOWN OR LOCA	TION			10d. INSIDE CITY	
MARYLAND  100. STREET AND NUMBER	CHARLE	<u>.S</u>	LA	PLATA	M. ZIP CODE		100 CITIZEN	1 X YES 2 OF WHAT COUNTRY?	NO
101 AURA DR					20646			JSA	
11. MARITAL STATUS		12. WAS OECEDENT EVER I	N U.S. ARMED	13. WAS DEC	CENDENT OF HISPAN	NIC ORIGIN? (Specify Yee		RACE — American India Black, While, etc.	en,
1 Never Merried 2 X 3 Widowed 4 Divi	orced	WW2	DATES			in, Puerto Rican, etc.) y:		Specify: WHITE	
(Specify on	CEDENT'S EDUCA	completed)	18a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo	ON ost of working	16b, KIND OF BUS	INESS/INDUST	FRY	
12TH GRADE	3-12)	College (1-4 or 5+)			ELECTRICI	AN ELECTR	IAL IN	IDUSTRY	
17. FATHER'S NAME (First, A	Aiddle, Last)					AME (First, Middle, Meiden			
	LOCK					LIPSKI			
MARY W. L	Type/Print) OCK					Route Number, City or Town			
		T 20	IUI A			PLATA, MARY		ZU646 or Town, State	
20a METHOD OF DISPOSIT  1		val from State	ARYLAND V	ETERANS	CEMETER	Y CHEL	TENHAM	. MARYLAND	)
21. SIGNATURE OF FUNET				22. NAME A	ND ADDRESS OF FA	THE HUNT	T FUNE	RAI HOME	TNC.
MICHAEL	K. BL	NKENSHIP M	00857	P.0.	BOX 156.	WALDORF,	MARYLA	AND 20604-(	0156
IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list cond if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAI	itions, ediate ving	OUE TO (OR AS	A CONSEQUENCE OF	RY A		DISEN		Onset and	d Death
resulting in Goatin,		DOE TO (ON AS	A CONSEQUENCE OF)	):					
	-		A CONSEQUENCE OF	):					
	ant conditions	a contributing to deeth	but not resulting in		ng cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF ( OF DEATH? 1 YES 2 1	CAUSE
CARCII	ant conditions	a contributing to deeth	but not resulting in PHAムUS	n the underlyin	ng cause given in	PERFOR	RMED?	AMAILABLE PRIOR COMPLETION OF ( OF DEATH?	CAUSE
25. WAS CASE REFERRED EXAMINER? 1 (A) YES 2   NO	ant conditions	a contributing to deeth to the second of the	but not resulting in	28. P	PLACE OF DEATH (C)	PERFOR	RMED?	AMAILABLE PRIOR COMPLETION OF ( OF DEATH?	CAUSE
25. WAS CASE REFERRED EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 X Natural 5	eant conditions  NO MA  TO MEDICAL	a contributing to deeth	but not resulting in PHACUS	28. P OTHER: 4   Nursing Hore E OF 28c. IN URY W	PLACE OF DEATH (C)	PERFOR	RMED?	AMAILABLE PRIOR COMPLETION OF 6 OF DEATH? 1  YES 2 1	CAUSE
25. WAS CASE REFERRED EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 X Netural 5 2 Accident	tant conditions	HOSPITAL:   Inpatient 2   ER/Out     28a. DATE OF INJURY (Month, Day, Year)	tpatient 3 X DOA  28b. TIME INJU	28. P OTHER: 4   Nursing Hore E OF   WHY   M   1	PLACE OF DEATH (C/r	PERFOR  1 VES 2  heck only one)  8 Other (Specify)	NJURY OCCUP	AMAILABLE PRIOR COMPLETION OF 6 OF DEATH?  1 YES 2 1	CAUSE
25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Accident  2 Accident  3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only)	TO MEDICAL  Pending Investigation  Could not be determined	HOSPITAL:    Impatient 2   ER/Out      28a. DATE OF INJURY (Month, Day, Year)	tpetient 3 X DOA  tpetient 3 X DOA  28b. TIME INJU	28. P OTHER: 4   Nursing Hor EOF 28c. IN WHY W 1	PLACE OF DEATH (C/r me 5	PERFOR  1 VES 2  1 VES 2  1 VES 2  1 VES 2  2 VE	NAMED?  NJURY OCCUP  and Number or	AMAILABLE PRIOR COMPLETION OF (OF DEATH?)  1  YES 2 1	TO CAUSE
25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Accident  2 Accident  3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only)	TO MEDICAL  Pending Investigation  Could not be determined  ATTIFYING PHYSIC  DICAL EXAMINER	HOSPITAL:    HOSPITAL:   Impatient 2   ER/Out     28a. DATE OF INJURY (Month, Day, Year)   28b. PLACE OF INJUR building, etc. (Spotension)	tpatient 3 X DOA  tpatient 3 X DOA  28b. TiME (N)U  TY — At home, farm, st ecity)  wiedge, death occurred on end/or investigation	28. P OTHER: 4   Nursing Hor EOF 28c. IN WHY W 1	PLACE OF DEATH (C/r me 5	PERFOR  1 VES 2  heck only one)  8 Other (Specify)  28d. DESCRIBE HOW i  28f. LOCATION (Street City or Town, State)  e to the cause(s) and meie time, date and place, er	NJURY OCCUP	AMAILABLE PRIOR COMPLETION OF (OF DEATH?)  1  YES 2 1	TO CAUSE  NO  stated.
25. WAS CASE REFERRED EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH 1 X Natural 5 2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only one) 2 MEI	TO MEDICAL  Pending Investigation  Could not be determined  ATTIFYING PHYSIC  DICAL EXAMINER	HOSPITAL:  1 Inpatient 2 ER/Out  28a. DATE OF INJURY (Month, Day, Year)  28b. PLACE OF INJURY building, etc. (Spo	tpatient 3 X DOA  tpatient 3 X DOA  28b. TiME (N)U  TY — At home, farm, st ecity)  wiedge, death occurred on end/or investigation	28. P OTHER: 4   Nursing Hor EOF 28c. IN WHY W 1	PLACE OF DEATH (C)  TIME 5 Residence  JURY AT  ORK?  YES 2 NO  Ice  Ite end place, end dur  death occured at the	PERFOR  1 VES 2  heck only one)  8 Other (Specify)  28d. DESCRIBE HOW to City or Town, State)  2ef. LOCATION (Street City or Town, State)  to the cause(s) and mere time, date and place, er	NJURY OCCUP end Number or nner as stated. nd due to the c	AMAILABLE PRIOR COMPLETION OF (OF DEATH?)  1  YES 2  I	TO CAUSE  NO  stated.
25. WAS CASE REFERRED EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 X Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only one) 2 MEI 20b. SIGNATURE AND TITL 30. NAME AND ADDRESS (	TO MEDICAL  Pending Investigation  Could not be determined  ATTIFYING PHYSIC  DICALEXAMINER  DE GF CENTIFIER	HOSPITAL:    HOSPITAL:   Impatient 2   ER/Out     28a. DATE OF INJURY (Month, Day, Year)   28b. PLACE OF INJUR building, etc. (Spotension)	tpatient 3 X DOA  tpatient 3 X DOA  28b. TIME INJU  TY — At home, farm, st ecity)  wiedge, death occurred on end/or investigation	26. POTHER: 4 Nursing Hore EOF 28c. IN WHY H 1 The contract of the time, det n, in my opinion, Print)	PLACE OF DEATH (C/r me 5   Residence IN STATE   IN STAT	PERFOR  1 VES 2  2 VE	INJURY OCCUP  and Number or  nner as stated, and due to the c	AMAILABLE PRIOR COMPLETION OF	TO CAUSE NO stated.



TO THE HOSPIN. OF WITAL RECORDS, P.O. BOX 13146,
TO THE HOSPIN. OF ATTEMPTED TO AN ATTEMPTED TO A STREAM THE MEDITARY PROPERTY OF A STREAM THE MEDITARY PROPERTY. THE FUNESTAL PROPERTY THE FORM TO A STREAM THE MEDITARY PROPERTY. THE FUNESTAL PROPERTY THE FORM TO THE WITH THE MEDITARY PROPERTY. THE MEDITARY PROPERTY THE MEDITARY PROPERTY. THE MEDITARY PROPERTY THE MEDITARY PROPERTY. THE MEDITARY PROPERTY THE MEDITARY PROPERTY OF THE MEDITARY PROPERTY. THE MEDITARY PROPERTY THE MEDITARY PROPERTY THE MEDITARY PROPERTY THE MEDITARY PROPERTY. THE MEDITARY PROPERTY THE MEDITARY PROPERTY THE MEDITARY PROPERTY THE MEDITARY PROPERTY PROPERTY. THE MEDITARY PROPERTY PROPER

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR		CERTIF	ICATE (	OF DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last			1		2. DATE O	F DEATH DAY		YEAR 3. T	IME OF DEATH		
	Eddi	2.01.044			rmore	NIO	rchl	4,190	710	630 M		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last birthday)	MONTHS DA			Day, Year)		Country)	E (State or Foreign		
	9a. FACILITY NAME (If not institution, give		90 THS.	9b. CITY. TO	MN OR LOCATION OF DE		<u>)-1901</u>	9c. COUNT	SOME Y OF DEATH	RSET Co. I		
5	PENINSULA GENERAL HOSPITAL SALISBURY WICOMICO											
ן ב	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN	TY	10c CIT	Y, TOWN OR LO	CATION				7	INSIDE CITY		
DIRECTOR									1/4	LIMITS?		
	MD. W	ICOMICO	1_SA1	LISBURY	10f. ZIP CODE			10g. CITIZE	N OF WHAT	45		
	516-CGEORGIA A	VENIIE			21801			U.S.	٨			
2	11. MARITAL STATUS	12. WAS DECEDENT EVE			DECENDENT OF HISPAI					merican Indian,		
BY FUNERAL	1 Never Merried 2 Married FORCES? 1 YES 2 MAR OR DATES 3 Widowed 4 Divorced				s, specify Cuban, Maxica YES 2 NO Specif		can, etc.)		Specify:			
ם ם	15. DECEDENT'S ED	HIGATION	Tu- properties	1101141 00011	PATION	Lan	05 01101			HITE		
	(Specify only highest gra-	de completed)	16a. DECEDENT'S (Give kind of life. Do NOT us	work done durin	g most of working	16b. F	CIND OF BUSI	NESS/INDUS	STRY			
COMPLET	Elamentary/Secondary (0-12) 7 YEARS	College (1-4 or 5+)	NONE			N	ONE					
5	17. FATHER'S NAME (First, Middle, Last)		T NONE		18. MOTHER'S NA			umame)				
DE C	JOHN EDWARD LAF	MORE			SUSI	E MAR	гна јо	NES				
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Number or Rural	Route Numbe	r, City or Town.	State, Zip C	lode)			
-	ADA M. MASSA				AS RD. SAL	ISBUR						
l	20a. METHOD OF DISPOSITION 1 □ Qurial 2 □ Cremation 3 □ Ra	moval from Stata	other place)		of cemetery, crematory or					r Town, Stata		
1	4 Donation 5 Qther (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	scenete /	WICOMIO		ORIAL PARK		SAL	ISBUR	RY, MD			
	2. Sidning of Fall of	2/11 .			OLLOWAY FU		HOME					
	Comm	YAMUM			Ol SNOW HI					21801		
	23. PART i. Enter the diseases, or shock, or heart failure	r complications that oac b. Liet only one cause o	ised the desth. Do not not not not not not not not not no	not antar the	mode of dying, suc	th se cerdi	ac or reapin	atory arre	et,	Approximate Interval Between		
	iMMEDIATE CAUSE (Finel disease or condition		1		<i>C</i>	1				Onset and Death		
	resulting in death)	a. DUE TO OR	AS A CONSEQUENCE O	CELE	Gro vasc	ala	n ac	CIDE	26	1 day		
,	_								į	I CA C DOWN		
Sequentially list conditions, If sny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.										0.00000		
3	cause. Enter UNDERLYING CAUSE (Disease or injury	C										
=	that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE O	F):								
Ä		d					-		i			
	PART ii. Other aignificent condition	ons contributing to dee	th but not regulting									
3 I				in the under	lying cause given in	Part J.	24a. WAS AN A			NE AUTOPSY FINDINGS		
A210				in the under	lying cause given in			AED?	AMA: COM	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH?		
MEDICA				in the under	lying cause given in		PERFORI	AED?	CON OF I	LABLE PRIOR TO IPLETION OF CAUSE		
IN MEDICA						_	PERFORI	AED?	CON OF I	LABLE PRIOR TO IPLETION OF CAUSE DEATH?		
ICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	88. PLACE OF DEATH (C)	heck only one	PERFORI	AED?	CON OF I	LABLE PRIOR TO IPLETION OF CAUSE DEATH?		
ITSICIAN: MEDICA	EXAMINER?  1 YES 2 NO	HOSPITAL;	Outpatient 3 DOA	OTHER:	28. PLACE OF DEATH (C)	heck only one	PERFORI 1 YES 2	AED?	AMAI CON OF I	LABLE PRIOR TO IPLETION OF CAUSE DEATH?		
0.00	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1 Unpertient 2 EP/ 20a. DATE OF INJU (Month, Day, 16	Outpatient 3 DOA	OTHER: 4 \sum Nursing 4E OF 286	88. PLACE OF DEATH (C) Home 5 - Rasidence INJURY AT WORK?	heck only one	PERFORI	AED?	AMAI CON OF I	LABLE PRIOR TO IPLETION OF CAUSE DEATH?		
'n	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	HOSPITAL: 1	Outpetient 3 DOA RRY 28b. Til IN IURY — At home, farm,	OTHER: 4 \( \text{Nursing} \) 4E OF \( \text{286} \) JURY \( \text{M} \) 1	88. PLACE OF DEATH (C) Home 5	8 Other 28d, OESC	PERFORI 1 YES 2 (Specify) CRIBE HOW IN	JURY OCCU	AMAI COM OF I	LABLE PRIOR TO REPLETION OF CAUSE SEATH?		
B	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL:  1Impetient 2 _ ER/  20a. DATE OF INJU (Month, Day, 16	Outpetient 3 DOA RRY 28b. Til IN IURY — At home, farm,	OTHER: 4 \( \text{Nursing} \) 4E OF \( \text{286} \) JURY \( \text{M} \) 1	88. PLACE OF DEATH (C) Home 5	8 Other 28d, OESC	PERFORI 1   YES 2	JURY OCCU	AMAI COM OF I	LABLE PRIOR TO REPLETION OF CAUSE SEATH?		
B	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation 3 Suicide e Could not be determined  29a. CERTIFIER 1 SETIEVING DIM	HOSPITAL: 1	Outpatient 3 DOA PRY 28b. Till IN URY — At home, farm, (Specify)	OTHER: 4 Nursing AE OF JURY M 1 street, factory,	28. PLACE OF DEATH (C) Home 5  Residence LINJURY AT WORK? YES 2 NO	8 Other 28d, 0ESC 28f, LOCA	PERFORI  1 VES 2  (Specify)  (Specify)  TION (Street at 7 Town, State)	JURY OCCU	AMACOM OF I  1   URED	LABLE PRIOR TO REPLETION OF CAUSE SEATH?		
'n	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide e Could not be detarmined  29a. CERTIFIER (Check only)	HOSPITAL: 1Impetient 2 ENJU (Month, Day, 16 28e. PLACE OF INJ building, atc. (	Outpatient 3 DOA  PRY 28b. Till IN  URY At home, farm, (Specify)	OTHER: 4 Nursing AE OF 284 JURY M 1 street, factory,	88. PLACE OF DEATH (C) Home 5	8 Other 28d, OESC 28f. LOCA City o	PERFORE  1 YES 2  (Specify)  RIBE HOW IN  TION (Street air Town, Street)	JURY OCCU	AMAL COA COA COA COA COA COA COA COA COA COA	LABLE PRIOR TO RPLETION OF CAUSE SEATH?  YES 2 NO		
COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide e Could not be detarmined  29a. CERTIFIER (Check only)	HOSPITAL: 1Impetient 2 _ ER/ 20a. DATE OF INJU (Month, Day, Ye 20a. PLACE OF INJ building, atc. ( /SICIAN: To the best of my b	Outpatient 3 DOA  PRY 28b. Till IN  URY At home, farm, (Specify)	OTHER: 4 Nursing AE OF 284 JURY M 1 street, factory,	88. PLACE OF DEATH (C) Home 5	eck only one  8  Other  28d. DESC  28f. LOCA  City of	PERFORE  1 YES 2  (Specify)  RIBE HOW IN  TION (Street air Town, Street)	JURY OCCU	ARACOR COR OF I  1     Paral Route  d. cause(a) and	LABLE PRIOR TO RPLETION OF CAUSE SEATH?  YES 2 NO		
BE COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation investigation 3 Suicide e Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER?	HOSPITAL: 1Impetient 2 _ ER/ 20a. DATE OF INJU (Month, Day, Ye 20a. PLACE OF INJ building, atc. ( /SICIAN: To the best of my b	Outpatient 3 DOA  PRY 28b. Till IN  URY At home, farm, (Specify)	OTHER: 4 Nursing AE OF 284 JURY M 1 street, factory,	28. PLACE OF DEATH (C/ Nome 5  Rasidence a. INJURY AT WORK?  YES 2 NO office  deta and place, and du ion, death occured at the	eck only one  8  Other  28d. DESC  28f. LOCA  City of	PERFORE  1 YES 2  (Specify)  RIBE HOW IN  TION (Street air Town, Street)	JURY OCCU	ARACOR COR OF I  1     Paral Route  d. cause(a) and	Number,		
BE COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation investigation 3 Suicide e Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER?	HOSPITAL:  1Imperifient 2 ENJ (Month, Day, Ye 28a. PLACE OF INJ building, atc. ( SICIAN: To the bast of my k NER: On the basis of axamir	Outpatient 3 DOA  PRY 28b. Till IN  URY — At home, farm, (Specify)  (nowledge, death occur nation and/or investigati	OTHER: 4 Nursing AE OF 284 JURY M 1 street, factory, red at the time, on, in my opini	28. PLACE OF DEATH (C) Home 5  Residence LINJURY AT WORK? VES 2 NO office  data and place, and du ion, death occured at the	eck only one  8  Other  28d. DESC  28f. LOCA  City of	PERFORE  1 YES 2  (Specify)  RIBE HOW IN  TION (Street air Town, Street)	JURY OCCU	ARACOR COR OF I  1     Paral Route  d. cause(a) and	Number,		
TO BE COMPLETED BY PHYSICIAN: MEDICAL	EXAMINER?  1	HOSPITAL: 1 Lippeffent 2 EP/ 20a. DATE OF INJU (Month, Day, 16 28a. PLACE OF IN, building, atc., rSICIAN: To the bast of my in NER: On the basis of axamir IER NHO COMPLETED CAUSE OF	Outpatient 3 DOA  PRY 28b, Till IN  Specify) at home, farm, (nowledge, death occur netion and/or investigati  F DEATH (ITEM 27) (Typ	OTHER: 4 Nursing AE OF 284 JURY M 1 street, factory, red at the time, on, in my opini	R8. PLACE OF DEATH (C) Home 5	eck only one  8  Other  28d. DESC  28f. LOCA  City of	PERFORE  1 YES 2  (Specify)  RIBE HOW IN  TION (Street air Town, Street)	JURY OCCU	ARACOR COR OF I  1     Paral Route  d. cause(a) and	Number,		
BE COMPLETED BY	EXAMINER?  1	HOSPITAL:  1Impetient 2 _ ER/  20a. DATE OF INJU (Month, Day, Ye  28a. PLACE OF INJ building, atc. (  SICIAN: To the best of my k  NER: On the best of axamir IER  NHO COMPLETED CAUSE OF	Outpatient 3 DOA  PRY 28b, Till IN  Specify) at home, farm, (nowledge, death occur netion and/or investigati  F DEATH (ITEM 27) (Typ	OTHER: 4 □ Nursing AE OF 286 JURY M 1  Street, factory, red at the time, on, in my opini	28. PLACE OF DEATH (C) Home 5  Residence LINJURY AT WORK? VES 2 NO office  data and place, and du ion, death occured at the	eck only one  8  Other  28d. DESC  28f. LOCA  City of	PERFORE  1 YES 2  (Specify)  RIBE HOW IN  TION (Street air Town, Street)	JURY OCCU	AMALONA CON OF I  1  I  I  I  I  I  I  I  I  I  I  I  I	Number,		



IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

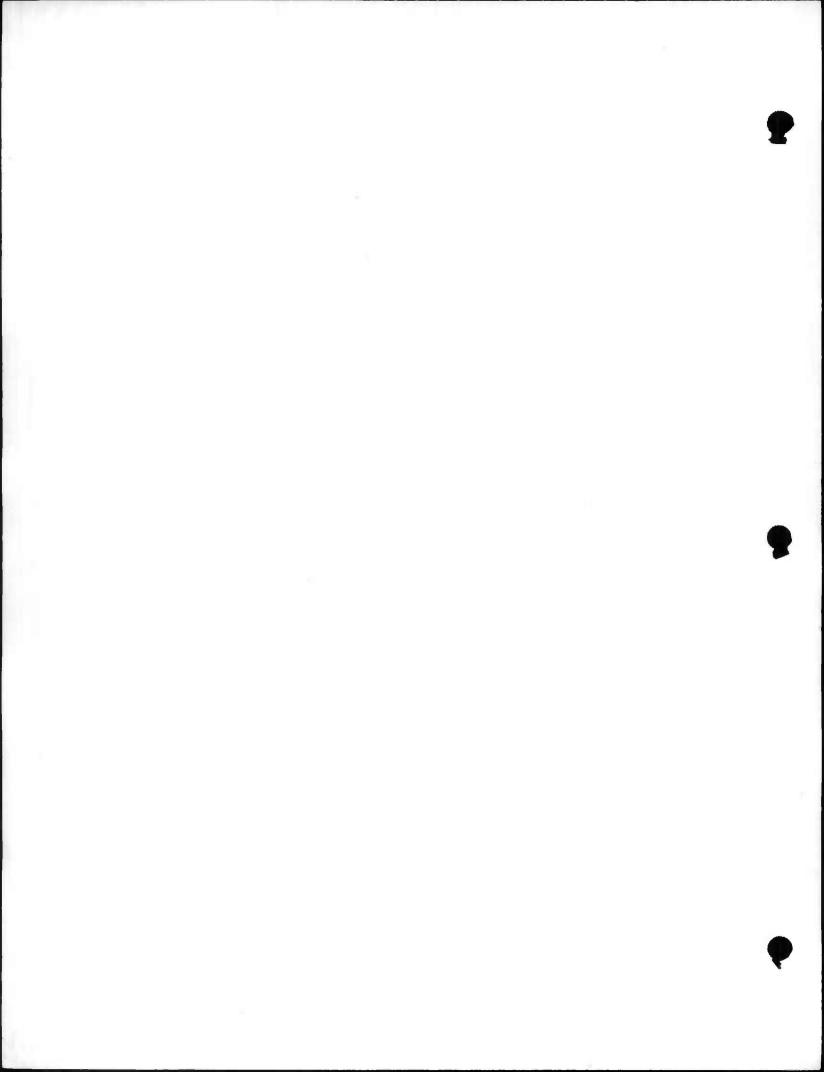
6

TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE REGISTRAR	STATE OF MARYLA			F HEALTH		NTAL HYGIENE REG. NO.	:						
							. DATE OF OEATH	OF OEATH 3. TIME OF OEATH						
	FRANCIS C. H. MA						MONTH DAY							
		SEX 6. AGE (II	IF UNDER 1 Y			OATE OF BIRTH	6. B	IRTHPLACE (State or Foreign						
Н	019-50-5528	<del>у</del> м 2 □ F	76 YRS.	MONTHS D	AYS HOURS	MIN.	(Month, Day, Year) EC . 20 . 191		HINA					
	9a. FACILITY NAME (If not institution, give street a	and number)	,,	9b. CITY, TO	WN OR LOCATIO	OF DEATH								
DIRECTOR	HOLY CROSS HOSPITA	L		SILV	ER SPR	ING		MONTGOMERY						
E .	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR I	OCATION				10d. INSIDE CITY LIMITS?					
<u></u>	MARYLAND MONTG	OMERY	ST	LVER S	PRING			1 YES 2 NO						
	10e. STREET AND NUMBER				101. ZIP CODE			OF WHAT COUNTRY?						
8	8830 PINEY BRANCH R	OAD #908			20903			CHINA						
FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN	U.S. ARMED		DECENDENT OF			ORIGIN? (Specify Yea or No- 14. RACE - Americ						
	1 Never Married 2 X Married IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: Specify:								Black, White, etc. Specify:					
B									RIENTAL					
윤									RY					
9		ollege (1-4 or 5 +)	life. Do NOT us	retired.)										
M M	BOOKKEEPER TRAVEL AGENCY													
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  TRAVEL AGENCY  17. FATHER'S NAME (First, Middle, Last)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  BOOKKEEPER  16. MOTHER'S NAME (First, Middle, Malden Surname)														
KWET SUN MA														
PETER L. MA (SON) 13717 MILLS AVENUE SILVER SPRING, MARYLAND  20a, METHOD OF DISPOSITION  20a, METHOD OF DISPOSITION   20b, PLACE OF OISPOSITION (Name of cometery, cremetory or other place)   20c, LOCATION — City or Town, State other place									0)					
	4 Donation 5 Other (Specify)	G	ATE OF H					ER SPR	ING, MARYLAND					
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE	- 1	22. NA	ME ANO ADDRES	COT T	INS FUNER	AT HOM	F INC					
	mily	115	alin				BLVD.SIL.							
	23. PART I. Enter the diseases, or com-	plications that caused	the death Do						Approximete					
	ahock, or heart feliure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) a	DUE TO (OR AS A	consequence o	mory	open	i f	Purpura		Interval Batween Onset and Death					
CERTIFICATION	Sequentielly liet conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in deeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.													
PHYSICIAN: MEDICAL (	PERFORMED? 1 Tyes 2 TNO OH								24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
A	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DI	EATH (Check	conty one)							
Sic	EXAMINER?	OSPITAL: Inpatient 2 - ER/Outp	atient 3 DOA	OTHER:	Home 5 □ Re	aldenca 6	Other (Specify)	_						
Η̈́	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIN	E OF 2	ic. INJURY AT		6d. DESCRIBE HOW II	NJURY OCCURE	D					
	1 Natural 6 Pending	(Month, Day, Year)	IN.	M	WORK?	NO								
В	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	- At home, farm,	street, factory	offica	2	161. LOCATION (Street a	and Number or R	ural Route Number,					
ᇤ	4 Homicide 6 Could not be	building, etc. (Spec	lfy)				City or Town, State)							
U 200 CECTIFIED														
MP	(Check only	N: To the best of my know												
2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as														
OI									Supp cassage Care Mount					
	The state of the s	NN	MAA		A		95 7 JG 4 J1 NJ 711 N N N N N N N N N N N N N N N N N N							
H	Childre Koa	where h.	am	)	D 22	854		· 3/	19/91					
	Childre Koa	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	), Print)	222	1854 11814	TOD MA	7,000	14/91					

Designed as a margaret and the first The state of the parties of the state of the

	REGISTRAR		CE	:RIIF	CATE	F DEATH	REG. NO	),			
!	1. OECEOENT'S NAME (First, Middle, Last)							AY	3. TIME OF OEATN		
		RL A. M		Mar. 17	7	1991 2:30 A. M					
	4. SOCIAL SECURITY NUMBER 214-48-7558	5. SEX 1 M 2 F	6. AGE (In yrs. lest	YRS.	IF UNDER 1 YE MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) Feb. 12,	1899	a. BIRTHPLACE (State or Foreign Country) Virginia		
B.	9a. FACILITY NAME (If not institution, give st 10616 Amherst Av			n or Location of o			Montgomery				
8	RESIDENCE OF DECEDENT										
DIRE	Maryland 10b. COUNTY	Montgom	nery	10c, CITY	r, town or li	cation ilver Spri	ng		10d. INSIDE CITY LIMITS? 1 [X] YES 2 [ NO		
FUNERAL DIRECTOR	100. STREET AND NUMBER 10616 Amherst	Avenue				101. ZIP CODE 20902	2	10g. CITI	USA		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N	MED IO	If yes	OECENOENT OF NISPAI , specify Cuban, Mexico YES 2 NO Specifi		a or No—	14. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	cedent's type kind of v Do NOT us lerk	USUAL OCCUI vork done durin to retired.)	ATION most of working	US PC		Service				
COM	17. FATHER'S NAME (First, Middle, Last) Spicer J. Dodso	on	ME (First, Middle, Malden Surname) Ve A. Lewis								
TO BE	19. INFORMANT'S NAME (Type/Print) Ethel Donaldson						Route Number, City or Too Silver Spri				
	20e: METHOD OF DISPOSITION 1 © Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	25th PLACE other pla	Geor	ge Was	cometery, cremetory or nington Ce	emetery Ac	delph	City or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11000	/	HI		li Funeral		ing, Md. 20904		
rion	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  c. OUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL											
AN	25. WAS CASE REFERREO, TO MEDICAL 28. PLACE OF GEATN (Check only one)										
S	EXAMINER?	HOSPITAL:	EB/Outnetlant 3	□ DOA	OTHER:	Home 5 M Residence					
PHYSICIAN:	27. MANNED OF DEATN  1 Netural 5 Pending	28a. DATE OF (Month, D	INJURY	28b. TIM	E OF 28	INJURY AT WORK?	28d. DESCRIBE NOW	INJURY OC	CURED		
ED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined		of INJURY — At he atc. (Specify)	ome, farm,			28f. LOCATION (Street City or Town, State		or or Rurel Route Number,		
COMPLETED	Crieck only						a to the cause(a) and m				
E COA	2 MEDICAL EXAMINE 29b, SIGNATURE AND TITLE OF CERTIFIE		xamination and/or	Investigation	on, in my opini	on, death occured at the			he cause(a) and manner as stated.  TE SIGNED (Monjin, Day, Year)		
TO B	MOUGHW AU 30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	, Print)	0 360	8/6	•	3/15/91		
	Marsha J. Seidel	man, MD	10301			e., Surit	304 Silve	r Spr	ing, Md.		
	31. DATE FILED (Month, Day, Year) MAR 1 9 '91		avidson-Po	endalle.							

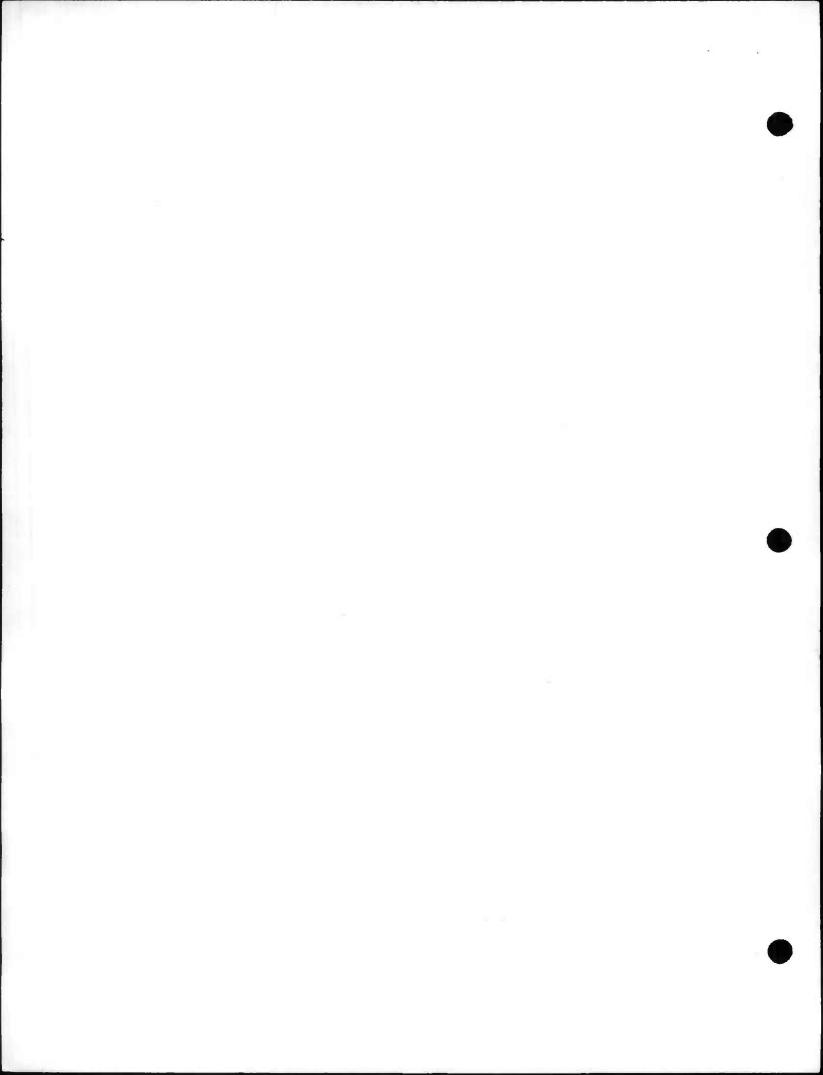


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

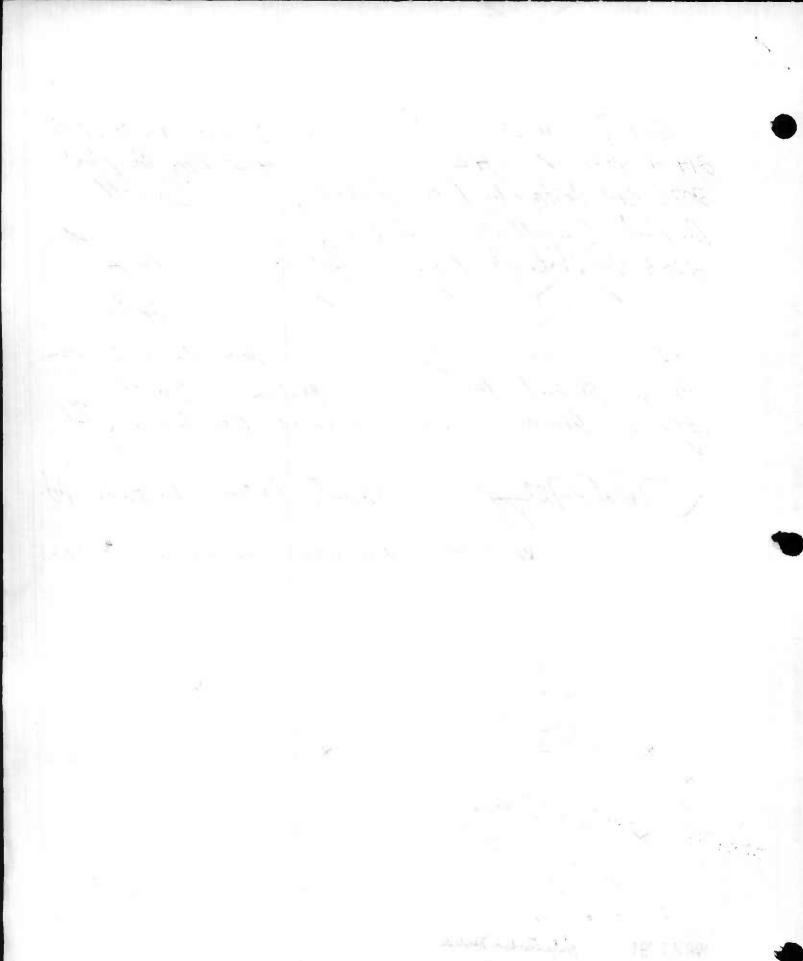
## STATE OF MADYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		SIMIE UF I	C	ERTIFI		OF DEATH	D MICH	REG. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)						2. D/	ATE OF DEATH	,	YEAR	3. TIME OF DE	ATN
Tito I	ucero			MIRAF	LOR			rch 20,	199	1	11:34	Рм
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs. le	st birthday)	IF UNDER 1 YE	EAR IF UNDER 24 HR	7, DA	TE OF BIRTN		8. BIRTN Countr	IPLACE (State or	Foreign
586-60-43	388	1 M 2 D F	62	YRS.	MONTHS	NYS HOURS MIN		3/25/28		Ph:	ilippin	es
9a. FACILITY NAME (If not in	nstitution, give al	treet and number)			9b. CITY, TO	WN OR LOCATION OF	F DEATN		9c. COU	NTY OF D	EATN	
Franklin	Square	e Hospita	al		Balti	more			Ba	ltimo	ore	
10a. STATE	10b. COUNTY	1		10c. CITY	, TOWN OR L	OCATION					10d. INSIDE CI	TY
Maryland	Han	rford		Jopp	a					- 1	LIMITS? YES 2	] NO
10s. STREET AND NUMBER						101. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY	7
687 Tov	vne Cer	nter Driv	<i>7</i> e			21085			U	.S.A	•	
11. MARITAL STATUS 1  Never Married 2	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES 2		If ye	S DECENDENT OF NIS is, specify Cuben, Ma YES 2X NO Sp			or No-	Bleci	E — American in k, Whita, etc.	dlan,
3 Widowed 4 Dive	proed	Korea	Vietnam	1		1 E 2 2 1 NO 3	oociiy.			Fil	Tipino	
15. DEC (Specify on	EDENT'S EDU	CATION completed)	(0	live kind of w	USUAL OCCU	PATION ng most of working		16b. KIND OF BUS	INESS/INI	DUSTRY		
Elementary/Secondary (	0-12)	College (1-4 or 5	+)	Do NOT us		4		II C M	-:1			
12 0 Mail Distributor U.S. Mail  17. FATHER'S NAME (First, Middle, Lest)  18. MOTNER'S NAME (First, Middle, Melden Surname)												
		Miraflor				IO. MUTNER'S		ucero	Surrieme)			
Emilaiano L. Miraflor  196. INFORMANT'S NAME (TyperPrint)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
Mrs. Shirl	ley D.	Miraflon	1	687 I	lowne	Center Dr	rive	Joppa	, Ma	ryla	nd 2108	5
20a, METNOD OF DISPOSIT	TION	mmi from State	20b. PLACE	OF DISPOS	ITION (Name	of cemetery, cremetory	or	20c. LO			own, State	
4 Donation 6 Other		Oval from State	_  Garrí	són F		MD Vet.			ngs l	Mill:	s, Mary	1and
21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE				rring-Car			Home	РΔ		
Kirsi	Sen!	A.Cur	alosb	0 9	Ab	erdeen, N	Marvl	and 21	001-			
23. PART I. Enter the d		complications the			ot enter the	e mode of dying,	auch aa d	cerdiac or reepi	ratory ar	reat,	Approxi	lmate Between
IMMEDIATE CAUSE (FI		List only one ce	ase on eech iin	<b>e</b> .								nd Death
diseese or condition resulting in deeth)	$\rightarrow$	W	cardial			n						
			(OR AS A CONSE									
Sequentielly liet condi-		b. Ino	perable	COYO	nary /	Artery Di	seas	e			-	
If eny, leading to imme cause. Enter UNDERLY	ING				•	2º +o Dha	bdom	volveje			ļ	
CAUSE (Disease or Injuthat Initiated events	ury	DUE TO	OR AS A CONSE	OUENCE OF	inte	2° to Rha	ınaoııi	yorysis				
resulting in deeth) LAS	ST	d										
PART II. Other significa	ant condition	ns contributing to	deeth but not	reaulting I	n the unde	rlying ceuse giver	n in Part i	1. 24a. WAS AN	AUTOPSY	248	b. WERE AUTOPSY	FINDINGS
Liver tox	icity 2	2° to med	dication					PERFOR			AMAILABLE PRIC	
			10000					I L TES 2	DINO		OF DEATH?	□ NO
												1
25. WAS CASE REFERRED	TO MEDICAL	100000000000000000000000000000000000000				26. PLACE OF DEATH	N (Check on	ly one)				
EXAMINER?		HØSPITAL:	☐ ER/Outpetlent	3 DOA	OTHER:	Home 5 Realder	nce 8 🗆 t	Other (Specify)				
27, MANNER OF DEATH		28a. DATE Of (Month, i	F INJURY Day, Year)	28b. TIM	E OF 28	c. INJURY AT WORK?	28d.	DEȘCRIBE NOW I	NJURY O	CURED		
1 Netural 5 2 Accident	Pending Investigation					1 YES 2 NO	-					
3 Suicide 6 4 Nomicide	Could not be determined	26s. PLACE building	OF INJURY — A1 h , etc. (Specify)	ome, ferm, i	etreet, factory	, office		LOCATION (Street I City or Town, State)		or or Rural	Floute Number,	
29a. CERTIFIER	TIEVING DUVO	ICIAN: To the heat o	d my knowledge d	lasth assum	and and other delays	o, date and place, and	d due to the	anuncia) and mai		ed e d		
(Oriota Oriny						nion, death occured a					a) and menner s	a stated.
296. SIGNATURE AND TUTL			1			29c. LICENSE			29d. DA	TE SIGNEI	D (Month, Day, Ye	er)
48/17	1//	eight	un	0	0				<b>▶</b> 1	March	n 20, 1	991
30 NAME AND ADDRESS												
Jeffrey He				Fran	klin	Square Dr	^ive	Baltimo	re, i	MD 2	21237	
31. DATE FILED (Month, Day	91	32. REGISTA	Davidson	Pandel	2							



DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within a fars death. Page 6 may be retained by the hosp TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to fine the fineral director, page 5 should be detached to fine the fine feeth with the State Bogs: of Health and Mental Hygiene prior to bundle, ceremator, or remove any linking or nitery transmissible event the medical examiner must be maiffied at nace.	The second of the second secon
N OF VITAL RECORDS, P.O. BK NG PHYSICIAN: The law requires that the death certificate fler this certificate has been signed by the attending physician with the State Dept. of Health and Mental Hygiere promarked to than 23 shows any Inlinity or other properties.	-
N OF VITAL RECORE.  NG PHYSICIAN: The law requires that if the this certificate has been signed by asth with the State Degr. of Health and marked on Hean 23 shows any I	the state of the state of
N OF VITA NG PHYSICIAN: The ther this certificate it eath with the State	to allow and
2 5 6 6	Markey, or teem
DIVISIO  THE HOSPITAL DR ATTENDI  THE FUNERAL DIRECTOR: A  Filed within 72 hours after de	THE ROLL TO 10 II

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEP. CERT	PARTMENT OF H			YGIENE EG. NO.	1 00/5/			
	1. DECEDENT'S NAME (First, Middle, Last)	Michael 1	Manne	- Jr.	2. DATE OF D	EATH /9" /9"	S. TIME OF DEATH			
)	4. SOCIAL SECURITY NUMBER 214-46-9849	5. SEX 1 LA 2 F 42 YRS	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day	187 1948 B. 1	BHATT GLACE (State of Foreign			
RON	90. FACILITY NAME (If not institution, give s	estiminate- Pike	- Fink	SS45	ATH	9c. COUNTY	OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT	10c.	FINKS 50	ION C			tod. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	3023 Old h	lestainste Pik	2 100	37040	8	tog. CITIZEN	DE WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PNO IF YES, GIVE WAR OR DATES	If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxicar 2 NO Specify	n, Puerto Rican		RACE — American Indian, Black, White, etc.			
	t6. DECEDENT'S EDU (Specify only highest grade Elemantary (Secondary (0-12)	completed) (Give kind	NT'S USUAL OCCUPATION of work done during mo	DN st of working	16b. KINI	O OF BUSINESS/INDUST	el Service			
COMPLET	17. FATHER'S NAME (First, Middle, Last)	hael Manne		18. MOTHER'S NAI	ME (First, Middle	, Maiden Surname)	affor			
TO BE	19a. INFORMANT'S NAME Gypa/Print)	J. C.	LING ADDRESS AStroot a	ed Number or Rural F	Route Number, C	ity or Town, State Tip Con	Estur Pol.			
	20a. METHOD OF DISPOSITION  1  Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20b. PLACE OF DIS	SPOSITION (Name of cor	netery, crematory or		20c, LOCATION — City	or Town, Stale			
	21. SIGNATURE OF FUNE IVAIL DERVICE-LA	Alt	22. NAME AT	ACS OF FAC	Fly to	le- We	Stainst M			
	23. PART I: Enter the disease, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	ecomplications that caused the death. Elist only one cause on each line.  a				elan un	intarval Batween Onset and Death			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d									
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	na contributing to death but not resulti	ing in the underlying	g cause given in		WAS AN AUTOPSY PERFORMED?  YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO			
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:									
PHYS	1 VES 2 NO 27. MANNER OF DEATH	t Inpatient 2 ER/Outpatient 3 DO  26a. DATE OF INJURY (Month, Day, Year)  28b.	TIME OF 28c. INJ	PURY AT DRK?		BE HOW INJURY OCCUR	RED			
РΥ	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	Netural 5   Pending								
COMPLETED	2001	SICIAN: To the best of my knowledge, death oc ER: On the basis of axamination and/or investig					nuncial and manner as stated			
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NUM			IGNED (Month, Qay, Year)			
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)	038	119	1 3	121/41			
	3t. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	ir S.	GREE	NE S.	T BALL	MD 21201			
	MAR 2 1 '91	Fulla Devidon-Manage								



BALTIMORE, MARYLAND 21203-3146

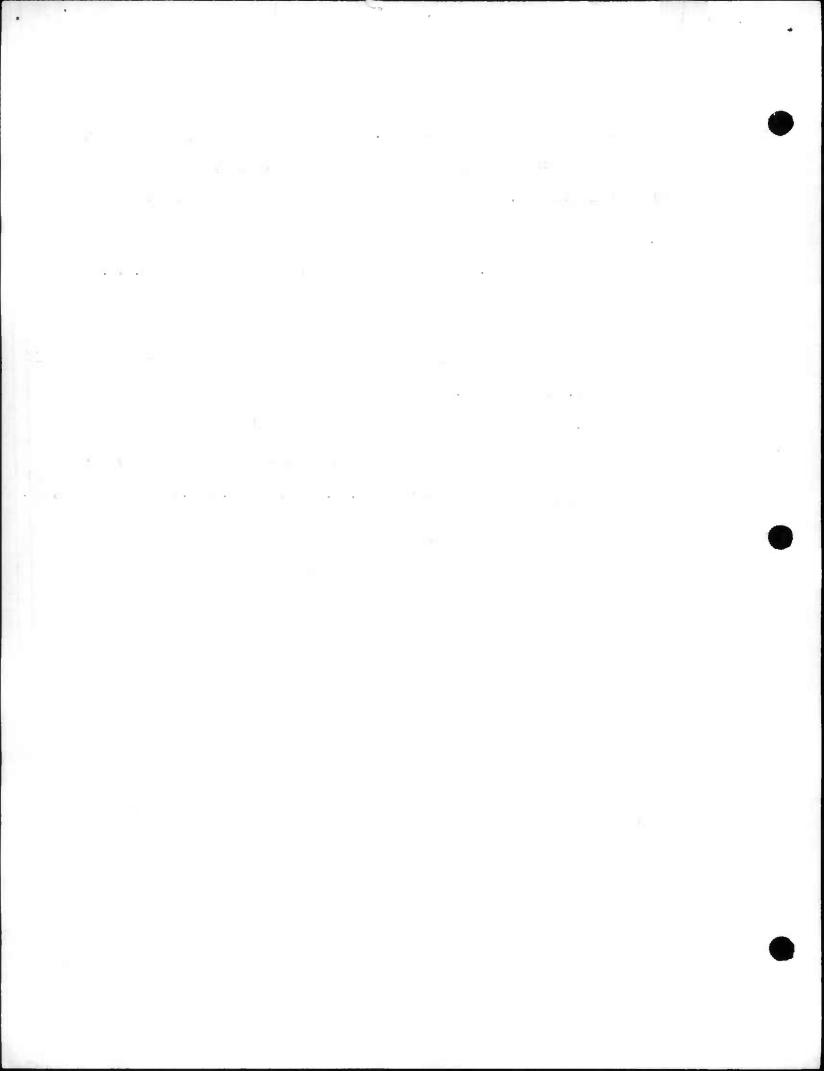
REGISTRAR		CE	RTIFIC	ATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH		MEAN	3. TIME OF DEATH
William	Joseph	Malon	ev J	r.		Marc		. 190	YEAR	10:45 A M
4. SOCIAL SECURITY NUMBER	0000	E (In yrs. lest t	-	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	17	8. BIRTH	IPLACE (State or Foreign
484-07-8721	1 € M 2 □ F	71	YRS.	ONTHS DAYS	HOURS MIN.		h, Day, Year)	010	Count	ov) DWA
9a. FACILITY NAME (If not institution, give	street end number)		9	b. CITY, TOWN	OR LOCATION OF D		. 79 1	_	NTY OF D	
11005 Lamplight				Poto				11111111111		
RESIDENCE OF DECEDENT	ar na.			FOU	mac			MOI	ntgor	nery
10e. STATE 10b. COUNT	ſΥ		10c. CITY, 1	TOWN OR LOCA	TION					10d. INSIDE CITY
MD. MOI	NTGOMERY			POTO	MAC					LIMITS?
10e. STREET AND NUMBER	120 012-12				f. ZIP CODE		-	10g, CIT	IZEN OF	WHAT COUNTRY?
11005 LAMPL	IGHTER LA.			1 1	20854				TT C	2 /
11. MARITAL STATUS	12. WAS DECEDENT EVER	DINITIO ADM	50	1 40 400 00	CENDENT OF HISPA	NIO OBION	10 MM-W	as Na		S.A.
1 Never Merried 2 Merried	FORCES? 1 YE	S 2 100	)	If yes, s	ecify Cuben, Mexico	an, Puerto		or No—		E — Americen Indien, k, While, atc.
3 Widowed 4 Divorced	IF YES, OIVE WAR OR	DATES		1 TYE	3 2 NO Specif	ty:			Spec	WHITE
15. DECEDENT'S EDI	ICATION	16a DECI	EDENT'S HE	UAL OCCUPATI	ON	101	. KIND OF BUS	INECO/IN	ALICTOV	***************************************
(Specify only highest grad	le completed)	(Give	e kind of won	k done durina m	ost of working	101	, KIND OF BU	SINE 33/IN	OUSTRE	
Elementary/Secondary (0-12)	College (1-4 or 5+)			,	TIONS RE	CE / D	דאותא נוי	VQIII	_ τ	POSTAL SERV
	)т	ENTIN	OTEHT	OFERA					- 1	COLAL DENV.
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	, ,				
WILLIAM J.	MALONEY S	R.			FRAJ	NCES	W(	DERDE	CHOFI	7
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DDRESS (Street	and Number or Rural	44	ber, City or Tow	n, State, Zi	p Code)	
MARGARET B.	MALONEY		SA	ME AS	ITEM 7	#10				
204, METHOD OF DISPOSITION		20b. PLACE Of	F DISPOSIT	ION (Name of ce	metery, crematory or		20c. LO	CATION -	City or To	own, State
1 M Buriel 2 Cremetion 3 Rer 4 Donation 8 Other (Specify)	noval from State			N CEME	TERY 3/	15/91	L HA	AGERS	TOW	V. MD.
21. SIGNATURE OF FUNERAL SERVICE L	ICENSES	1002			ND ADDRESS OF F	ACILITY				209
0/10/-1	11 .11.	1								
11:11:12	Cambercu		M0009	W.	W. CHAMBI	ERS (	O. INC	٠, ١	STFA	ER SPRING, 1
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. OUE TO (OR A)	les t	utic	MERA	STATIC CA	ARCII	NOMA OI	BLI	DEL	R
CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	DUE TO (OR A	S A CONSEOL	UENCE OF):							
PART II. Other algnificant condition	na contributing to deeth	but not re	aulting in	the underlyle	ng cause given in	n Part I.	24a, WAS AN		24	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
							1 TES 2			COMPLETION OF CAUSE
							1 1 120 .	1		OF DEATH?  1 YES 2 NO
										1 123 2 110
25. WAS CASE REFERRED TO MEDICAL										
EXAMINER?	HOSPITAL:		1	OTHER:	LACE OF DEATH (C	neck only o	ne)			
1 TYES 2 NO	1 Inpatient 2 ER/O				me 5 Residence	_				
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation		nr)	28b. TIME (	M 1 🗆	JURY AT ORK? YES 2 NO	28d. OE	SCRIBE HOW	NJURY O	CCURED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At hom Specify)	ne, farm, atr	eet, factory, off	ce	281. LO	CATION (Street or Town, State)	end Numb	er or Rural	Route Number,
CONSUM UNITY	SICIAN: To the best of my kn									(e) end menner as stated.
29b. SHONATURE AND TITLE OF CENTIFY	1 / 1/				29c. LICENSE NU		P8			D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	/HO COMPLETED CAUSE OF	DEATH (ITEM	27) (Type, P	rint)	1) 4	7	0		3//	9 (1
HOWARD S. C. 31. DATE FILED (Month, Day, Year)	31/dStein 32. BEGISTRANS SI	IGNATURE	0/K	ando/1	on Rl.	05	Rake	11/6	, //	nd. 26352
MAR 13 '91	gula Deur	door-1/2	quere.							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 minus be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,



1	•	FOR STATE REGISTR	ΑR
N.	1. D	ECEDENT'S	NA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF I	DEATH	REG	. NO.					
1. DECEDENT'S NAME (First, Middle, Last)  ARSHI	ne p	1e Ado	00		2. DATE OF DEA MONTH		3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 578 28 0792	5. SEX 6. AGE			IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Ye	H 6.	BIRTHPLACE (State or Foreign Country) Penn.				
98. FACILITY NAME (I not institution, give street and number) 6200 WAJTCHLITER PARK Drive 572 College Park Prince George RESIDENCE OF DECEDENT  90. COUNTY OF DEATH Prince George  90. COUNTY O											
10s. STATE 10s. COUNTY	ue Georg	ge 10c. CITY, TO	OWN OR LOCATION	Par	-k		10d. INSIDE CITY LIMITS?  1 YES 2 NO				
100. STREET AND NUMBER 6 DOD West thest	r Park A	tine april	110	20783		US					
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO		NDENT OF HISPAN Ify Cuban, Maxicar NO Specify.	, Puerto Rican, et	lfy Yea or No.— 14 c.)	Black, White, etc.  Specify:  White, etc.				
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1/12 17. FATHER'S NAME (First, Middle, Lest)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during most		16b, KIND C	IGE. KIND OF BUSINESS/INDUSTRY					
1/12		Supervis	or		Wash	ington G	as Co.				
	Arthur I	K. McAdoo		18. MOTHER'S NAM							
19a. INFORMANT'S NAME (Type/Print)	, Althur F				Carte	or Town, State, Zip Co	odel				
Richard A. McAdo	20			ell Row		ia, Md.	,,,,,,				
2qa. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Rem		b. PLACE AND DATE OF	DISPOSITION (			De. LOCATION — CIT	y or Town, Stata				
4 Donation 5 Other (Specify)	$-\Delta$	Fort Line		etery		Brentwoo	d.Md.				
21. SIGNATURE OF FINERAL DERVICES	Vust 1			ADDRESS OF FAC /Rinaldi		New Hamp	.Ave.S.S.Md.				
if any, leading to immediate	disease or condition resulting in death)  o. Myo Chrolial Infarction  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  O. Myo Chrolial Infarction  Sequentially list conditions, Due to (or as a consequence of):  Due to (or as a consequence of):										
PART II. Other algorificant condition	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  AMAILBLE PRIOR TO COMPLETION DF CAUSE OF INSTRUCT.										
					_   '	123 2 10 110	OF DEATH?  1  YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				CE OF DEATH (Ch	ock only one)						
1 XYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out		THER:  Nursing Home	5 Residence	8 Other (Speci	<b>(</b> )					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 X Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	1/A 286. TIME O	WOR		28d. DEŞCRIBE	HOW INJURY OCCU	RED				
9 Pulalda III	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
cond only	ER: On the best of my known						l. cause(a) and menner as stated.				
Bullandell	rehil ?	Show in a	dild)	29c LICENSE NUM	P52	13	SIGNED (Month, Day, Year) - 11-91				
PAUL A. DEVO	REMO. 4:	203944	nsbur	z Rd	MyaT	Isville	MD 2018/				
31. DATE FILED (Month, Day, Year) MAR 13 '91	32. REGISTRAR'S SIG	Non-Randell		,							

reciety , f

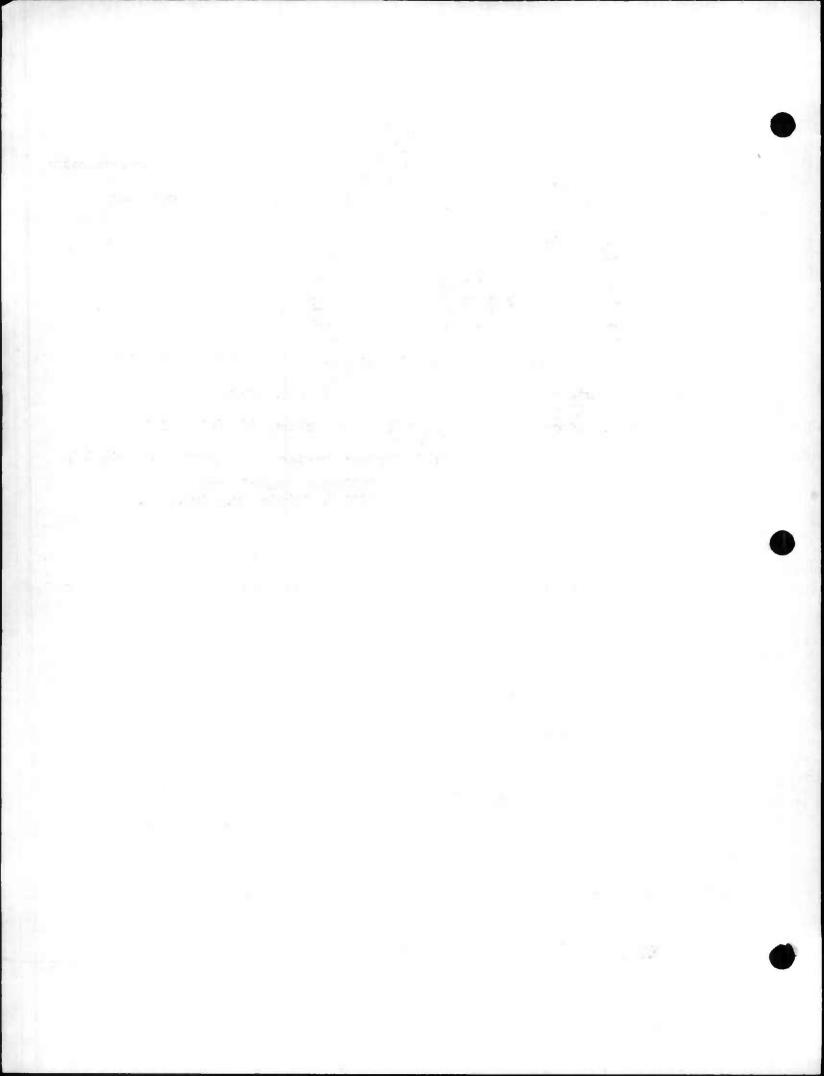
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

1 -

	1	1. DECEDENT'S NAME (First, Middle, La		P		m	UTI	T-6	510		2. DATE OF I	DEATH DAY	Υ.	YEAR	3. TIME OF DEATH
		LAWRENCO	5. SEX	/ .	GE (in yrs. lesi		IF UNDER 1		IF UNDER	04.4890	7. DATE OF E	09	- 7	a BIOTH	PLACE (State or Foreign
		027 20 6468		2 🗆 F	6 9	YRS.	MONTHS.	DAYS	HOURS	MIN.	(Month, De		21	Countr	achusetts
b		9a. EACILITY NAME (If not institution, gi	ve street agd p	iumber)	-/		9b. CITY,	TOWN	OR LOCATI	ON OF DE		-2	-	NTY OF D	
	RECTOR	SUBUR BAN	HI	SPITI	7L		Be	TI	HES	DA			Mont	gome	ery
Pages	EG HE	10a. STATE 10b. COL				10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY
	0		airfax	C		/	nc			//					1 A ES 2 NO
it permit.	RAL	10e. STREET AND NUMBER	4K	1 - 4	1,5			10	f. ZIP COD		01		10g. CITI		YHAT COUNTRY?
physician. burial-transit	FUNER	11. MARITAL STATUS	12. WAS	DECEDENT EVE					CENDENT (	OF HISPAN	IIC ORIGIN? (S		or No-	U.S.	- American Indian.
	BY	1 Never Married 2 Married 3 Widowed 4 Divorced		ICES? 1 1 Y ES, GIVE WAR O		0			s 2 DCNO		n, Puerto Rica: /:	ı, etc.)		Speci	i, White, etc.
attending use as the	回	15. DECEDENT'S ( (Specify only highest g		d)	16a. DE	CEDENT'S	USUAL OC work done di se retired.)	CUPATI uring m	ON ost of worki	ing	16b. KIN	D OF BUS	BINESS/INC	USTRY	
spital or hed for u	PLET	Elamentary/Secondary (0-12)	College 4+	e (1-4 or 5+)			e rettred.)  e Di:				Tro	ade A	Assoc	iati	on
by the hospital be detached it at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) Rudolph F. Mutt						q			Meyer Meyer	le, Malden	Sumame)		
be retained by ge 5 should be a notified at	TO B	19a. INFORMANT'S NAME (Type/Print) Reidolyn P. Mut	ter								Number Virg				
6 may stor, pa		20e METHOD OF DISPOSITION 112 Burlel 2 Cremation 3 1 4 Donation 5 Other (Specify)	Removal fron	State	20b. PLACE Co Lumik	of dispos	sition (Nar Farde)	ne of ce	metery, cre Ceme	matory or tery			cation – ingto		wn, Stan Virginia
death. Page funeral direct.		21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE				22. P	lin	gton	ESS OF FA	eral He		, T	7	
0 = 0	$\dashv$	23. PART I. Enter the diseases,	or complica	ations that cau	used the de	ath Do					the sa cardles				Approximate
O DO E		shock, or heart fallu	ure. List only	y one cause o	n each line										Interval Between Onset and Dear
ion, in		disease or condition resulting in death)	·M	Your	HR.D.	IA	/	11	1 FA	RUT	70N				ACUTE
completely completely ial, cremat event, i		Toolsting III double,	10	OUE TO (OR	AS A CONSE	DUENCE O	F):			_	4 . 4	X			INDEF
e be executed sician and com infor to burial, traumatic ev	ON	Sequentially list conditions,	L P/1/	DUE TO (OR	CLETAS A CONSE	DUENCE O	F):	no	IOVA.	SCU	AL	1x	SCA	565	MAEL
ysician prior t	RTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	С							_					
1 6 8 B	THE	CAUSE (Disease or Injury that initiated events resulting in death) LAST		DUE TO (OR	AS A CONSE	DUENCE O	F):								
는 Had P	CER	in duting in duting Estat	d												1
the death by the atter and Mental in Injury, c	CAL	PART II. Other significant cond		1		esulting	In the un	deriyi	ng cause	given in	Part i. 24	a. WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
that the sed b	0	PIABETES				/ _			_		1	YES 2	4 NO		OF DEATH?
	ME	CHRONIC LY	, -	OC 477	C K	EU	KEN	7/	4	- 4					1 TYES 2 NO
N: The law req ficate has been State Dept. of item 23 sho	IAN:	25. WAS CASE REFERRED TO MEDIC		A-13	DION	ASCI	1 Cot	26. 1	PLACE OF	DEATH (C	neck only one)				
AN: The ificate h State	SIC	EXAMINETY?  1 PT YES 2 NO		PITAL:	Outpatient 3	□ DOA	OTHER 4 - Nun		me 5 🗆 F	Residence	8 Other (S	pecify)			
PHYSICIAN: The law req this certificate has been with the State Dept. of rived, or item 23 sho	PHYSICI	27. MANNER OF DEATH	28	Month, Day, Ye	JRY ear)	28b. Til	JURY		JURY AT	. ,	28d. OESCR	BE HOW	INJURY O	CURED	
	BY	2 Accident Investigat		O G G	HIDY — At by	090	street fact				COLL	IN STORE	5 ST	S Or Brazil	Route Number,
TTEN TOR: after	ETED	3 Suicide 6 Could no 4 Homicide determine	t be	building, etc.			400					own, State,	)	416	- H
TAL OR A VAL OIREC 72 hours ## item	7	CONSCR ONLY		the best of my l											
HOSPITAL FUNERAL WITHIN 72	COM	2 MEDICAL EXA		e basia of exami	nation and/or	Investigati	on, in my o	pinion,	_			d placa, a			(a) and menner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	#	200 BEDNATURE AND TITLE OF CERT	THER C	111.	/		10		29c. LI	CENSE NU	MBER C <sub>1</sub> ()		29d, DA	TE SIGNE	D (Month, Day, Year)
66%	0	30. NAME AND ADDRESS OF PERSO	N WHO COMP	LETED CAUSE O	F DEATH (ITE	M 27) (Typ	e, Print)		1,00	1 7	17		1	-	7/
20		FRANCES C	MAY	100	\$200	. 3	CON	son	A	13	BeTI	105	37	MI	320814
U		MAR 13 '91	8	LAREGISTRAR'S		nde02	•								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

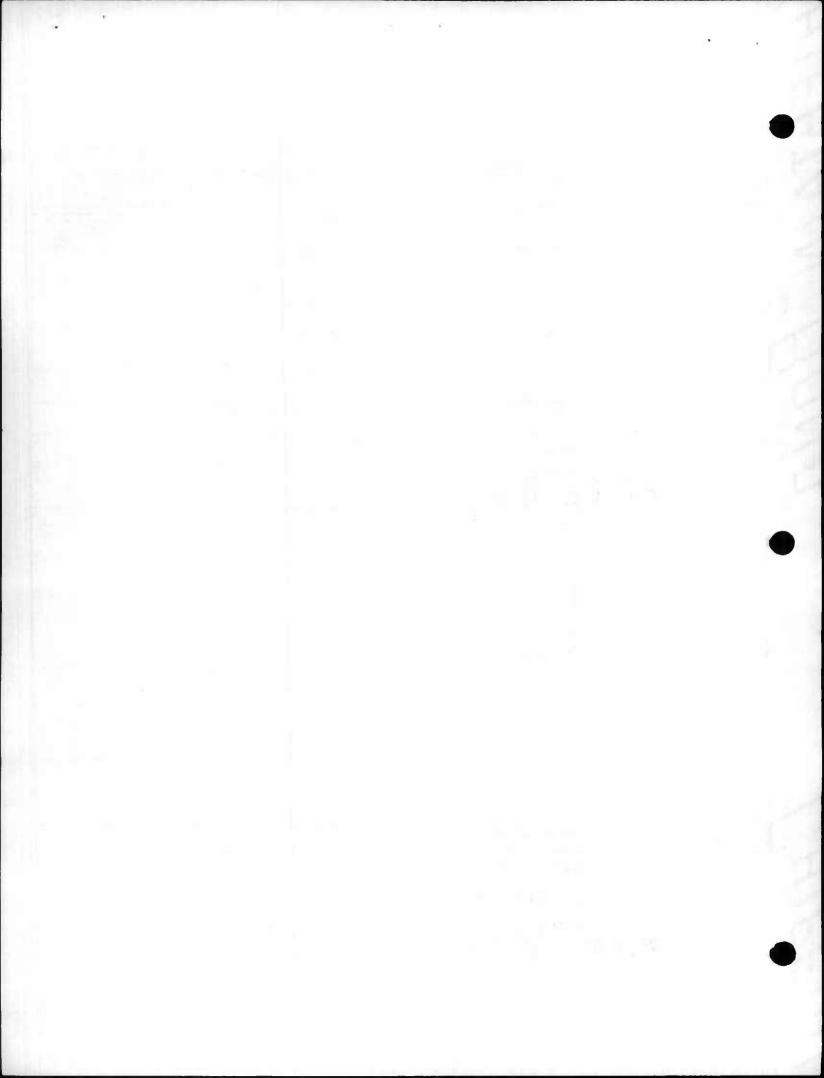
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

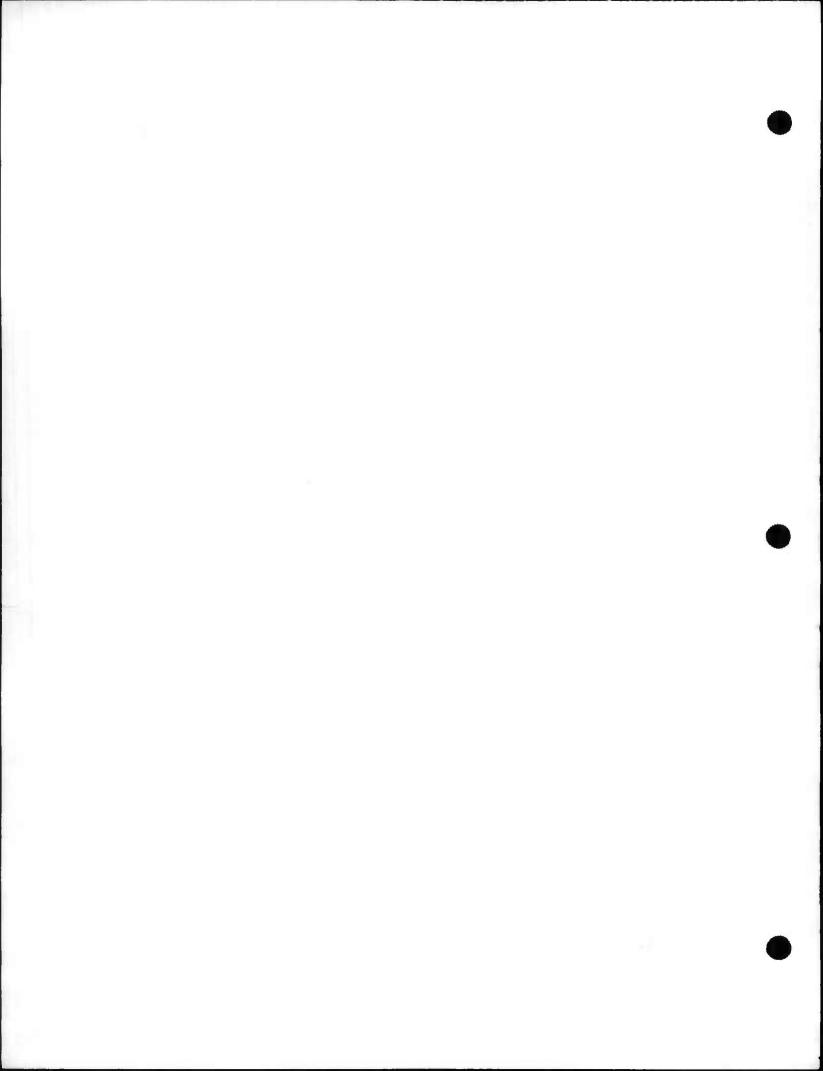
Phyllis Jeanne Morgan  4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 5. AGE (In yrs. last birthday) 5. UNDER 1 YEAR FUNDER 14 HRS. 7. DATE (Individual DAYS HOURS MAY) 5. PACILITY NAME (If not institution, give street and number) 5. EACILITY NAME (If not institution, give street and number) 5. EACILITY NAME (If not institution, give street and number) 6. STATE 6. STATE 7. DATE (Individual DAYS HOURS MAY) 7. DATE (Individual DAYS HOURS MAY) 8. CATY, TOWN OR LOCATION OF DEATH 7. DATE (Individual DAYS) 8. CACTY, TOWN OR LOCATION OF DEATH 7. DATE (Individual DAYS) 8. CACTY, TOWN OR LOCATION OF DEATH 7. DATE (Individual DAYS) 8. CACTY, TOWN OR LOCATION OF DEATH 7. DAYS DECEDENT 8. DECEDENT SEDUCATION (ROCKVILLE) 8. WAS DECEDENT OF HISPANIC ORIGIN. 11. NAVE OF DAYS DECEDENT OR DAYS 11. WAS DECEDENT OF HISPANIC ORIGIN. 12. WAS DECEDENT SUSUAL OCCUPATION (Row lind of work done during most of working life. Decedent Security of the body of work done during most of working life. Decedent Security Security of the Mark (First, Middle, Leat) 8. Elementary Security (Proc. Princi) 9. SECRETARY 9. MOTGAN 12. SECRETARY 15. MOTHER'S NAME (First, Middle, Leat) 16. MOTHER'S NAME (First, Middle, Leat) 17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, Middle, Leat) 19. MALLING ADDRESS (Street and Mumber or Fural Poute Numb 19. Burling Address of Facility Refore Place) 19. MALLING ADDRESS (Street and Mumber or Fural Poute Numb 19. MALLING ADDRESS (Street and Mumber or Fural Poute Numb 19. MOTHER'S NAME (First, Middle, Leat) 19. MOTHER'S NAME (First, Middle, Leat) 19. MOTHER'S NAME (First, Middle, Leat) 19. MOTHER'S NAME (First, Middle, Leat) 19. MOTHER'S NAME (First, Middle, Leat) 19. MOTHER'S NAME (First, Middle, Leat) 19. MALLING ADDRESS (Street and Mumber or Fural Poute Numb 19. MOTHER'S NAME (First, Middle, Leat) 19. MALLING ADDRESS (Street and Mumber or Fural Poute Numb 19. MOTHER'S NAME (First, Middle, Leat) 19. MALLING ADDRESS (Street and Mumber or Fural Poute Numb 19. MALLING ADDRESS (Street and Mum	Ch 16,  F BIRTH Dey, 'Near')  11, 19  P (Specify Year or loan, etc.)  KIND OF BUSH  J. S. Se  Hoddle, Melden S.  Ser, City or Rown,  Eville,  20c. LOCK  Poton  Deert A  C. Mary J	1991  Sec. COUNTY  MONTO  10g. CITIZE  Unite  Or No- 14  INESS/INDUS  enate  Sumame)  Station - Cit  mac, I  A. Pur  00 We  land	BIRTHPLACE (State or Foreign Country)  IOWA Y OF DEATH  GOMERY  10d. INSIDE CITY LIMITS? XX YES 2 NO EN OF WHAT COUNTRY? ed States  14. RACE — American Indian, Black, White, etc. Specify: White  STRY  Office  Code)  yland 20854  ity or Town, State  Maryland  mphrey Funer 20850							
As Call Security Nulber	Ch 16,  F BIRTH Day, Year)  11, 19  11, 19  (Specify Year clean, etc.)  KIND OF BUSH  J.S. Se  Iddia, Malden S.  S.  20c. LOCA Poton Dert 1  C. Maryl	1991  Sec. COUNTY  MONTO  10g. CITIZE  Unite  Or No- 14  INESS/INDUS  enate  Sumame)  Station - Cit  mac, I  A. Pur  00 We  land	2:20A  BIRTHPLACE (State or Foreign Country)  IOWA  Y OF DEATH  GOMERY  10d. INSIDE CITY LIMITS?  XX YES 2 □ NO EN OF WHAT COUNTRY?  ed States  14. RACE — American Indian, Black, White, etc.  Specify:  White  STRY  Office  Code)  yland 20854  ity or Town, State  Maryland  mphrey Funer st Montgomer 20850  et,  Approximate Interval Bett Onset and E							
4. SOCIAL SECURITY NUMBER 4. SEX 483-24-8726  1	(Specify Year of com, etc.)  20c. LOCK Poton  Deert Anc. 30c.  Mary	MONTO  10g. CITIZE  Unite or No- 14  INESS/INDUS  enate Sumame)  . State, Zip C , Mary CATION - CH mac, I A. Pur 00 We: land	BIRTHPLACE (State or Foreign Country)  I OWA  Y OF DEATH  GOMERY  10d. INSIDE CITY LIMITS?  XX YES 2 NO EN OF WHAT COUNTRY?  ed States  14. RACE — American Indian, Black, White, etc.  Specify: White  STRY  Office  Code)  yland 20854  ity or Town, State  Maryland  mphrey Funer st Montgomer 20850  st, Approximate Interval Bate Onset and E							
1	(Specify Year of Icen, etc.)  KIND OF BUSH  J. S. Se  Hodie, Makden S  Ex. City or Town,  EVILLE,  20c. LOCK  Poton  Dobert A  1. C. S. Se  Mary J. Se  M	Ness/INDUS  enate Sumame)  State, Zip C , Mary AATON — CH Mac, I A. Pur OO We: land	IOWA Y OF DEATH  GOMERY  10d. INSIDE CITY LIMITS? XYYES 2 NO EN OF WHAT COUNTRY? ed Stees 4. RACE—American Indian, Black, White, etc. Specify: White STRY  Office  Code) yland 20854 tity or Town, State Maryland mphrey Funer st Montgomer 20850  st. Approximate Interval Bate Onset and E							
A CONSEQUENCE OF DECEDENT   106. COUNTY   106. CITY, TOWN OR LOCATION   ROCKVILLE   106. STREET AND NUMBER   107. STREET AND NUMBER   108. STREET AND NUMBER   108. STREET AND NUMBER   108. STREET AND NUMBER   109. STREE	KIND OF BUSH  J.S. Se  Iddie, Melden S  mr. City or Town.  EVILLE  Poton  Dbert F  nc. 30  Maryl	Monto  10g. CITIZE  Unite or No- 14  INESS/INDUS  enate Sumame)  Station - Cit mac, I A. Pur 00 We: land	mod. INSIDE CITY LIMITS?  XX YES 2 NO EN OF WHAT COUNTRY?  ed States  4. RACE — American Indian, Black, White, etc. Specify: White  STRY  Office  Code)  yland 20854  thy or Town, State  Maryland  mphrey Funer st Montgomer 20850  st, Approximate Interval Bett Onset and E							
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Maryland Montgomery Rockville    100. STREET AND NUMBER   101. ZIP CODE   20.854     11. MARITAL STATUS   12. WAS DECEDENT EVER IN U.S. ABMED   13. WAS DECEMENT OF HISPANIC ORIGINAL MARITAL STATUS   1   VES 22. AND   1   VES 22.	KIND OF BUSH  J.S. Se  Iddie, Melden S  mr. City or Town.  EVILLE  Poton  Dbert F  nc. 30  Maryl	Unite or No- 14  iness/indus enate Sumame)  State, Zip C , Mary Aarion - CH mac, I A. Pur 00 We: land	EN OF WHAT COUNTRY?  ed States  4. RACE — American Indian, Black, White, etc.  Specify:  White  STRY  Office  Code)  yland 20854  ty or Town, State  Maryland  mphrey Funer st Montgomer 20850  st,  Approximate Interval Bett Onset and E							
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107. ZIP CODE 1407 Fallsmead Way  12. WAS DECEDENT EVER IN U.S. ABMED PORCES? 1   YES 22.2400   13. WAS DECEDENT OF HISPANIC ORIGINY if Yes, apecity Guben, Mexican, Pueric B   Yes, Give War OR DATE   1   Yes 22.2400   1   Yes, apecity Guben, Mexican, Pueric B   Yes, Give War OR DATE   1   Yes 22.2400   1   Yes, apecity Guben, Mexican, Pueric B   Yes, Give War OR DATE   1   Yes 22.2400	KIND OF BUSH  J.S. Se  Iddie, Melden S  mr. City or Town.  EVILLE  Poton  Dbert F  nc. 30  Maryl	Unite or No- 14  iness/indus enate Sumame)  State, Zip C , Mary Aarion - CH mac, I A. Pur 00 We: land	en of what country? ed States  4. RACE — American Indian, Black, White, etc. Specify: White  STRY  Office  Code) yland 20854 thy or Town, State  Maryland mphrey Funer st Montgomer 20850  st.   Approximate Interval Batt Onset and E							
12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1   YES 21.2400   13. WAS DECENDENT OF HISPANIC ORIGIN. If yes, specify Cuben, Mexican, Puerio R 1   YES 21.2400   1   YES 21.2400	KIND OF BUSH  J.S. Se  Iddie, Melden S  mr. City or Town.  EVILLE  Poton  Dbert F  nc. 30  Maryl	enate Sumame)  Stein, Zip C Mary Lation - CH Mac, I A. Pur OO We: land	A. RACE — American Indian, Black, White, etc. Specify: White STRY  Office  Code) yland 20854 thy or Town, State Maryland mphrey Funer st Montgomer 20850  at, Approximate Interval Bet Onset and I							
Never Merried   2 Merried   2 Merried   FORCES?   1 YES   2 Merried   1 YES   2 Merr	KIND OF BUSH  J.S. Se  Iddie, Melden S  mr. City or Town.  EVILLE  Poton  Dbert F  nc. 30  Maryl	enate Sumame)  a Steen Zip C , Mary Lation — CH mac, I A. Pur OO We: land	Black, White, etc. Specify: White STRY  Office  Office  Ode) yland 20854 thy or Town, State Maryland mphrey Funer st Montgomer 20850  at, Approximate interval Bet Onset and I							
College (1-4 or 5 +)   College (1-4 or 5 +)   Secretary   Secret	J.S. Se  Iddie Melden S  ar, City or Rown,  EVILLE,  20c. LOC.  Poton  Obert P  10c. 30	enate Sumame)  Streen, Zip C  , Mary Cation — CR  mac, I  A. Pur  OO We: land	Office  Office  yland 20854  ty or Town, State  Maryland  mphrey Funer st Montgomer 20850  st, Approximate Interval Bett Onset and E							
Secretary   Secr	iddle, Melden S  ar, City or Rown.  ville,  20c. LOCA  Potor  Dbert A  1c. 30  Maryl	Sumame)  State, Zip Co., Mary CATION — CH mac, I A. Pur 00 We: land	yland 20854 yland 20854 lity or Town, State Maryland mphrey Funer st Montgomer 20850 st, Approximate Interval Bate Onset and E							
12 3 Secretary  15. MOTHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Last)  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Last)  19. MAILING ADDRESS (Street and Number or Rural Route Number of Last)  14. Or Fallsmead Way, Rock  15. Buriel 2 Cremation 3 Removal from State  14. Donation 5 Other (Specify)  20. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  21. SIGNATURE OF PUNETIAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY ROCK Home/Rockville, In Avenue, Rockville, In Avenue, Rock	iddle, Melden S  ar, City or Rown.  ville,  20c. LOCA  Potor  Dbert A  1c. 30  Maryl	Sumame)  State, Zip Co., Mary CATION — CH mac, I A. Pur 00 We: land	yland 20854 yland 20854 lity or Town, State Maryland mphrey Funer st Montgomer 20850 st, Approximate Interval Bate Onset and E							
Tr. FATHER'S NAME (First, Middle, Lest)  ROSS STEVENS  199. INFORMANT'S NAME (Type/Print)  James R. Morgan  1407 Fallsmead Way, Rock 18 Densition 19 Disposition 1 Removel from State 19 Donation 5 Other (Specify)  21. SIGNATural of Place the diseases, or complications that caused the death. Do not anter the mode of dying, such as card shock, or heart failure. List only one cause on each line.  18 Density of Place of Disposition (Name of cometery, crematory or other place)  22. NAME AND ADDRESS OF FACILITY ROCK Place of Disposition (Name of cometery, crematory or other place)  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as card shock, or heart failure. List only one cause on each line.  18 MMEDIATE CAUSE (Final disease or condition resulting in death)  25 Respiratory Failure  Due to (OR AS A CONSEQUENCE OF):  26 Metastatic Breast Cancer  Due to (OR AS A CONSEQUENCE OF):  27 Due to (OR AS A CONSEQUENCE OF):  28 Due to (OR AS A CONSEQUENCE OF):  29 Due to (OR AS A CONSEQUENCE OF):  29 Due to (OR AS A CONSEQUENCE OF):	iddle, Melden S  ar, City or Rown.  ville,  20c. LOCA  Potor  Dbert A  1c. 30  Maryl	Sumame)  State, Zip Co., Mary CATION — CH mac, I A. Pur 00 We: land	yland 20854 yland 20854 lity or Town, State Maryland mphrey Funer st Montgomer 20850 st, Approximate Interval Bate Onset and E							
Grace Lewis  19a. INFORMANT'S NAME (TyperPrint)  James R. Morgan  1407 Fallsmead Way, Rock  18 Burlas 2 Cremetion 3 Removel from State  19 Donation 5 Other (Specify)  21. SIGNATURE OF PINERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY ROCK PROCK  20c.LOCA Poton Diert A	, State, Zip Co , Mary CATION — CH mac, I A. Pur OO Wes land	yland 20854 Maryland mphrey Funer st Montgomer 20850 st, Approximate interval Bet Onset and I								
James R. Morgan  20a. METHOD of Disposition 18 Burlai 2   Cremation 3   Ramoval from State 21. Signature of Other (Specify) 22. NAME AND ADDRESS OF FACILITY ROUTE of Disposition (Name of corretery, crematory or other place) 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, auch as card shock, or heart failure. List only one cause on each line.  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, auch as card shock, or heart failure. List only one cause on each line.  24. MOOSO 3 Avenue, Rockville, In Aven	Poton cobert A company	Mary Mary Mac, I	yland 20854 Maryland mphrey Funer st Montgomer 20850 st, Approximate interval Bet Onset and I							
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20a. METHOD OF DISPOSITION 1 Removal from State 2 Cremation 3 Removal from State 2 Donation 5 Other (Specify) 21. SIGNATural OF PINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROMAN AVENUE, ROCKVILLE, IT MOOR AVENUE, ROCKVILLE, ROCKVILLE, ROCKVILLE, ROCKVILLE, ROCKVILLE, ROCKVILLE, ROCKVILLE, ROCKVILLE, ROC	Poton Dbert A nc. 30 Mary	mac, I A. Pur 00 Wes land	Maryland mphrey Funer st Montgomer 20850 st, Approximate interval Betto							
Second   S	Poton obert A nc. 30 Maryl	mac, I A. Pur 00 Wes land	maryland mphrey Funer st Montgomer 20850 st, Approximate interval Betto							
22. NAME AND ADDRESS OF FACILITY RO Home/Rockville, In Avenue, Rockville  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as card shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Respiratory Failure  DUE TO (OR AS A CONSEQUENCE OF):  Metastatic Breast Cancer  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):	bert Ac. 30	A. Pur 00 We: land	mphrey Funer st Montgomer 20850  st, Approximate interval Bett Onset and I							
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as card shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Respiratory Failure  DUE TO (OR AS A CONSEQUENCE OF):  Metastatic Breast Cancer  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):	Mary	land	20850 st, Approximate Interval Bet Onset and E 5 Mon							
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as card shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Respiratory Failure  DUE TO (OR AS A CONSEQUENCE OF):  Metastatic Breast Cancer  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):			st, Approximate interval Bet Onset and E							
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	Sequentieity list conditions, Metastatic Breast Cancer									
that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
	AUTOPSY MED?	24b. WERE AUTOPSY FINE MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?								
			1 TYES 2 NO							
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only on	_									
EXAMINER? HOSPITAL: OTHER:										
1   YES 2 NO   1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5 N Residence 6   Other  27. MANNER OF DEATH   286, DATE OF INJURY   284 DES	,,									
1 Matural 5 Pending (Month, Day, Year) INJURY WORK?	CRIBE HOW IN	NURY OCCU	URED							
3 Sutelide 28e. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOC	OCATION (Street and Number or Rural Route Number, ity or Town, State)									
29e. CERTIFIER (Check only one)  1										
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER	T	29d. DATE	SIGNED (Month, Day, Year)							
Muson Martin D39283			rch 16, 1991							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		Md	101 10, 1991							
Alison Martin, M.D. 5401 Western Avenue, N.W., Washingt										



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Lest)	•	2. DATE OF DEATH MONTH DAY

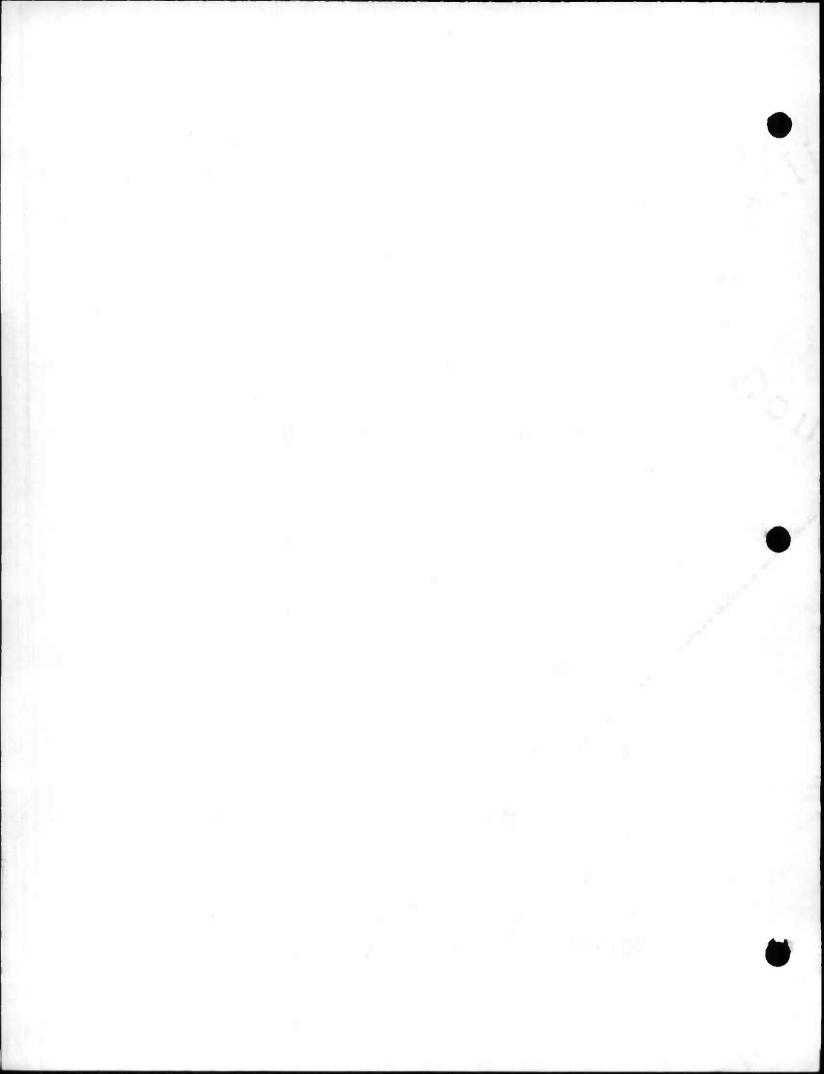
REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	•				2. DATE OF DE	ATH	YEAR	3. TIME OF DEATH
44	· Lester	Mason				h 16, 1	991	4:35 p M
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.			6. BIRTI	IPLACE (State or Foreign
090-09-4243	1XXM 2   F	77 YRS. MO	NTHS DAYS	HOURS MIN.	Novemb	er	Count	m ennsvlvania
9e. FACILITY NAME (If not institution, give str	reet and number)	91	L CITY. TOWN OF	LOCATION OF DE			UNTY OF C	
Chada Carana Adam		1	, D	a along i 1.1 a		Μ.	lamta	
Shady Grove Adve	ntist Hospi	al	· - K	ockville			ontg	omery
10e, STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION	ON				10d. INSIDE CITY LIMITS?
Maryland	Montgomerv		R	ockville				1 💢 YES 2 🗌 NO
100. STREET AND NUMBER				ZIP CODE		10g. Cl	TIZEN OF	WHAT COUNTRY?
800 Nelson Stre	- 4			20850		11	nite	d States
11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECE	NDENT OF HISPAN	IC ORIGIN? (Spe	cify Yee or No-		E — American Indien, k, White, etc.
1 Never Married 2 Married	FORCES? 1 YES		If yes, spe- 1 ☐ YES	cify Cuban, Mexican 2 ANO Specify	, Puerto Rican,	etc.)	Spec	
3 X Widowed 4 Divorced	10 100 THE DOOR THE			- Dire 4467				White
15. DECEDENT'S EDUC		16a. DECEDENT'S US	UAL OCCUPATION done during mos	N .	16b. KIND	OF BUSINESS/IN	NDUSTRY	
(Specify only highest grade   Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	etred.)	or working				
12			Sales		Aut	o Polis	h Co	mpanv
17. FATHER'S NAME (First, Middle, Lest)		1		18. MOTHER'S NA				
	John Masucc	:			Anna R	022220		
19e. INFORMANT'S NAME (Type/Print)	John Masucc.		DRESS (Street ar	d Number or Rural R			Zin Code)	
								00050
David Port 200. METHOD OF DISPOSITION		b. PLACE OF DISPOSITI		reet Roc		Mary 1 20c. LOCATION -		
1XXBurial 2 Cremation 3 Remo	oval from State	other place)						
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	FLICEF	Parklawn		al Park	NI PEN	KOCKV1	IIe,	Maryland
> SIGNAL ONE OF ONE HALL SERVICE LIC	J 2/2/	4 ,,,,,,,,	Robert	A. Pump da-Chevy	hrey F Chase	uneral	Home 7557	/ Wisconsin
23. PART I. Enter the diseases, or c	complications that cause	d the death Do not	Avenue	<u>Refhesc</u>	la. Mar	y Land 2	0814	Approximate
shock, or hasrt failure. I	List only one cause on	each iina.	onto the mot	ie or dying, such	i so cardiac c	i respiratory s	arrost,	Interval Between
IMMEDIATE CAUSE (Finsi disesse or condition	MYTA	21.	-50					Onset and Death
resulting in death)	אן ובאושייו	1 -	SIDER	Unice				18 mo.
	DUE TO (OR AS	A CONSEQUENCE OF):						
Sequentially list conditions,	b	A CONSEQUENCE OF):						
if any, leading to immediate cause. Enter UNDERLYING	DOE TO (ON AS	A CONSEQUENCE OF J.						į
CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE OF):						<u> </u>
that initiated events resulting in death) LAST	500 10 (011 110	A CONTROL OF J.						į
	d							
PART II. Other significant condition	s contributing to death	but not resulting in	the underlying	cause given in		WAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS
						PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					_   ' _	YES 2 NO		OF DEATH?
				_	- 1			1 YES 2 THO
25, WAS CASE REFERRED TO MEDICAL			28 DI	ACE OF DEATH (Ch	ank ank ana)			
EXAMINER?	HOSPITAL:		THER:					
			□ Nursing Home	5 Residence	a U Other (Spe		CCHRED	
1 TYES 2 THO	2 Inpatient 2 ER/Ou			IDV AT	264 DECCOID			
1 U YES 2 DINO 27. MANNER OF DEATH			OF 28c. INJI	RIC?	26d. DESCRIB	E HOW INJURY O	CORED	
1  YES 2 NO  27. MANNER OF DEATH  1  Netural 6 Pending 2  Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	F 28c. INJI Y WOI M 1 V	RK? ES 2 NO				S. d. M. ala
27. MANNER OF DEATH  1 Netural 6 Pending Investigation 3 Suicide 6 Could not be	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME (INJUR	F 28c. INJI Y WOI M 1 V	RK? ES 2 NO		(Street end Numb		Route Number,
1   YES 2 NO  27. MANNER OF DEATH  1   Sketural 6   Pending Investigation	20 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	26b. TIME (INJUR	F 28c. INJI Y WOI M 1 V	RK? ES 2 NO	26f. LOCATION	(Street end Numb		Route Number,
1  YES 2 NO  27. MANNER OF DEATH  1  Setural 6 Pending Investigation  3 Suicide 6 Could not be determined  4 Homicide Centifying Physic Check only	20 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	26b. TIME (INJUF	OF 28c. INJI Y WO M 1 1 Y	RK? ES 2 NO	261. LOCATION City or Tox	l (Street end Numb n, State)	ber or Rural	Route Number,
27. MANNER OF DEATH  1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined  29. CERTIFIER Check only	2 CInpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Sp	26b. TIME (INJUE	OF 28c. INJI WO 1 V V V V V V V V V V V V V V V V V V	ES 2 NO	26f. LOCATION City or Tox	(Street and Numbrn, State)	ber or Rural	
27. MANNER OF DEATH  1 Netural 6 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	2 Sa. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJUR building, etc. (Sp	26b. TIME (INJUE	OF 28c. INJI WO 1 V V V V V V V V V V V V V V V V V V	ES 2 NO	28f. LOCATION City or Tox to the cause(e) time, date end p	(Street end Numb m, State) end manner ee solece, end due to	ber or Rural stated.	
27. MANNER OF DEATH  1 Netural 6 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	2 Sa. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJUR building, etc. (Sp	26b. TIME (INJUE	OF 28c. INJI WO 1 V V V V V V V V V V V V V V V V V V	and place, and due	261. LOCATION City or Tow to the cause(e) time, date end	(Street end Numb m, State) end manner ee solece, end due to	ber or Rural stated.	(e) end manner ee stated.
1   YES 2   NO  27. MANNER OF DEATH  1   Netural   6   Pending Investigation  3   Suicide   6   Could not be determined  29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINE  29b. SEGNATURE AND TITLE OF CENTIFIER	2 Suppetient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp  CIAN: To the best of my kno R: On the bests of examinate	26b. TIME (INJUE INJUE IV — At home, farm, streetly) wiedge, death occurred on and/or investigation,	OF Y M 28c. INJI WO I U Y VO M I U Y VO M I U Y VO M I U Y VO M I WO MI WO M I	and place, end due eath occured at the	281. LOCATION City or You to the cause(e) time, date end	end menner ee s	stated.  of the couse  ATE SIGNE	(e) end manner ee stated.
1  YES 2 NO  27. MANNER OF DEATH  1  Setural 6 Pending Investigation  3  Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2  MEDICAL EXAMINE	26a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY 26a. PLACE OF INJURY building, etc. (Sp  CIAN: To the best of my kno R: On the best of examinati	26b. TIME (INJUE INJUE IV — At home, farm, streetly) wiedge, death occurred on and/or investigation,	OF Y M 28c. INJI WO 1 U Y  Let, factory, office at the time, date in my opinion, do	and place, end due eath occured at the	281. LOCATION City or You to the cause(e) time, date end	(Street end Numb m, State) end manner ee solece, end due to	stated.  of the couse  ATE SIGNE	(e) end manner ee stated.  D (Month, Day, Year)



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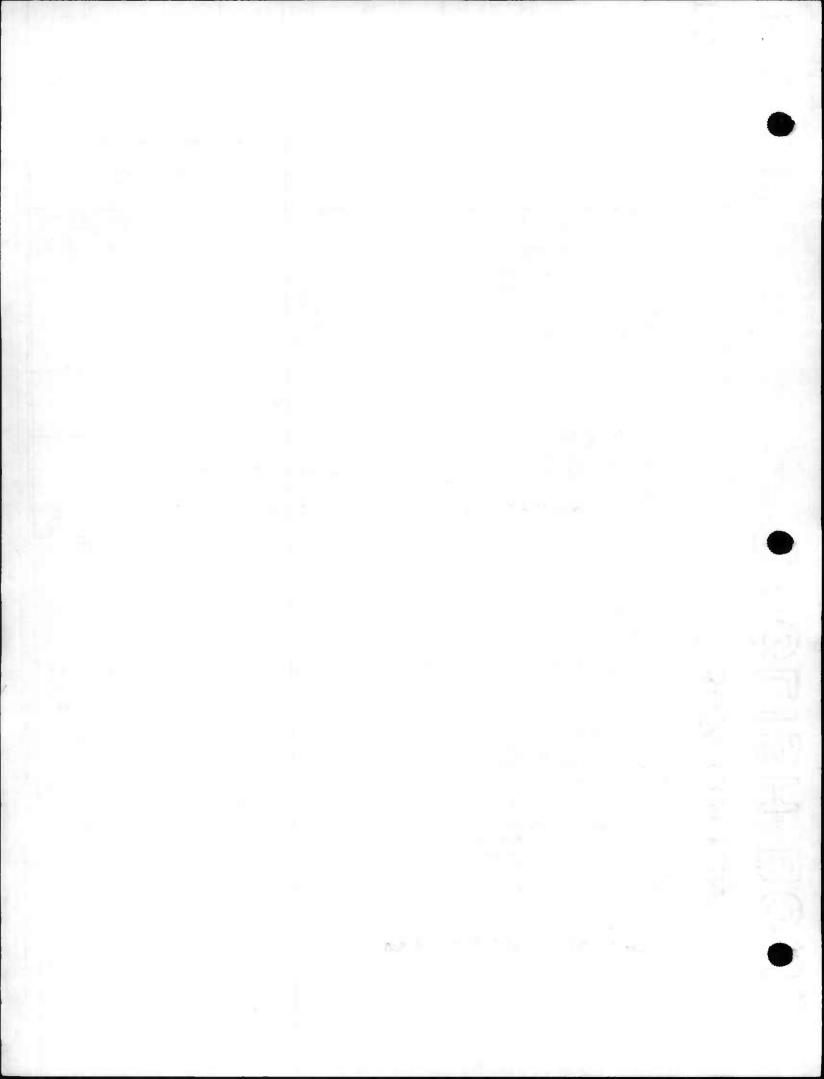
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BALTIMOR	leath. Pa	funeral o
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	within	npletely
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S	TEN	-BOE
2	OR.	DIRE
_	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 yours after death. Page 6 n	r FINERAL DIRECTOR- After this certificate has been signed by the attending physician and completely filled in by the funeral director
	u	u

	STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARY	CERTI	ICATE C	F DEATH	REG. NO		3. TIME OF DEATH
	Harriet	Menzel	Harri	et F. N	Menzel	MONTH D	7 9	EAR   0.5/2 0.4
)	4. SOCIAL SECURITY NUMBER 5.		(In yrs. last birthday			7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreig Country)
	560-64-2171	□ M 2 □ YF	91 YRS.	MONTHS DA	YS HOURS MIN.	(Month, Day, Year) June 10, ]		New Jersev
. 3.5	9a. FACILITY NAME (If not institution, give street		-	9b. CITY, TO	WN OR LOCATION OF DE		9c. COUNTY	
DIRECTOR	Suburban Hospital			Bethe	sda		Monte	gomery
2	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. C	TY, TOWN OR L	DCATION			10d. INSIDE CITY
5	Maryland Montq	omerv	Ch	evy Cha	ase			1 X YES 2 NO
¥	10e. STREET AND NUMBER				101. ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?
FUNERAL	4902 Dorset Avenue				208	15	Unit	ed States
5		P. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS	DECENDENT OF HISPAI a, specify Cuban, Mexico	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No- 14	RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	10	YES 2X XNO Specif			Specify:
	15. DECEDENT'S EDUCAT	ION	I 160 DECEDENT	S USUAL OCCU	PATION	16b. KIND OF BU	SINESS/INDUS	White
3 3	(Specify only highest grade con	npleted)	(Give kind o	f work done durin use retired.)	g most of working	100.10110 0.101	01112001111200	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	Loan Gu	arante	e Expert	Veteran	s Admi	nistration
COMPL	17. FATHER'S NAME (First, Middle, Last)	-				AME (First, Middle, Maider		
O I	John Franklin Hol	tie			Julia	Margaret	Baker	
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	IG ADDRESS (St	reet and Number or Rural			ode)
임	Gloria C. Becker		4902	Dorset	Avenue, C	hevy Chase	, MD 2	0815
	20a. METHOD OF DISPOSITION 1 A Burial 2 Cremetion 3 Remove	from State	0b. PLACE OF DISF other place)	OSITION (Name	of cemetery, crematory or	1	- 11	y or Town, State
	4 Donation 5 Other (Specify)		Grove Ch				th Ber	gen, New Je
	21. SIGNATURE OF FUNERAL SERVICE LICEN				AE AND ADDRESS OF FA	77.7	D ^	
	· Cillen &	. Kap	20	9:	op Funeral 33 Gist Av	, services Poue Silv	er Sor	ing. MD 209
CERTIFICATION	shock, or heert feilure. Lis  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Brand DUE TO (OR AS		OF):	farche	on Thirty	Shills	Interval Be Onset and G de Tay 7 g
ERT	resulting in death) LAST							
CAL	PART II. Other aignificent conditions	contributing to death	but not resulting	g in the unde	rlying cause given in		N AUTOPSY ORMEO?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CA
MED							64	OF DEATH?
100								
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	utpatient 3 🗆 DO/	OTHER:	28. PLACE OF DEATH (C			
PHY	27. MANNER OF DEATH	26e. DATE OF INJUR (Month, Day, Year	Y 28b.		c. INJURY AT WORK?	28d. OESCRIBE HOW	INJURY OCCU	RED
>	1 Natural 5 Pending 2 Accident Investigation	(mornin, Day, rear	′		YES 2 NO			
TED B	3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S)	RY — Al home, fan pecify)	n, street, factory	, office	28f. LOCATION (Stree City or Town, Stell	t and Number or e)	Rural Route Number,
COMPLE	(Check only	AN: To the best of my kn						i. cause(a) and menner as at
ш	29b. SIGNATURE AND TITLE OF CENTIFIER	W. 67			29c. LICENSE NO	JMBER		SIGNED (Month, Day, Year)
TO B	MANIM PURE AND ADDRESS OF BEROOM WILL	COMPLETED CALLER OF	DEATH ATEN AT	ima Beleet	a1-Do1-		1 3	118/7/
-	30. NAME AND ADDRESS OF PERSON WHO	ARCEP	8	18 W	15c, Av	BE	Tty,	19. 208
	MAR 1 9 91	32. REGISTRAR'S SI	GNATURE,	000				



BALTIMORE, MARYLAND	urs after death. Page 6 may be retained by the hosp	in by the funeral director, page 5 should be detache r removal,	redical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTING CERTIFIC				HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las Roland Wheele		Jr.			2. DATE OF MONTH	DAY	YEAR	ME OF DEATH
4. SOCIAL SECURITY NUMBER 217-07-7401	5. SEX 6. AGE	73 YRS. MC	UNDER 1 YEAR	HOURS MIN.		22/17	8. BIRTHPLACE Country) MD	(State or Foreign
99. FACILITY NAME (If not institution, given Memorial Hospings of December 1		91	Easto	R LOCATION OF OEA	TH		1bot	
10a. STATE 10b. COUN			own on Location	ON				NSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 710 Elizabeth				ZIP CODE 21601		10g. CITIZ	EN OF WHAT O	OUNTRY?
11. MARITAL STATUS 1 Never Merried 2 XMerried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR	2 X NO	If yes, spe	ENDENT OF HISPANIC City Cuben, Mexican, 2 XNO Specify:			14. RACE — An Black, Whit Specify: White	n, atc.
15, DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mos etired.)	at of working		IND OF BUSINESS/INOU		
17. FATHER'S NAME (First, Middle, Last)		Mainte	nance			dle, Maiden Surname)	es MIC	J •
Roland W. Mon	gan, Sr.					de, Maior Sumame) Neighbors	5	
19a. INFORMANT'S NAME (Type/Print) Anne C. Morga				nd Number or Rural Re	oute Number,	City or Town, State, Zip	Code)	601
20a. METHOD OF OISPOSITION  1 Serial 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emovel from State	ob. PLACE AND DATE Of cemetary, crematory or Woodlawn		(Name	B/16	20c. LOCATION — C		ala
21. SIGNATURE OF FUNERAL SERVICE		1	New	nam Fun	um neral			MD 21
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions,	DUE TO (OR AS	A CONSEQUENCE OF):	nocyki	e leuk	euri	a		One-yand Death Chicki
If siny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF):						
PART II. Other significant condit	ions contributing to death	but not resulting in	the underlying	g ceuse given in i		48. WAS AN AUTOPSY PERFORMED?	AWAIL COMI OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE FATH?
					_		10	YES 2 PNO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ck only one)		10	
		ripatient 3 DOA 4	OTHER:  Nursing Hom OF 28c, INJ	a 5 Residence	B 🗆 Other (			
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Naturel 5 Pending 2 Accident Investigation	HOSPITAL: 1   Inpatiant 2   ER/Or 28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJU	y 28b. TIME (INJUR	OTHER:  Nursing Hom OF 28c. INJ W M 1 1	a 5 Residence (URY AT RK?	8  Other (	RIBE HOW INJURY OCC	CURED	YES 2 PYNO
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not detarmined	HOSPITAL: 1   Inpatiant 2   ER/Or 28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJU building, etc. (S)	Y 28b. TIME 6 INJUR  RY — At home, farm, streedly)	OTHER:    Nursing Hom OF 28c. INJ IY WO 1   1	B 5 Realdence SURY AT PK? YES 2 NO	28d. DESCI 28d. LOCAT City or	RIBE HOW INJURY OCC ION (Street and Number Town, State)	or Rural Route I	YES 2 PYNO
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not determined  29a. CERTIFIER (Check only)  1 CERTIFYING PH	HOSPITAL: 1 □ Inpatiant 2 □ ER/O  28a. DATE OF INJUR (Month, Day, Year  28a. PLACE OF INJU building, etc. (S)	y 28b. TIME ( ) 1 28b. TIME ( INJUE  RTY — At home, farm, streedily)  owledge, death occurred	OTHER: Nursing Hom OF 28c. INJ IY WO 1 U  neet, factory, office at the time, data	a 5 Realdence is URY AT RK? /ES 2 NO	28d. DESCI 28f. LOCAT City or	FION (Street and Number Town, State)	or Rural Route I	YES 2 PYNO
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not determined  29a. CERTIFIER (Check only)  1 CERTIFYING PH	HOSPITAL: 1   Inpattant 2   ER/Or 28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJU building, etc. (S)  VSICIAN: To the best of my known in the basis of examinar  FIER	At home, farm, streedly)  At home, farm, streedly)  At home, farm, streedly)	OTHER:  Nursing Hom  Property 28c. INJ.  Nursing Hom  Off  A 28c. INJ.  Off  Off  Off  A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a 5 Realdence is URY AT RK? /ES 2 NO	28d. DESCI 28d. DESCI 28f. LOCAT City or to the cause time, data as	FION (Street and Number Town, State)  (a) and manner as state and place, and due to the	or Rural Route I	YES 2 PYNO Number,



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as a contract the Contract with the Contract of the Board of the	
y the hospi	e detached	rt once.
retained b	5 should t	notified a
e 6 may be	ector, page	must be
death. Pag	e funeral dir	examiner
nours after	ed in by the	medical
d within 24	mpletely fill	event, the
be execute	clan and co	raumatic
h certificate	Inding physical	or other t
at the deat	by the att	ny Injury,
requires th	Deen signed	shows an
AN: The law	ificate has l	irked, or item 23 shows any injury, or other trac
IG PHYSICI	ter this cert	narked, o
R ATTENDIA	RECTOR: At	um 28 Is 1
IOSPITAL OI	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral devices and completely filled in by the funeral devices the burst in page 18 and	the medical examiner 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE H	TO THE P	IMPORT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

12

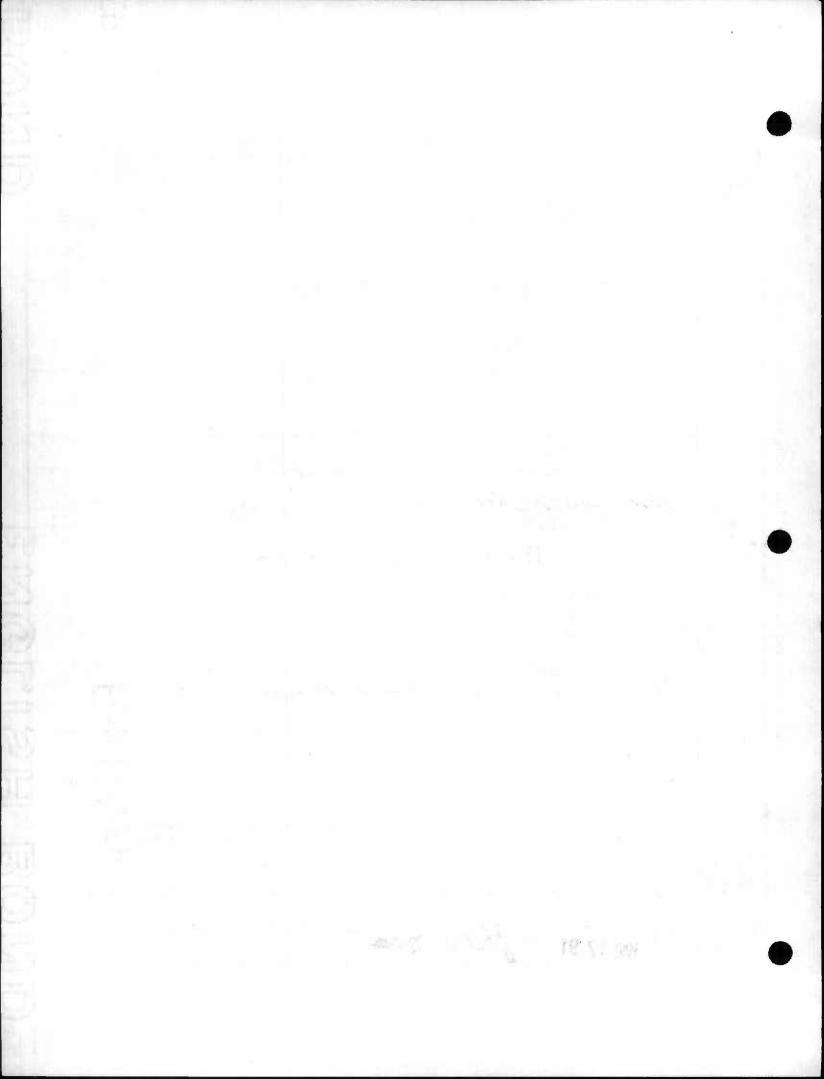
FOR 1 - STATE REGISTRAR	S	TATE OF MA					ALTH AND DEATH	MENTA	L HYGIENE				
1. DECEDENT'S NAME (First, A		) 0			Corm			MONT	OF DEATH	1 9 9 1	R	E OF DE	mg
4. SOCIAL SECURITY NUMBE 212-05-59]	5. S	EX 6.	AGE (In yrs. les	t birthday)	IF UNDER	-	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTN h, Day, Ybar) .5-190	8. B	RTNPLACE ountry) MARY	(State or	
Memorial Residence of dece	Hospi					sto	LOCATION OF D	EATN		9c. COUNTY C			
MARYLAND	TALBC	T		10c, CITY	OXF	ORD					1 🗆	NSIDE CI IMITS? YES 2	<b>⊋</b> NO
100. STREET AND NUMBER R.D.	#1, BC	X 10				101.	21654			U.S		OUNTRY	
11. MARITAL STATUS 1 Never Married 2 2 1 Nover Married 2 1 Nover Married 2 1 Nover Married 2 Nover Married 1 N	larried	MAS OECEDENT E FORCES? 1 F YES, GIVE WAR	YES 2		H	yes, spe	NOENT OF NISPA city Cuben, Mexic 2 1 NO Speci	an, Puerlo			IACE — Am Black, White Specify: LTE	erican in	dian,
	DENT'S EDUCATIO		(G	CEDENT'S the kind of we Do NOT use	ork done d	CUPATION Juring mos	N t of working	160	. KIND OF BUS	INESS/INDUSTF	ΙΥ		
12 17. FATHER'S NAME (First, Mid		4	E	NGIN	EER		18. MOTHER'S N	AME (First		ECTRI	CAL		
1000	ENCE J.	McCOR	MICK						OFFII				
19a. INFORMANT'S NAME (Typ	oe/Print)	100000000000000000000000000000000000000		b. MAILING	AODRESS	(Street an	d Number or Rural				)		
LOUISE K.  20e. METNOD OF DISPOSITION 1 Buriel 2 Cremetion	N 3 - Removal 1		20b. PLACE of cemetary	crematory	or other pl	lace)		OXFO	20c, LOC	ARYI.A	or Town, Sta	ita	4
21. SIGNATURE OF FUNERAL		M	CES		22.1	NAME AN	ADDRESS OF F	ACILITY	NEWNA		ERAL	MD. HO	ME 2160
23. PART I. Enter the dis- shock, or he- IMMEDIATE CAUSE (Fine disease or condition resulting in death)	ert failure. List		on each line		ot sntar							Approxi interval	mata Batween nd Death
Sequentially list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST	iate IG y c	DUE TO (OI	AS A CONSE	<	bot	Tour	where Time	la l	mely de	seine	ucc.	1 we	علد
PART II. Other significan	t conditions co	ntributing to de	ath but not	resulting i	n tha un	derlying	cause given in	n Part I.	24a. WAS AN PERFOR	MED?	OF DE	AUTOPSY ABLE PRIC LETION O EATH? YES 2	OR TO IF CAUSE
25. WAS CASE REFERRED TO EXAMINER?	HC	SPITAL:			OTHER	3:	ACE OF DEATH (C						
	ending restigation	Zinpatient 2 DE  28a. DATE OF IN (Month, Day,	JURY	26b, TIM		28c. INJU		_	er (Specify) SCRIBE HOW II	NJURY OCCURE	D		
3 Suicide 6 0	Could not be etermined	28e. PLACE OF I building, etc	NJURY — At he (Specify)	ome, farm, s	itreet, fact	ory, office			CATION (Street a or Town, State)	and Number or R	ural Route N	umber,	
1	FYING PHYSICIAN										use(a) and :	manner a	n stated.
30. NAME AND ADDRESS OF	+ Ja	WPLETED CAUSE	OF STATE OF	W 27) (7)	) Printi		29c. LICENSE NO 28	wher y	nozal	≥ 3/		7, Day, You 1	ar)
Albert D	awkins	M.D.	1 5			ewil	d Ave.		Eastor	ı, Mo	. 2	2160	)1
31. DATE FILEO (Month, Day, ) MAR 2		32. RECOTRAR'S	SUGNATURE	Mande									

10 To My

IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

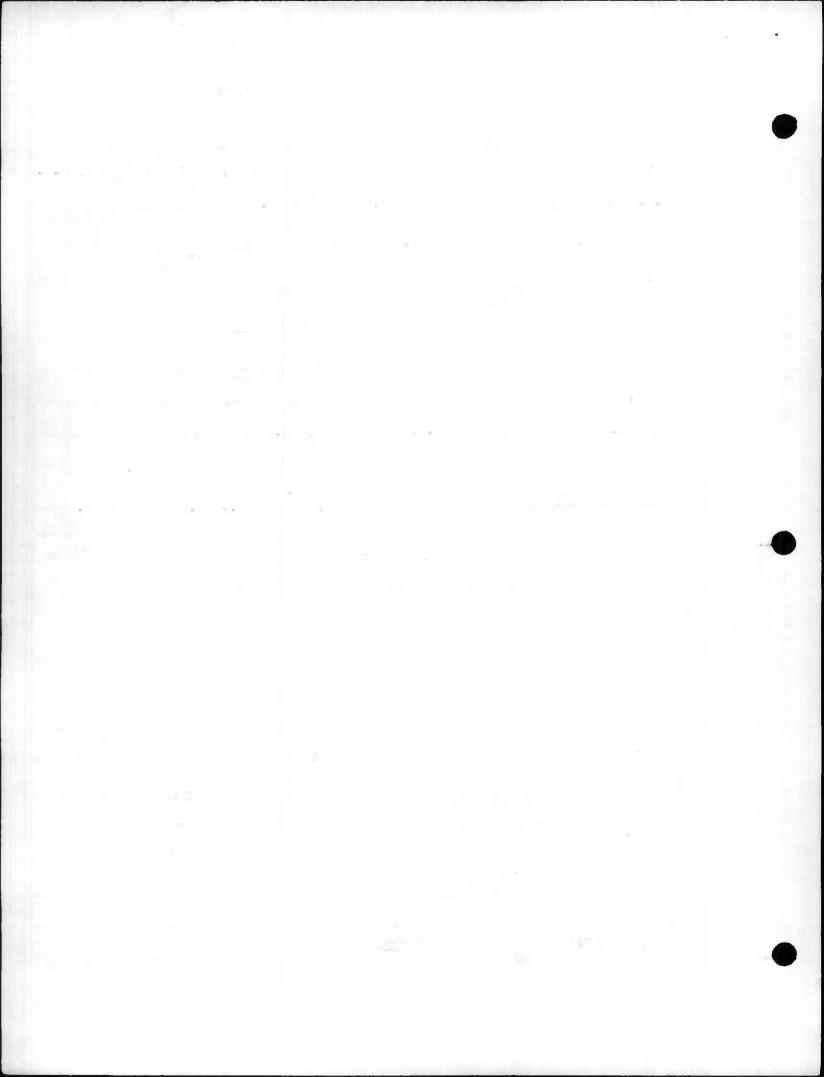
FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AI		AL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last ESTHER		RRILL		2. DAT	rch 14,	1991 YE	3. TIME OF DEATH 11:00 P. M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In		DER 1 YEAR IF UNDER 24	es. 7. DAT	E OF BIRTH	I a.e	ORTHPLACE (State or Foreign
484-20-5090	1 □ M 2 💢 F 70	YRS. MONTE			.21,192	0 10	owa
9a. FACILITY NAME (If not institution, give		9b. C	CITY, TOWN OR LOCATION			9c. COUNTY	
117 W. Chew AV	<u>'e.</u>		St. Michae	Is			Talbot
10a. STATE 10b. COUN	ITY	10c. CITY, TOW	N OR LOCATION				10d. INSIDE CITY LIMITS?
	bot	St.	Michaels				1 YES 2 NO
10a. STREET AND NUMBER			101. ZIP CODE				OF WHAT COUNTRY?
117 W. Chew Av	7E 12. WAS DECEDENT EVER IN U.S. A	PMED I	21663			U.S.	
1 Never Married 2 Married	FORCES? 1 YES 2 VI	NO	13. WAS OECENOENT OF I- If yes, specify Cuben, i	faxican, Puerto			RACE American Indian, Black, White, etc. Specify:
3 Widowed 4 NOivorced	II TES, GIVE WAN ON DATES		1 TES 2 XNO	эрвану.			White
15. DECEDENT'S EC (Specify only highest gra	ide completed) (6	ECEDENT'S USUA Give kind of work do	one during most of working	10	66. KIND OF BUSI	NESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	le. Do NOT use retire	ed.)			~	
12 17. FATHER'S NAME (First, Middle, Last)	4   Sc	hool Te			Talbot Middle, Maiden S		Schools
Albert C. Carl	son		Ell	200	wer	umeme)	
19a. INFORMANT'S NAME (Type/Print)		9b. MAILING ADDR	RESS (Street and Number or	Rural Route Nu	mber, City or Town,	State, Zip Cod	io)
Allen M. Carlson	1 2	22 Hawt	horne Elmh	urst,	I11. 6	0126	
20e, METHOD OF DISPOSITION 1	moval trom Stata of cemetar	e and date of dry, crematory or oth	isposition (Name per place) matory 3	-15-91		ation—cny	or Town, State
21. SIGNATURE OF FUNERAL SERVICE	40.00		22. NAME AND ADDRESS	OF FACILITY			
2 Januson	E Leonar	d		ot St.	St. Mi	chaels	s, Md. 21663
23. PART I. Enter the diseases, o ahock, or heart fallun	or complications that caused the dec. List only one cause on each lin	leeth. Do not er	nter the mode of dying	, such as ca	ardiac or respir	atory arrest	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition	no int		10				Onset and Death
resulting in deeth)	a. DUE TO (OR AS A CONS	EQUENCE OF:	ust Can	cen			
	DUE TO (OR AS A CONS	EQUENCE OF):					1
Sequentially list conditions, if any, leeding to immediate	b	EQUENCE OF):					
ceuse. Enter UNDERLYING	C.						
CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSI	EQUENCE OF):					
resulting in death) LAST	d						
	iona contributing to death but not	resulting in the	underlying cause give	en in Part i.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS
Chimile	mohorutic	(ACCEPTED)		214	PERFORI	/	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	1. 1.			,, -,			1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	26. PLACE OF DEA	TH (Check only	one)		
1 TYES 2 NO	1   Inpatient 2   ER/Outpatient	3 DOA 4 D	Nursing Home 5 Resid	ience 6 🗆 Ot	her (Specify)		
27. MANNER OF DEATH  Natural 5 Pending	(Month, Day, Year)	26b. TIME OF INJURY	26c. INJURY AT WORK?		EŞCRIBE HOW IN	IJURY OCCUR	ED
2 Accident Investigatio	28e. PLACE OF INJURY — At I	hama farm atmed	1 YES 2 N		DOLTION (Or of a		David Grant March as
3 Suicide 6 Could not k	building, etc. (Spec/fy)	nome, tarm, street,	factory, office		ity or Town, State)	nd Number or I	Rural Route Number,
29a. CERTIFIER			Walter Street Land	The state of	estantina CATAVA		
(Check only	YSICIAN: To the best of my knowledge, of INER: On the basis of examination and/o						suse(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	FIER A CI /		29c. LICENS	E NUMBER		29d. DATE SI	GNED (Month, Day, Year)
Christie	L. Jalenm	2	025	395		· 3/	15/91
30. NAME AND ADDRESS OF PERSON Christine L. Ge	who completed cause of Death (it		albot St. S	st. Mic	chaels.	Marv1	and 21663
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE	Sin .			,	3 -	
MAR 1 / 9!	Gana ventur	n-Handeste					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

		CERTIFIC	CATE OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las	st)			2. DATE O	OF OEATH	Y YEA	3. TIME OF DEATH
	PAUL GE		CUBBIN	Marc	ch 13,		11:20 P.
4. SOCIAL SECURITY NUMBER	5. SEX		F UNDER 1 YEAR   IF UNDER 24 HIS ONTHS DAYS HOURS MIR	CO C	F BIRTH Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)
<u>578-34-2223</u>		61 YRS.			8,1930	Was	hington, D.
9a. FACILITY NAME (If not institution, give			b. CITY, TOWN OR LOCATION OF	DEATH		9c. COUNTY	OF DEATH
R.D. #1, Box	565		St. Michaels.	MD.		Talbot	
RESIDENCE OF DECEDENT	NTY		TOWN OR LOCATION				10d. INSIDE CITY
malb.	o <del>t</del>						LIMITS?
Maryland Talb	Ot	St. I	Vichaels			40 OTTEN	1 YES 2 NO
						log. GHIZER	OF WHAT COUNTRY?
RD #1, Box 565	12. WAS DECEDENT I	EVER IN II & ADMEN	13. WAS DECENDENT OF NIS	BANIC ODICINI	Constitution Man	USA	RACE — American Indian,
1 Never Married 2 Married	FDRCES? 1	YES 2 NO	If yes, specify Cuban, Me	rican, Puerto Ri		1	Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 TYES 2 NO SE	ecity:			Specify: White
15. DECEDENT'S E	DUCATION	16a. DECEDENT'S U	SUAL OCCUPATION	16b.	KIND OF BUS	INESS/INDUSTI	
(Specify only highest gr.	College (1-4 or 5+)	life. Do NOT use	rk done during most of working retired.)				
12	1	Field Se	rvice Engineer	- 2	utomo	tive	
17. FATHER'S NAME (First, Middle, Lest)				NAME (First, M			
John G. McCubb	in		Nellie	Demos	O17		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Re			, State, Zip Code	<b>a)</b>
Dolores D. McCu	bbin	R.D. #	1. Box 565. St	Mich	2010	MD /	21663
20a. METNDD OF DISPOSITION		20b. PLACE OF DISPOSIT	IDN (Name of cemetery, crematory			CATION — City	
1 Buriel 2 Cremetion 3 R 4 Donation 8 Donator	emoval from State	other place)					
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1 Lee Cremat	22. NAME AND ADDRESS OF	FACILITY	Clin	ton, M	D
12/	9 4.	1/	Harrison E.	Leonar	rd Fun	eral H	ome 21663
Marieson	o. Dun	RECE					
	or complications that one. List only one cause	caused the death. Do no on each line.	t enter the mode of dying,	bot St	S+	Micha	Approximata interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	re. List only one cause	caused tha death. Do no on aach lina.	t enter the mode of dying,	bot St	S+	Micha	Approximata Interval Betwo Onset and De
IMMEDIATE CAUSE (Final disease or condition	DUE TO (O	on each line.	t enter the mode of dying,	bot St	S+	Micha	Approximata Interval Betwo Onset and De
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (O	IN AS A CONSEQUENCE OF):	t enter the mode of dying,	ont St.	S+	Micha atory arrest,	Approximata interval Betwo Onset and De I 9 8 6
iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	IN AS A CONSEQUENCE OF):	t enter the mode of dying,	ont St.	ec or respir	Micha atory arrest,	Approximata interval Betwo Onset and De 1986  1986  24b. WERE AUTOPSY FINDER AMALABLE PROR TO
iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	IN AS A CONSEQUENCE OF):	t enter the mode of dying,	ont St.	ec or respir	Micha atory arrest,	Approximata interval Betwo Onset and Do
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit	DUE TO (O	PAS A CONSEQUENCE OF:	t enter the mode of dying,  that underlying cause giver	in Part I.	ec or respir	Micha atory arrest,	Approximata interval Betwo Onset and De I 9 8 6 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit	DUE TO (O	AS A CONSEQUENCE OF:	t enter the mode of dying,  tenter the mode of dying,  that underlying cause giver  26. PLACE OF DEATH  OTHER:	in Part I.	24a. WAS AN PERFORI	Micha atory arrest,	Approximate inferval Between Onset and De On
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the condition of	DUE TO (O	PR AS A CONSEQUENCE OF:	t enter the mode of dying,  tenter the mode of dying,  that underlying cause giver  26. PLACE OF DEATH  OF Lasc INJURY AT	In Part I.  (Check only one see s   Other	24a. WAS AN PERFORM	Micha atory arrest,	Approximate interval Betwo Onset and De 1986  1986  24b. WERE AUTOPSY FINON MALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are supported by the condition of th	DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O	PR AS A CONSEQUENCE OF:	tenter the mode of dying,  the underlying cause giver  26. PLACE OF DEATH  THER:     Nursing Home   5   Resider  OF   28c. INJURY AT	In Part I.  (Check only one see s   Other	24a. WAS AN PERFORM	Micha atory arrest,	Approximate interval Betwo Onset and De 1986  1986  24b. WERE AUTOPSY FINON MALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are supported by the conditions of the co	DUE TO (O  DUE TO (O	e on sech line.  If As A CONSEQUENCE OF:  If A CONSEQUENCE OF:  If As A CONSEQUENCE OF:  If A CONSEQUENCE OF:  If A CONSEQUENCE OF:  If A CONSEQUENCE OF:  If A CONSEQUENCE OF:  If A CONSEQUENCE OF	tenter the mode of dying,  tenter the mode of dying,  that underlying cause giver  26. PLACE OF DEATH  OTHER:	in Part i.  (Check only one see 8 10 Other 28d, DES4	24a. WAS AN PERFORE  1 YES 2  (Specify)  CRIBE HOW IN	AUTOPSY MEO?	Approximata interval Betwo Onset and De I 9 8 6 1 1 9 8 6 1 1 9 8 6 1 1 9 8 6 1 1 9 8 6 1 1 9 8 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are supported by the conditions of the co	DUE TO (O  DUE TO (O	e on sech line.  If As A CONSEQUENCE OF:  If A CONSEQUENCE OF:  If As A CONSEQUENCE OF:  If A CONSEQUENCE OF:  If A CONSEQUENCE OF:  If A CONSEQUENCE OF:  If A CONSEQUENCE OF:  If A CONSEQUENCE OF	tenter the mode of dying,  tenter the mode of dying,  that underlying cause giver  26. PLACE OF DEATH  OTHER:	in Part i.  (Check only one see 8 10 Other 28d, DES4	24a. WAS AN PERFORM 1 YES 2 (Specify) CRIBE HOW IN	AUTOPSY MEO?	Approximate interval Between Onset and De I 98 6
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the condition of	DUE TO (O  DUE TO (O	eath but not resulting in INJURY — At home, farm, str (Specify)	t enter the mode of dying,  the underlying cause giver  26. PLACE OF DEATH  OTHER:	in Part i.  (Check only one so Other 28d, DES4	24a. WAS AN PERFORE  1 YES 2  (Specify)  CRIBE HOW IN TOWN, State)	AUTOPSY MEO?  UNITED STATES AND AUTOPSY MEO?  UNITED STATES AND AUTOPSY MEO?  AUTOPSY MEO?  AUTOPSY MEO?  AUTOPSY MEO?  AUTOPSY MEO?	Approximata interval Between Onset and De I 9 8 6 1 1 9 8 6 1 1 9 8 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the condition of	DUE TO (O  DUE TO (O	eath but not resulting in Noury 28b. Time Injury — At home, farm, str.c. (Specify) by knowledge, death occurred	t enter the mode of dying,  the underlying cause giver  26. PLACE OF DEATH  OTHER:	(Check only one so District City of due to the cause	24a. WAS AN PERFORE  (Specify)  CRIBE HOW IN TOWN, State)	AUTOPSY MEO?  UNITED STATES AND AUTOPSY MEO?  UNITED STATES AND AUTOPSY MEO?  AUTOPSY MEO?  AUTOPSY MEO?  TO NO.	Approximate interval Between Onset and De On
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the condition of	DUE TO (O  DUE TO (O	eath but not resulting in Noury 28b. Time Injury — At home, farm, str.c. (Specify) by knowledge, death occurred	t enter the mode of dying,  the underlying cause giver  26. PLACE OF DEATH  OTHER:	(Check only one so District City of due to the cause	24a. WAS AN PERFORE  (Specify)  CRIBE HOW IN TOWN, State)	AUTOPSY MEO?  UNITED STATES AND AUTOPSY MEO?  UNITED STATES AND AUTOPSY MEO?  AUTOPSY MEO?  AUTOPSY MEO?  TO NO.	Approximate interval Between Onset and De On
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the condition of	DUE TO (O  DUE TO (O	eath but not resulting in Noury 28b. Time Injury — At home, farm, str.c. (Specify) by knowledge, death occurred	t enter the mode of dying,  the underlying cause giver  26. PLACE OF DEATH  OTHER:	in Part I.  (Check only one see 8 1 Other 281. LOCA City of the time, date	24a. WAS AN PERFORE  (Specify)  CRIBE HOW IN TOWN, State)	AUTOPSY MED?  NO  HJURY OCCURE  and Number or R  oner as stated, d due to the car	Approximate interval Between Onset and De On
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigatic 3 Suicide 8 Could not determined  29a. CERTIFIER (Check part) MEDICAL EXAMINERS (Check part) one)	DUE TO (O  DUE TO (O	eath but not resulting in Noury 28b. Time Injury — At home, farm, str.c. (Specify) by knowledge, death occurred	tenter the mode of dying,  tenter the mode of dying,  that underlying cause giver  26. PLACE OF DEATH  DTHER: Nursing Home 5 Resides  OF 28c. INJURY AT WORK?  1 YES 2 NO  set, factory, office  at the time, date and place, and in my opinion, death occured at	in Part I.  (Check only one see 8 1 Other 281. LOCA City of the time, date	24a. WAS AN PERFORE  (Specify)  CRIBE HOW IN TOWN, State)	AUTOPSY MED?  NO  HJURY OCCURE  and Number or R  oner as stated, d due to the car	Approximate interval Between Onset and De On
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigatic 3 Suicide 8 Could not determined  29a. CERTIFIER (Check part) MEDICAL EXAMINERS (Check part) one)	DUE TO (O  DUE TO (O	e on sech line.  If As A CONSEQUENCE OF:  IF A	t enter the mode of dying,  the underlying cause giver  26. PLACE OF DEATH  OF 28c. INJURY AT  WORK?  M 28c. INJURY AT  WORK?  1 YES 2 NO  set, fectory, office	in Part I.  (Check only one see 8 1 Other 281. LOCA City of the time, date	24a. WAS AN PERFORE  (Specify)  CRIBE HOW IN TOWN, State)	AUTOPSY MED?  NO  HJURY OCCURE  and Number or R  oner as stated, d due to the car	Approximate interval Between Onset and De On
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the condition of	DUE TO (O  DUE TO (O	en asch line.  As a consequence of:  Bridge of a consequence of:  Bridge of as a consequence of:  Bridge of a consequence of:  Bridge of a consequence of:  Bridge of a consequence of:  Bridge of a consequence of:  Bridge of a consequence of:  Bridge of a consequence of:  Bridge of a consequence of:  Bridge of a consequence of:  Bridge of a consequence of:  Bridge of a consequence of:  Bridge of a consequence of:  Bridge of a consequence of:  Bridge of a consequence of:  Bridge of a consequence of:  Bridge of a consequence of:  Bridge of a consequence of:  Bridge of a consequence of:  Bridge of a consequence of:  Bride of a consequence of:  Bridge of a consequence of:  Bridge of a	t enter the mode of dying,  the underlying cause giver  26. PLACE OF DEATH  OF 28c. INJURY AT  WORK?  M 28c. INJURY AT  WORK?  1 YES 2 NO  set, fectory, office	(Check only one loe 8 Other 28d, DES4 due to the cause the time, date	24a. WAS AN PERFOR  1 YES 2  (Specify)  CRIBE HOW IN THON (Street a r Town, State)	AUTOPSY MED?  TO NO  AUTOPSY MED.  TO NO  AUTOPSY M	Approximate interval Betwo Onset and De Onse



ASICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.	is instrificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should	the State Dept. of Health and Mental Hygiene prior to burital, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death cer	TO THE FUNERAL DIRECTOR And the sertificate has been signed by the attending	be filed within 72 have a real seem with the State Dept. of Health and Mental Hygi	IMPORTANT: If Item 28 is merked, or item 23 shows any injury, or o

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

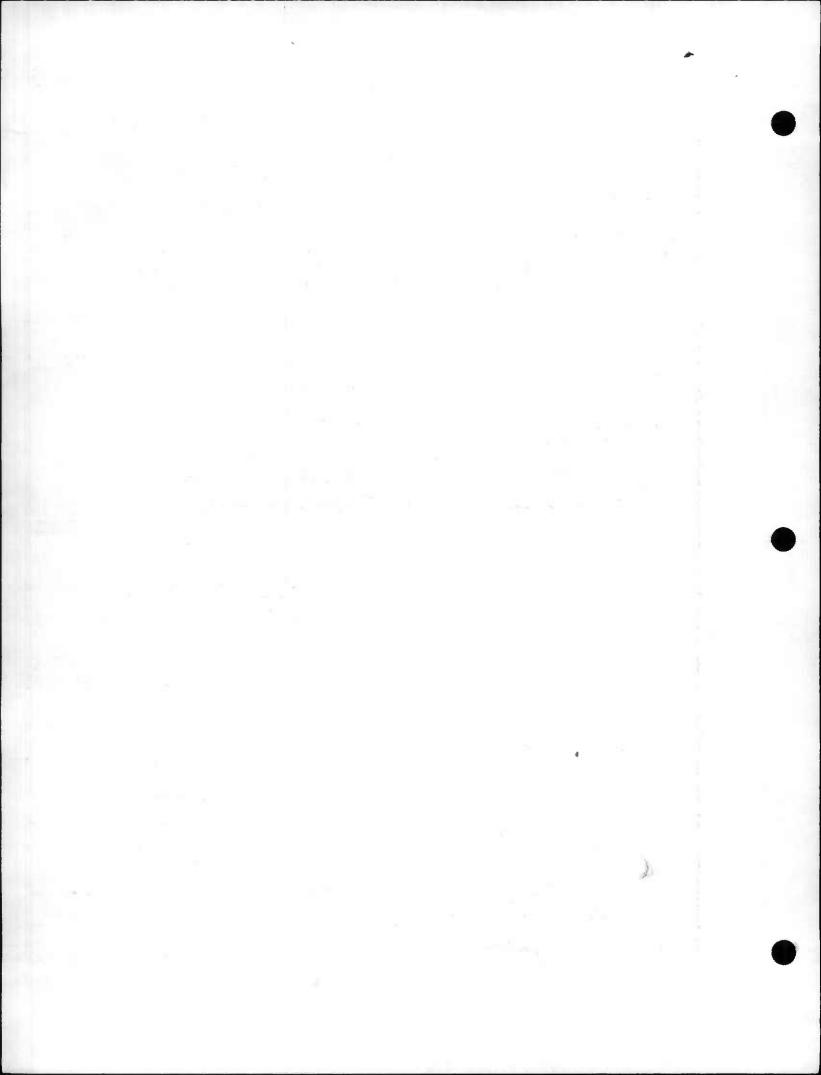
I. SOCIAL SECURITY NUMBER	5. SEX 6	S. AGE (In yrs. les	t birthday)		R 1 YEAR	IF UNDER 24	-	Month, Day, Y	TH heri		THPLACE (State or Fore
None	1 X M 2 D F		YRS.	MONTHS	DAYS	Hours	_	Feb. 1	8, 199	M	aryland
Ba. FACILITY NAME (If not institution,						OR LOCATION		н		DUNTY OF	
Holy Cross Ho				511	ver	Sprin	g		Ma	ryla	nd
IOB. STATE 10b. CO	DUNTY			TY, TOWN							10d. INSIDE CITY LIMITS?
IDO. STREET AND NUMBER			was	shing		1. ZIP CODE			10g, C	STIZEN OF	1XXYES 2 N
3300 18th Str	eet, SE, #1	03					2	0020	11	nite	d States
11. MARITAL STATUS   X  Never Married 2   Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI	EVER IN U.S. AR	IMEO NO		If yes, or		HISPANIC Mexican, I	ORIGIN? (Spec Puerto Rican, el	Ify Yea or No-	- 14, RA Bio	CE — American Indian ack, White, etc. ecily: Black
15. DECEDENT'S (Specify only highest		16a, OE	CEDENT	B USUAL O	OCCUPATI	ON		16b. KINO (	OF BUSINESS/	INDUSTRY	DIGCK
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.		lone	ourng m	pet of working			None		
17. FATHER'S NAME (First, Middle, Las	0					18. MOTHE	R'S NAME	(First, Middle, A		)	
Wayne A. Mean								tt Mc			
Ba. INFORMANT'S NAME (Type/Print) Wayne & Margare			6. MAILING 3300					te Number, City			- DC 200
On. METHOD OF DISPOSITION		20b. PLACE	OF DISPO			metery, cremai			Wash1		n, DC 200
Burial 2 X Cremation 3 D Donation 5 D Other (Specify)	Removal from State	Subur									ng, Maryl
21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE			22	NAME A	ND ADDRESS	OF FACIL	ITY			
N 1000 1				I R	ann	HIDOR		PTVICA			
23. PART I. Enter the diseases, shock, or heert fell IMMEDIATE CAUSE (Final disease or condition resulting in desth)	ure. List only one cause  Extreme	e on each line	ituri	not enter	33 G	Sist A	VENU g, auch a	ervices e, Si	lver S	prin	g, MD 209 Approximatinterval Bell Onset and
shock, or heert fell IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate	a. Extreme	e Prema	turi	not enter	33 G	Sist A	VENU g, auch a	e, Si	lver S	prin	Approximatinterval Bell Onset and
shock, or heert fell IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	EXTREMO  B. DUE TO (C)  DUE TO (C)	e Prema	ouence o	not enter	33 G	Sist A	VENU g, auch a	e, Si	lver S	prin	Approximatinterval Bell Onset and
shock, or heert fell iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Extremental Ext	e on each line e Prema or as a conse or as a conse or as a conse or as a conse	OUENCE C	not enter	(22	Gist A Gist A Weeks	yenu g, auch a	e, Si	lver S	prin	Approximatinterval Bellonset and
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shock, or heert fell IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	a. Extrement and the second of	e on each line e Prema Prama Pras A Conse Pras A Conse Pras A Conse Pras A Conse Pras A Conse Pras A Conse Pras A Conse Pras A Conse Pras A Conse Pras A Conse	OUENCE COUENCE	9 not enter	(22 inderlyin	Sist A  ode of dyln  weeks  eg cause gh	yenu g, auch a ) ) wen in Pa ATH (Check idence 6	e, Si.	AS AN AUTOPE ERFORMED? VES 2X NO	pringarrest,	Approximatinterval Be Onset and 1 hr.
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shock, or heert fell IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 1 Pesselges 3 Suicide 6 Could in 4 Homicide  Pea. CERTIFIER (Check only)  CERTIFYING I	a. Extreme a. DUE TO (C c. DUE TO (C d. Bitiona contributing to d  AL HOSPITAL: 1 XInpatent: 2 U  28a. DATE OF II (Month, Day the be	e on each line e Prema P	OUENCE COUENCE	OF):  OF):  OTHE 4 Nume of July NM, street, fac	26. PER: minderlyin  26. PER: ming Hor  28c. IN 1 □	e and place, a	yen un Pa  ATH (Chock idence 6	e, Si.  art I. 24a. W P  1 Other (Special City or Town)  the cause(s) at	AS AN AUTOPS ERFORMED? YES 2X NO	pring arrest,  SY 2  OCCURED	Approximatinterval Betonset and line.  Ab. Were Autopsy Fin Mallable Prior to Completion of Cooffeatin?  1 Yes 2 N
shock, or heert fell IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 1 Pesselges 3 Suicide 6 Could in 4 Homicide  Pea. CERTIFIER (Check only)  CERTIFYING I	AL HOSPITAL:  1 XInpatient:  28a. DATE OF II (Month, Day and II)  28a. PLACE OF in the best of manufacture.	e on each line e Prema P	OUENCE COUENCE	OF):  OF):  OTHE 4 Nume of July NM, street, fac	26. PER: minderlyin  26. PER: ming Hor  28c. IN 1 □	e and place, a	VenUer g, auch a server in Part (Check idence 6 NO 2 and due to d at the tin	e , Si  art I. 24a. W. P. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AS AN AUTOPS ERFORMED? YES 2X NO  Street and Num Street and Num Street and num and manner as aca, and due to	pringarrest, arrest,  OCCURED  OCCURED  otated.  o the cause	Approximatinterval Betonset and line.  Ab. Were Autopsy Fin Mallable Prior to Completion of Cooffeatin?  1 Yes 2 N
shock, or heert fell IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent cond  25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investiga 3 Suicide 6 Could not determin  29a. CERTIFIER (Check only one) 2 MEDICAL EXI	AL HOSPITAL:  1 Vinpetient 2 1  28a. DATE OF III (Month, Day and Date of the best of the basis of axe of the basis of the b	e on each line e Prema Prema Pras A Conse Pr	OUENCE COUENCE	OFF):  OF	26. PER: minderlyin  26. PER: ming Hor  28c. IN 1 □	Dist A Dide of dying Weeks  In a cause gh  LACE OF DEJ THE S Real JUHY AT ORKY YES 2   death occurred	VenUer g, auch a server in Part (Check idence 6 NO 2 and due to d at the tin	e , Si  art I. 24a. W. P. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AS AN AUTOP: ERFORMED? YES 2X NO  Street and Num. Street and due to  29d. E	pringarrest,  arrest,  occured  occured  other or Run  etated.  o the cause	Approximatinterval Be Onset and I hr.  Ab. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 N

rean M. Sil.

## DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART			MENTAL HYGIENE REG. NO.		1 00109	
	1. DECEDENT'S NAME (First, Middle, Last)	George Andrew Mann			2. DATE OF DEATH DAY MONTH MATCH 10, 1991 1850 M				
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Dec. 2, 19		BIRTNPLACE (State or Foreign Country)	
	213-03-1891		33 YRS.		32220			Maryland	
	9a. FACILITY NAME (If not institution, give street and number)				OR LOCATION OF DI	EATH	9c. COUNTY OF DEATH		
Uneclos	Union Hospital of Cecil County			Elkt	on		Cecil		
	10e. STATE 10b. COUNTY			TOWN OR LOC	ATION		10d. INSIDE CITY LIMITS?		
	Maryland Cecil			Elkton			1 - YES 2 X NO		
3	10e. STREET AND NUMBER			101. ZIP CODE				OF WHAT COUNTRY?	
į	380 Cherry Hill Road			21921			U.S.A.		
DI PONENAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 MIFYES, GIVE WAR OR DATES			ED  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Your fif yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 ☐ YES 2 ☒ NO Specify:			a or No-  14. RACE — American Indian, Black, White, etc.  Specify: White		
COMPLEIED	(Specify only highest grade completed)		(Give kind of w	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)		18b. KIND OF BUS	8b. KIND OF BUSINESS/INDUSTRY		
Ė	Elementary/Secondary (0-12) College (1-4 or 5+)			Weaver		Textile Mar		nufacturing	
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden :			
DE C	George Mann				Mary M	loore			
	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town			
	Margaret M. Mani		380	Cherry	Hill Roa		on, MD		
	20s. METNOD OF DISPOSITION May 1 17 Burlel 2 Cremetton 3 1 Rei 4 Donation 5 Other (Specify)	nh 14 1991 20b	other place)		emorial Pa			or Town, State Maryland	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  21. NAME AND ADDRESS OF FACILITY HICKS HOme for Funerals, P.A.  Bow and Stockton Streets							Α.		
HILLAHON	shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):								
3	PART II Other elonificant condition	one contributing to death t	not resulting i	n the underly	ina cause alvan ir	Part I. 24s. WAS AN	AHTOPSV	24b. WERE AUTOPSY FINDINGS	
#: MEDICAL	PART II. Other algnificant conditions contributing to death but not rest			PE		PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
Y	25. WAS CASE REFERRED TO MEDICAL	/			PLACE OF DEATH (C	heck only one)			
2	EXAMMER?  1 YES 2 NO  HOSBITAL: 1 Tipetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
T PHTSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending Investigation						IEO		
28s. PLACE OF INJURY — At home farm streat factory office 28f 1 OCA					281. LOCATION (Street ( City or Town, State)	ATION (Street and Number or Rural Route Number, or Town, State)			
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFIED NYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.  2 MEDICAL ELAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.								
2	29b, SIGNATURE AND TITLE OF CENTIF	E OF CENTIFIER 29c. LICENSE NUMBER				MBER	29d. DATE SIGNED (Month, Day, Year)		
0	108	llus Jose	eph G. La	nzi,M.	D. D061	The state of the s		1/91	
2	oseph G. Lanz	i, M.D. 7	21 Bridge		et Ell	kton, MD	21921		
	31. DATE FILED (Month, Day, Year) MAR 1 3 '91	32. REGISTRAR'S SIGN	ATURE PROJECT						
								DHMH-16 Rev 1/89	





HISPITAL OR ATTENDIATE THE TRANSPORT TO THE TRANSPORT OF THE DESCRIPTION OF THE METERS	FUNERAL DIRECTOR ATTACKS and The Best signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours and man with the State Door of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT. If item 28 it marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HO	TO THE FU!	IMPORTA

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	00110					
	1. DECEDENT'S NAME (First, Middle, Last)  William Paul McGlothin SR.  2. DATE OF DEATH MONTH DAY YEAR MONTH ON 11 1491	3. TIME OF DEATH P					
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 1 M 2 F S 9 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF C	MYLAND					
1010	Harford Memorial Hospital Harre de Grace Harford						
1	10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION  10c. STREPT AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF 1	10d, INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?					
Civerin		57 E – American Indian, k, White, etc.					
	3 Wildowed 4 Divorced IF YES, GIVE WAR OR OATES 1 YES 2 NO Specify: Specify: WhiTe						
W. Lett.	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Coffage (1-4 or 5+)  COFFICE MANAGES  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  AND FORM OF SECONDARY  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						
200	17. FATHER'S HAME (First, Middle, Last)  BRADY  Colo Hollo  18. MOTHER'S NAME (First, Middle, Maiden Supreme)  SIE A CRAY  19a. INFORMANT'S NAME (Type-Print)  19b. MAILING ADDRESS (Street and Number or Rural Poure Number, City or Town, State, Zio Cole)	beal					
2	EVELYN MCG/OHA/IN LOCK Nesbith RO COLORA /	MD 2/9/7					
	1 Burial 2 Cremation 3 Removal from State of competary, crematory of other place)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY	mp :					
	23. PART I. Inter the diseases, or complications that causes the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only/one cause on each line.	Approximate Interval Between					
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Die to for As a consequence or a	Onset and Death					
	Sequentially list conditions, DUE TO (OR AS A COMBEQUINCE OF):  If any, leading to immediate						
3	CAUSE (Discess or Injury that Initiated events resulting in death) LAST						
7	a serviction	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO					
SI SI	1 □ YES 2 □ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
NICIOIS III	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO						
LUL IO	27. MANNER OF DEATH  1 Netural 5 Pending Investigation Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF 12cc, INJURY AT WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED INJURY M 1 YES 2 NO	opposition to					
2	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLE	29a. CERTIFIER (Check only one)  1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.						
200	296. SIGNATURE AND TITLE OF CERTIFIED  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNE  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)	9d. DATE SIGNED (Monty, Day, Year)					
	Edward C. Loo, M.D., 3195. Ilmion Ave. Havrede 31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE	Grace M					
- 1	MAR 1 3 '91 Sechia Davidson-Randala	0.000					

10 +1 VAgents

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAI		MENT OF H		MENTAL HYGIE		1 00111		
9	1. DECEDENT'S NAME (First, Middle, Lest)  May Pansey Sis	sco Miller				2. DATE OF DEATH MONTH March 20	3. TIME OF DEATH 4:15 A. M			
		1 □ M 2 \ F 8	1 YRS.	FUNDER 1 YEAR  FONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/30/09	) Mai	OF DEATH		
TOR					ky Ridge			Frederick		
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TO				wn of Location Rocky Ridge			10d. INSIDE CITY LIMITS? 1  YES 2 NO		
FUNERAL	9915 Rocky Ridge Rd			10f	101. ZIP CODE 21778			10g. CITIZEN OF WHAT COUNTRY? U.S.A		
BY FUN		12. WAS DECEDENT EVER IN U.S. ARMED			IS. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Year type, specify Cuben, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:			a or No— 14. RACE — American Indian, Black, White, atc. Specity: White		
COMPLETED		15. DECEDENT'S EDUCATION scity only highest grade completed) ndery (0-12) College (1-4 or 5 +)  16e. DECEDENT'S USUAL OCCUPY (Give kind of work done during life. Do NOT use retired.)  Home Care A			most of working			RY		
BE COM	17. FATHER'S NAME (First, Middle, Last)  Leonard 0. S	Middle, Lest) ard 0. Sisco Po			16. MOTNER'S NA Pans	NAME (First, Middle, Melden Surneme) USEY L. Austin				
10	Marion M. Bennett		9915 R	locky Ri	dge Rd.	Rocky Rid				
	20a. METNOD OF DISPOSITION  1				or 20c. LOCATION — City or Town, State Smiths burg, Md.					
	21. SIGNATURE OF RUNERAL BERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Davis Funeral Home  Rt 3 Box 78 Smithsburg, Md. 21783									
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR KS A CONSEQUENCE OF)					Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the undarlying cause give				g cause given in	PERFORMED?  1 YES 2 NO  AMAILABLE PRIOR COMPLETION DF (		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
BY PHYS	27. MANNER OF DEATN  1	28e. OATE OF INJURY (Month, Day, Year)				28d, OESCRIBE HOW INJURY OCCUREO				
60	2 Accident Investigation 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, a building, atc. (Specify)			reet, factory, offic	et, factory, office 2at. LOCATION City or Town		(Street and Number or Rural Route Number, , State)			
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the bests of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
BE				29c. LICENSE NU D1754						
D	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) William F. Harper, M.D., 100 S. Center Street, Thurmont, MD 21788									
	MAR 2 2 91  MAR 2 2 91  June Saurdson-Randage									



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31. DATE FILED (Month, Day, Year) 91

Mo

WASHINGTON COUNTY

32. REGISTRAR'S SIGNATURE FORDER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

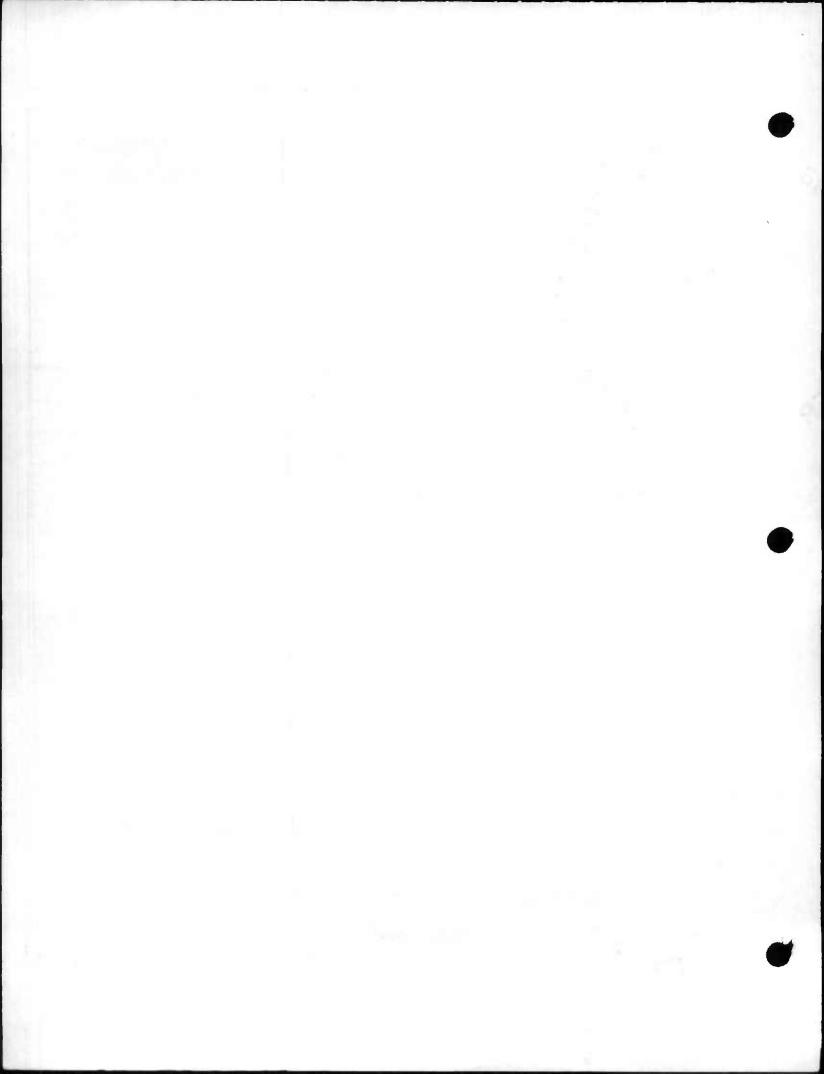
no

ter death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	oval	al examiner must be notified at once.	
TO THE HIGSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the includence of the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be need within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) March 23,1991 Abram MAY George 9:51 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYE HOURS 1 X M 2 - F 220-09-8867 YRS Oct.17,1909 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital WASHINGTON Hagerstown RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Williamsport Maryland 1 YES 2 X NO Washington 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21795 USA Rt.1, Box# 233 (Falling Waters Rd.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 X Merried 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complex 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Leather Processing Machine Operator 17. FATHER'S NAME (First, Middle, Last) Albert May Louie Smith 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rt.1,Box# 233 Williamsport,MD 21795 Hazel H.May 20e. METHOD OF DISPOSITION
1 X Buriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town, State Cedar Lawn Memorial Park Hagerstown, MD 21740 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 022. NAME AND ADDRESS OF FACILITY OSBORNE FUNERAL HOMES · Clappin P.O.Box # 348 Williamsport, MD 21795 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete shoot, or heart fellure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): Chrosic Irlmoday DISPULE resulting in death) AVIZ D150010 Consider CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CONGESTIVE Heat DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24a, WAS AN AUTOPSY PHYSICIAN: MEDICAL **MAILABLE PRIOR TO** Thomlowhlebity COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL OTHER: 1 TYES 2 DE NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 27 MANNER OF DEATH 25b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident
3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND JUTLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE al.

13-23-71

HOSVITAL



MAR 20 '91

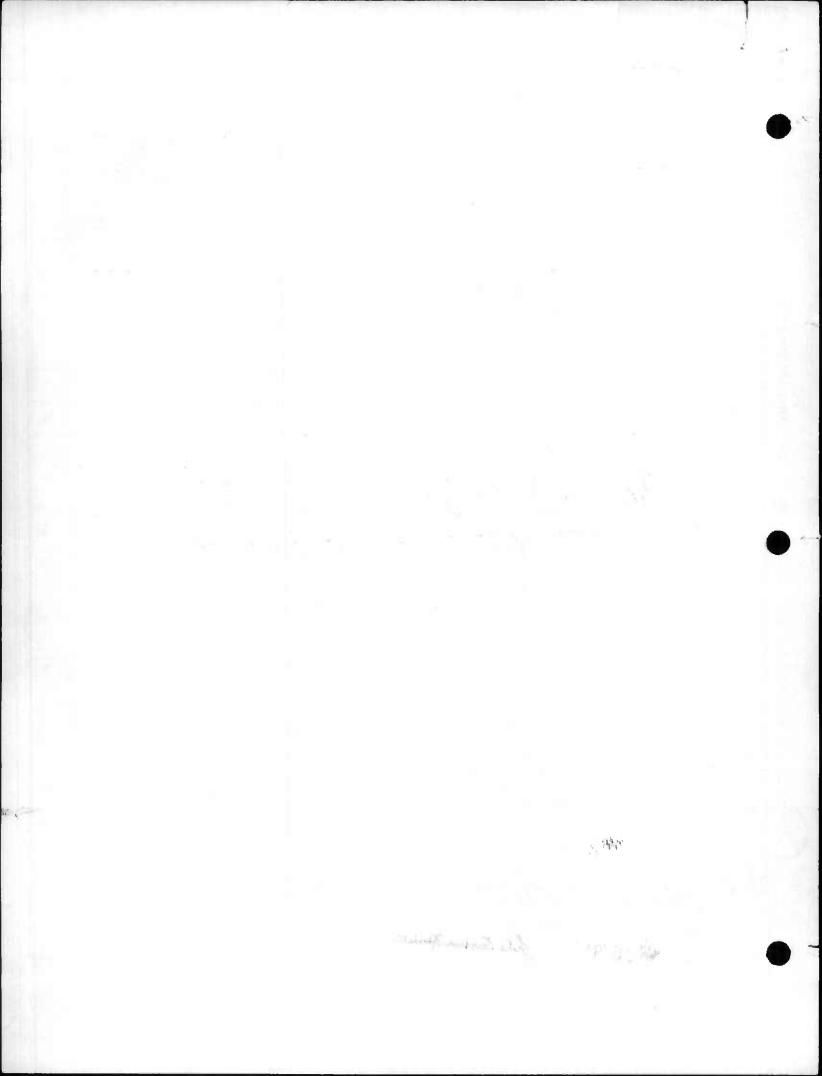
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	ITEM:3 per HOSPITAI C-676 6/10/91 cm FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF ERTIFICATE O	F DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM ART	HUR MII	LER	M M	Mar.17, 199	YEAR 3. TIME OF DEATH			
	The state of the s	6. SEX 6. AGE (in yrs. las	YRS. MONTHS DAY	0	ATE OF BIRTH Month, Dey, Year) 1/05/20	8. SIRTHPLACE (State or Foreign Country) MARYLAND			
OR	CARROLL COUNTY GEN			MINSTER		RROLL			
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  MD  CARR	OLL	100. CITY, TOWN OR LO TANEYTOWN			10d. INSIDE CITY LIMITS? 1 VES 2 NO			
FUNERAL I	100. STREET AND NUMBER 1427 TREVANION RD.			101. ZIP CODE 21787	10g. C	U.S.A.			
BY FUN	11. MARITAL STATUS  1  Nover Married 2 Married  3  Widowed M 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	IO If yes	DECENDENT OF HISPANIC OF apocity Cuban, Maxican, Pur YES 2 NO Specify:	RIGIN? (Specify Yea or No- erto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade on Elementary/Secondary (0-12)	TION 16a. DE (G. College (1-4 or 5 +)	CEDENT'S USUAL OCCUP he kind of work done during Do NOT use retired.)	ATION	16b, KIND OF BUSINESS/I	NDUSTRY			
BE COM	17. FATHER'S NAME (First, Middle, Last) WILLIAM EZRA MILLE		REMAN	18. MOTHER'S NAME (F	COUNTY First, Middle, Melden Sumame OVER				
10	19e. INFORMANT'S NAME (Type/Print) HELEN E. MILLER 20e. METHOD OF DISPOSITION 1 Burley 2 Cremetton 3 Brandow	14	27 TREVANTO		YTOWN	Zip Code)  MD 21787  — City or Town, State			
	4 Donation 5 Other (Specify)								
	23. PART I. Entar the diseases, or consider the second shock, or heart failure. List immediate CAUSE (Finel disease or condition resulting in death)	mplicationa that caused the de at only one cause on each line  Molig M  DUE TO/OR AS A CONSE	ant 'I		cerdiec or reapiratory	Approximate interval Between Onset and De			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	0,100	02		,1			
MEDICAL CE	PART II. Other significant conditions	contributing to death but not i	resulting in the underl	ying cause given in Part	i. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	24b, WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1  YES 2  NO			
PHYSICIAN:		HOSPITAL:	OTHER:	8. PLACE OF DEATH (Check or Home 5 - Residence 6 -					
>	27. MANNER OF DEATH  1 Netural 6 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c.	INJURY AT WORK?  YES 2 NO	1. DESCRIBE HOW INJURY (				

TANEYTOWN, MD

49 FREDERICK ST.



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TO THE HOSH MALEN ATTENNING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	TO THE FUNCTION THE TITLE CHITICISM has been signed by the attenting physical and completely filled in by the functal director, page 5 should be detached for use a second in the complete of	De filed within female and with the plate begin of health and menta hygiere provincional contraction, to remove.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 Never Merried 2 Merried IF YE G - 1 -  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12) College  17. FATHER'S NAME (First, Middle, Last)  Francis Mika  19a. INFORMANT'S NAME (Type/Print)  Clara G. Mika  20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ramoval from 4 Donation 5 Other (Spechy)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  23. PART I. Enter the diseases, or complicate shock, or heart failure. List only immediate CAUSE (Final disease or condition resulting in death)  8. A	DECEDENT EVER IN U.S. ARICES?  1 1 YES 2 N  15, GIVE WAR OR DATES  32 to 9-5-34  (14 or 5+)  5+  19b  86  Stala  20b. PLACE of cemetary. ROSE  tions that caused the day one cause on each line.	TOC. CITY, TOW TEMPLE  INC. CITY, TOW TEMPLE  CECETY S USUAL New kind of work de Do NOT use refire  EACHEY  AND DATE OF D Crematory or oth AWN Cen	IN OR LOCAT  IN OR LOCAT  IN OR LOCAT  IN OR LOCAT  IN OR LOCAT  IN YES  IN YES  L OCCUPATION  OF HILL   S  ZIP CODE  0031  ENDENT OF NISP  ENDENT OF NISP  ENDENT OF NISP  ENDENT OF NISP  Specify Cuban, Maxt  2 ② NO Specify  In MOTNER'S I  Anna  In Road  (Name  (Name  10 Address of  Old Ale:	ANIC ORIGIN? (S can, Puerto Rica city:  18b. KIN PUL NAME (First, Midd ZOltak al Route Number, Temp]  DATE 22-91 FACILITY	JOST SAFTTH  Note of the control of	Berwich  Berwich  Berwich  Berwich  Country  Berwich  Country  Berwich  100  1 [  CITIZEN OF WHAT  USA  14. RACE— Black, Wr  Specify:  VINDUSTRY  100   S  Penna  neral Ho	I. INSIDE CITY LIMITS?  YES 2 10 NO COUNTRY?  American Indian, Whia etc. White	
187-05-6194  1X M  6a, FACILITY NAME (If not Institution, give street and number of the county of th	DECEDENT EVER IN U.S. ARI CES? 1 1 YES 2 N S.S. GIVE WAR OR DATES 32 to 9-5-34 (1-4 or 5+) 5+  19b 86  Stala 20b. PLACE of cemetary. ROSE 1 tions that caused the da- ona cause on each line.	TOC. CITY, TOW TEMPLE  INC. CITY, TOW TEMPLE  CECETY S USUAL New kind of work de Do NOT use refire  EACHEY  AND DATE OF D Crematory or oth AWN Cen	IN OR LOCAT  IN OR LOCAT  Hill  101.  2  13. WAS DEC!  If yee, spi 1   YES  L OCCUPATION  One during model.  NESS (Street a D)   E Hill  INSPOSITION  101   E Hill  INSPOSITION  102   E Hill  INSPOSITION  103   E Hill  INSPOSITION  104   E Hill  INSPOSITION  105   E Hill  INSPOSITION  106   E Hill  INSPOSITION  107   E Hill  INSPOSITION  108   E Hill  INSPOSITION  108   E Hill  INSPOSITION  109   E Hill  INSPOSITION  109   E Hill  INSPOSITION  109   E Hill  INSPOSITION  100	HOURS MIN.  RELOCATION OF  ION S . ZIP CODE 10031 ENDENT OF NISP ENITY Curban, Max 2 (X) NO Specify Curban, Max 2 (X) NO Specify Curban, Max 11 Road (Name 11 Road (Name 12 ADDRESS OF	ANIC ORIGIN? (S can, Puerto Rica city:  16b. Kin Put NAME (First, Midd ZOltak ai Route Number, Temp)  DATE 221-91 FACILITY	pecify Vee or Non, etc.)  10g	Berwic  Ountry of Death  OC. (100  100  1 C  CITIZEN OF WHAT  USA  14. RACE — Black, WI Specify:  VINDUSTRY  100 C  1. Zip Code)	k, Penna.  COVCES  I. INSIDE CITY LIMITS?  YES 2 10 NO COUNTRY?  American Indian, White  031  Stata  Ome, Inc.
10a. STATE  Maryland  10b. COUNTY  Maryland  Prince G  10a. STREET AND NUMBER  8601 Temple Hill Road  11. MARITAL STATUS  1 Never Married  3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elamentary/Secondary (0-12)  College  17. FATHER'S NAME (First, Middle, Last)  Francis  Mika  20a. METHOD OF DISPOSITION  1X Burlel 2 Cremetton 3X Removal from  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  23. PART I. Enter the diseases, or complicate shock, or heart failure. List only immediate cause or condition resulting in death)	DECEDENT EVER IN U.S. ARI CES? 1 V YES 2 N ES, GIVE WAR OR DATES 32 to 9-5-34 16a. DEC (ON INTERPRETATION OF THE STATE OF	Temple  Temple	100. 2  13. WAS DECI If yee, app 1 VES  L OCCUPATION The during model.  DIE HI DISPOSITION THE PLACE 22. NAME AN  6633 (	S  ZIP CODE  0031  ENDENT OF NISP  ENDENT OF NISP  ENDENT OF NISP  ENDENT OF NISP  Specify Cuban, Maxt  2 ② NO Specify  In MOTNER'S I  Anna  In Road  (Name  (Name  10 Address of  Old Ale:	name (First, Midd Zoltak si Route Number, Temp)  DATE 22-91  FACILITY	pecify Yee or No- n, atc.)  D OF BUSINESS.  DIC SCh  Le, Maiden Surman  City or Town, State,  e Hills  20c. LOCATION  Berwick  Lee Fu	IT COTIZEN OF WHAT USA  ISA  II. RACE — Black, WI Specify:  //INDUSTRY  //INDU	American Indian, whia, etc. White
8601 Temple Hill Road  11. MARITAL STATUS  1 Never Married 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  Francis Mika  19a. INFORMANT'S NAME (Type/Print)  Clara G. Mika  20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Removal from 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  23. PART I. Enter the diseases, or complicate shock, or haert failure. List only immediate cause (Final disease or condition resulting in death)	CES? 1 V YES 2 N YES, GIVE WAR OR DATES 32 to 9-5-34  18a, DEC (34  (1-4 or 5+)  5+  T  19b  86  Stala  20b. PLACE of cemetary. ROSE 1	CEDENT'S USUAL the kind of work de Do NOT use retire  EACHEY  Do MAILING ADDR  501 Temp  AND DATE OF D  . crematory or oth awn Cen	22 13. WAS DECIDING THE SESS (Street as DECIDING MICE) 1 COCCUPATION THE SESS (Street as DECIDING MICE) 1 COCCUPATION THE SESS (Street as DECIDING MICE) 1 COCCUPATION THE SESS (Street as DECIDING MICE) 1 COCCUPATION THE SESS (Street as DECIDING MICE) 1 COCCUPATION THE SESS (Street as DECIDING MICE) 1 COCCUPATION THE SESS (Street as DECIDING MICE) 1 COCCUPATION THE SESS (STREET AS DECIDING MICE) 1 COCCUPATION THE SESS (STREET	10.0031 ENDENT OF NISP softy Cuban, Maxi 2 M NO Specific Cuban, Maxi 2 M NO Specific Cuban, Maxi 2 M NO Specific Cuban, Maxi 10. MOTNER'S I Anna IN Mother or Run 11 Road (Name (Name ) 3- ID ADDRESS OF	name (First, Midd Zoltak si Route Number, Temp)  DATE 22-91  FACILITY	pecify Yee or No- n, atc.)  D OF BUSINESS.  DIC SCh  Le, Maiden Surman  City or Town, State,  E Hills  20c. LOCATION  Berwick  Lee Fu	USA  14. RACE — Black, with Specify:  VINDUSTRY  1001S  2/p Code)  3. MD 20  1 — City or Town, C., Penna neral Ho	American Indian, White White  031 State .
1 Never Married 2 Namined 1 PORT IF YE 3 Widowed 4 Divorced 6 - 1 - 1 - 1	CES? 1 V YES 2 N YES, GIVE WAR OR DATES 32 to 9-5-34  18a, DEC (34  (1-4 or 5+)  5+  T  19b  86  Stala  20b. PLACE of cemetary. ROSE 1	CEDENT'S USUAL the kind of work de Do NOT use retire  EACHEY  Do MAILING ADDR  501 Temp  AND DATE OF D  . crematory or oth awn Cen	If yee, ape 1   YES  L OCCUPATION one during model.  MESS (Street a color Himself Place)  METER (Street a color Himself Place)  METER (Street a color Himself Place)  METER (Street a color Himself Place)  METER (Street a color Himself Place)  METER (Street a color Himself Place)  METER (Street a color Himself Place)	is. MOTNER'S I Anna Number or Run 11 Road (Name In Address of	name (First, Midd Zoltak si Route Number, Temp)  DATE 22-91  FACILITY	in, etc.)  D OF BUSINESS.  DIC SCh  Te, Malchen Surmann  City or Town, State,  E Hills  20c. Location  Berwick  Lee Fu	Black, Wi Specify:  //INDUSTRY  1001S  2/ip Code)  5, MD 20  1 — City or Town,  C. Penna neral Ho	White White
Elamentary/Secondary (0-12)  College  17. FATHER'S NAME (First, Middle, Last)  Francis Mika  19a. INFORMANT'S NAME (Type/Print)  Clara G. Mika  20a. METHOD OF DISPOSITION  1X Burial 2 Cremation 3X Ramoval from 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  23. PART I. Enter the diseases, or complicate shock, or heart failure. List only immediate cause or condition resulting in death)  a. A	(GA or 5+)  5+  T  19b 86  Stala 20b. PLACE of cemetary. ROSE L  tions that caused the day one cause on each line.	the kind of work de.  Do NOT use refirs  Teacher  Do MAILING ADDR  DO 1 Temp  AND DATE OF De.  Crematory or oth  Lawn Center  Do not are	MESS (Street a DIE Hi	16. MOTNER'S I Anna II Road (Name I 3- ID ADDRESS OF	Put NAME (First, Midd ZOItak si Route Number, Temp) DATE 22-91	olic Sch  ie, Melden Sumann  City or Rown, Stete,  e Hills  20c. Location  Berwick  Lee Fu	DOOLS  Zip Code)  S, MD 20  I - City or Town.  C. Penna neral Ho	State . ome, Inc.
Francis Mika  19a. INFORMANT'S NAME (Rype/Print) Clara G. Mika  20a. METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Removal from 4 Donellon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  23. PART I. Entar tha diseases, or compilicat shock, or haert failure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. A	Stata 20b. PLACE of cemetary. ROSE 1	AND DATE OF D. crematory or oth awn Cen	ole Hi DISPOSITION DET PLACE DET PLACE PLA	Anna II Road (Name  3- NO ADDRESS OF	Zoltak  al Route Number, Templ  DATE  22-91  FACILITY	city or Town, State, e Hills 20c. LOCATION Berwick Lee Fu	Zip Code)  S, MD 20  I - City or Town,  C, Penna  neral Ho	State . ome, Inc.
20a. METHOD OF DISPOSITION  1 Burlet 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  23. PART i. Enter the diseases, or complicate shock, or heart failure. List only immeDIATE CAUSE (Final disease or condition resulting in death)  a. A	Stata 20b. PLACE of cemetary. ROSE 1	AND DATE OF D crematory or oth AWN Cen	er place) netery 22. NAME AN	(Name  3- NO ADDRESS OF	DATE 22-91	Berwick Lee Fu	neral H	State . ome, Inc.
23. PART I. Enter the diseases, or complicate shock, or heart failure. List only immediate cause (Final disease or condition resulting in death)	tions that caused the day	eath. Do not ar	22. NAME AN	old Alex	FACILITY	Lee Fu	neral H	ome, Inc.
shock, or heart failure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death)	ona cause on each line.	ath. Do not ar	ntar tha mo			retry I		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSECUENT OF TO (OR AS A CO	OUENCE OF):	ma	Story	Juli			Approximate interval Between Onset and Death March 1991
PART II. Other significant conditions contrib	buting to death but not n		underlying	g cause given		n. WAS AN AUTOP PERFORMED?	CO OF	RE AUTOPSY FINDINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2   NO
	atient 2 - ER/Outpatient 3	DOA 4	HER: Nursing Nom	LACE OF DEATH	e 6 🗆 Other (S			
1 Netural 6 Pending 2 Accident trvestigation	DATE OF INJURY (Month, Day, Year)  PLACE OF INJURY — At hobuilding, etc. (Specify)	28b. TIME OF INJURY ome, farm, street,	y 1 □ '	PURY AT ORK? YES 2 NO	28f. LOCATE	ON (Street and Nur own, State)	mber or Rural Route	» Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To 1 MEDICAL EXAMINER: On the 29b. SIGNATURE AND TITLE OF CERTIFIER					he time, date an	d place, and due		
30. NAME AND ADDRESS OF PERSON WHO COMPLIES ATISH JUM AND 32.  MAR 25 1991 And 32.	REGISTRAR'S SIGNATURE			CCMI	142		2.13	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE PLACE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should mental

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

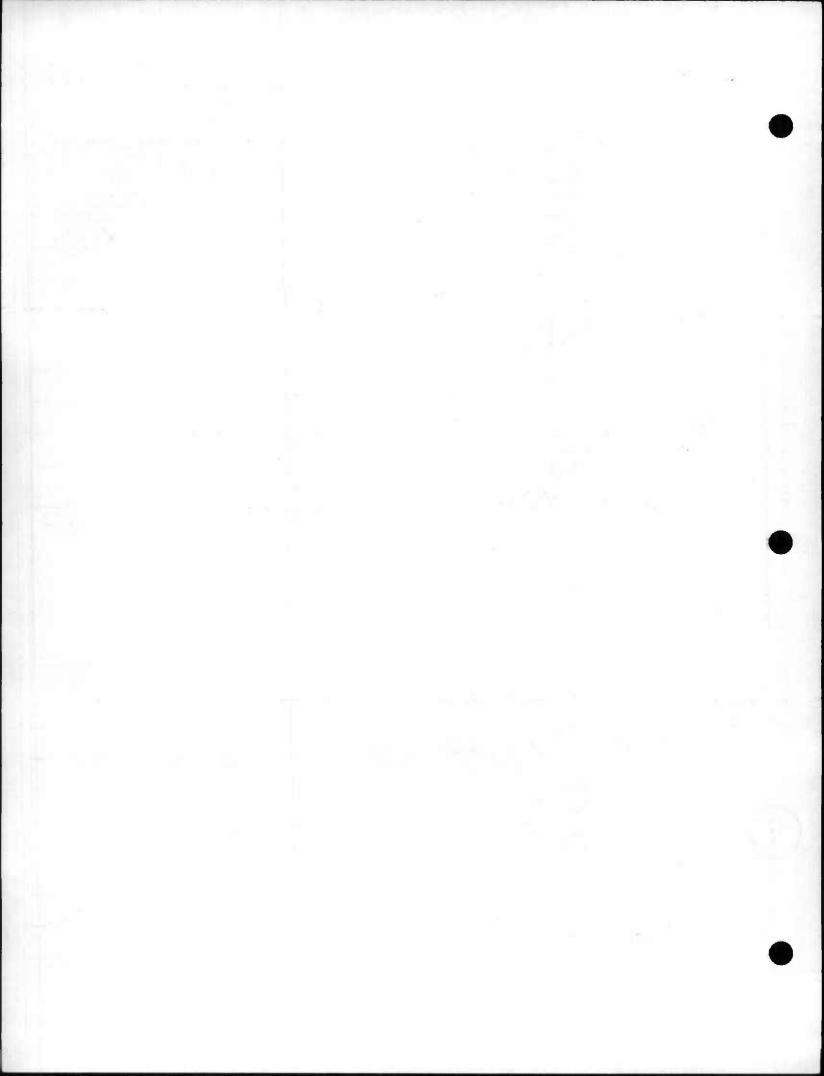
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	ERTIFIC	ATE OF	DEAT	Н	R	EG. NO.			
1. DECEOENT'S NAME (First, Middle, Last)				-			2. DATE OF I	DEATH		YEAR	3. TIME OF DEATH
	Mary	L.	(	Mast	1, =	- 1	MONTH		•	91	2015 H
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	t birthday) IF	UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF E				IPLACE (State or Foreign
218-38-2546	1 □ M 2 ☑ F	49		NTHS DAYS	HOURS	MIN.	(Month, De		941	Countr	
90. FACILITY NAME (If not institution, give at PENINSULA GENERAL				SALISB		ON OF DE	ATH		9c. COUNTY OF DEATH WICOMICO		
RESIDENCE OF DECEDENT							-		0		
10e. STATE 10b. COUNTY	1		10c. CITY, T	OWN OR LOCA	TION						10d. INSIDE CITY
	comico			Salis							LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER				10	I. ZIP CODE				10g. CITI	ZEN OF V	VHAT COUNTRY?
1108 N. Divi	sion Stre	et			2	1801					USA
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR					IC ORIGIN? (S		or No—	14. RACE	E — American Indian, k, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WI				2 <b>∑</b> NO			11, 416.,		Speci	
15. DECEDENT'S EDU	CATION	16e, DE	CEDENT'S US	UAL OCCUPAT	ON		18b. KIN	ID OF BUS	INESS/IND	DUSTRY	-
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G	ive kind of work Do NOT use re	done during ri tired.)	ost of working	g					
12 years	Conlege (1-4 or 5 +)		unteer	Soci	al Wo:	rk					
17. FATHER'S NAME (First, Middle, Last)		1					WE (First, Midd	le Maiden	Sumame)		
Paul Melton					10. 10011		en Mel		Johnston		
		1			1						
19a. INFORMANT'S NAME (Type/Print)			b. MAILING AD								MJ 21001
Garland H. Marti	n		Rt. 4				live R			_	y, Md.21801
20s. METHOD OF DISPOSITION  1  Buriel 2  Cremation 3  Rem 4  Donation 5  Other (Specify)	oval from State	other pi	of disposition of the cold of			natory or			pste		
21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEE	4	TOTT		ND ADDRES	SS OF FAC	CILITY				
Eline Funeral Home Reisterstown, Md.21136											
C. Orran	y I the	Ц		Elin	e Fun	eral	Home	Reis	ters	town	, Md.21136
23. PART I. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	shock, or heart fellure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition									Intervel Between Onset and Death	
Sequentially list conditions, if sny, isacing to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	If siny, leading to immediate course. Enter UNDERLYING CAUSE (Disease or Injury that initiated events oue to (OR As A CONSEQUENCE OF):										
PART ii. Other significant condition	ne contributing to	desth but not	resulting in	the underlyi	ng cause o	alven In	Part I. 24	a. WAS AN	ALITOPSY	248	. WERE AUTOPSY FINDINGS
				,				PERFOR	RMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
1							— I ¹	YES 2	□ NO		OF DEATH?
							-				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			20. THER:	PLACE OF D	EATH (Ch	eck only one)				
1 TYES 2 NO	1   Inpatient 2		3 DOA 4	☐ Nursing Ho		asidenca					
27. MANNER OF DEATH  1 Netural 6 Pending Investigation	28a. DATE OF (Month, Da		28b. TIME (	Y	IJURY AT ORK? YES 2	NO	2ed. DEŞCR	IBE HOW I	NJURY OC	CURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	20a. PLACE Of building,	F INJURY — At he	ome, farm, atre	et, factory, of	ica		281. LOCATION OF T	ON (Street : fown, State)	and Numbe	r or Rural	Route Number,
On CENTER											
(Check only											a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	m W M	0	_		29c. LICI	ENSE NUM	ABER		29d, DAT	TE SIGNE	D (Month, Pay, Year)
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETEO CAUS	SE OF DEATH (ITE	EM 27) (Type, Pr	ine)  4  A	0	110		2	4.	,,,	41
LOU RIVERSIDE	22 0000000	R'S SIGNATURE	72 20	14 A	21	466S	BUR	y,	nd	216	70/
MAR 1 9 '91		lon-And	W.				/				

IMPORTANT: If Item 28 is marked, or lism 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MEN	TAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

- STATE REGISTRAR	STATE DF MARYI		ENT OF HEALTH AN	ID MENTAL HYGIEN	E	00110
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH 3	12 91	3. TIME OF DEATN
Esther F. Mose		(In yrs. last birthday) #5	INDER 1 YEAR  # UNDER 24 H	DE 7 DATE OF BIRTH		4 · 55 P
215 14 6139	1 🗆 M 2 🔀 F	70 YRS. MON		7 14 -2	) Country	Ě
Frostburg Comm			Frostburg		9c. COUNTY OF O	egany
10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION		1	10d. INSIDE CITY
Md Alle	egany	Lonac	oning			1 YES 2 NO
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF V	WHAT COUNTRY?
36 Jackson S				539	USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	3 2 NO		ISPANIC ORIGIN? (Specify Yes lexican, Puerto Rican, etc.) Specify:	Black	- American Indian, t, White, etc. by: White
15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S USU (Give kind of work of life. Do NOT use rec	AL OCCUPATION done during most of working ired.)	18b. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	HouseKee		Nursin	ng Home	
17. FATHER'S NAME (First, Middle, Last)		1		S NAME (First, Middle, Melden		
Earl	Wil	son		ence Jone		
19a. INFORMANT'S NAME (Type/Print)			PRESS (Street and Number or I	Rural Route Number, City or Town		
Charles F. Mose				onaconing	Md 215	39
1. Burial 2 ☐ Cremation 3 ☐ Remo	oval from State	other place)	N (Name of cometery, cremator 1 Hill Cer	n _ MOS C	CATION — City or TO	
4 Donation 5 Other (Specify)	ENSEE		22. NAME AND ADDRESS (			,,,,,,,
. Dams €. 7	McKeno		Eichhorn-N	McKenzie Fu		Home
23. PART 1. Enter the diseases, or cashock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on	each line	For lure	•	ratory arrest,	Approximate interval Between Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF):	20. Cimpl	ysens		Ofardi
PART II. Other significant condition  Acult Myo  Failure  Diabyto	e contributing to death landed	but not resulting in the hyparching for the highest th		fusur 24a, WAS AN PERFOR	MED?	MERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
			26. PLACE OF DEAT	N (Check only one)		
25. WAS CASE REFERRED TO MEDICAL			HER:	ence 6 Other (Specify)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1 1 Inpatient 2   ER/Ou	itpetient 3 DOA 4 [				
EXAMINER?  1   YES 2   NO  27. MANNER OF DEATN	1 Dinpatient 2 ER/Ou 28a. DATE OF INJURY	28b, TIME OF	28c, INJURY AT	28d. DESCRIBE NOW I	NJURY OCCURED	
EXAMINER? 1 YES 2 NO	1 D'Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 N	115	NJURY OCCURED	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending	1 D'Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 N	115		Route Number,
EXAMINER?  1 YES 2 NO  27. MANNEY OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSI	1 D Impatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Sp	28b. TIME OF INJURY  RY — At home, farm, stree owledge, death occurred at	E 28c. INJURY AT WORK?  M 1 YES 2 N  I, factory, office	28f. LOCATION (Street City or Town, State)	and Number or Rural i	
EXAMINER?  1 YES 2 NO  27. MANNEY OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSI	1 D Impatient 2 ER/Ou  28a. DATE OF INJURY (Month, Dey, Veer)  28a. PLACE OF INJURY building, etc. (Sp  CIAN: To the best of my kno  CR: On the basis of examinati	28b. TIME OF INJURY  RY — At home, farm, stree owledge, death occurred at	E 28c. INJURY AT WORK?  M 1 YES 2 N  I, factory, office	28f. LOCATION (Street and City or Town, State)  d due to the cause(e) and mar at the time, data and place, an	and Number or Rural in the as stated, and due to the cause(s	s) and manner as stated.
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	1 D Impatient 2 ER/Ou  28a. DATE OF INJURY (Month, Dey, Veer)  28a. PLACE OF INJURY building, etc. (Sp  CIAN: To the best of my kno  CR: On the basis of examinati	28b. TIME OF INJURY  RY — At home, farm, stree owledge, death occurred at	28c. INJURY AT WORK?  M 1 YES 2 N  t, factory, office  the time, date and place, an my opinion, death occured in	28f. LOCATION (Street and City or Town, State)  d due to the cause(e) and mar at the time, data and place, an	and Number or Rural i	s) and manner as stated.
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	28a. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJUR building, etc. (Sp  CIAN: To the best of my kno  R: On the basis of examinati	28b. TIME OF INJURY  RY — At home, farm, stree occity)  owledge, death occurred at ion and/or investigation, in	28c. INJURY AT WORK?  M 1 YES 2 N  It the time, date and place, an my opinion, death occured in the state of	28f. LOCATION (Street and City or Town, State)  d due to the cause(e) and mar at the time, data and place, an	and Number or Rural in the as stated, and due to the cause(s	s) and manner as stated.



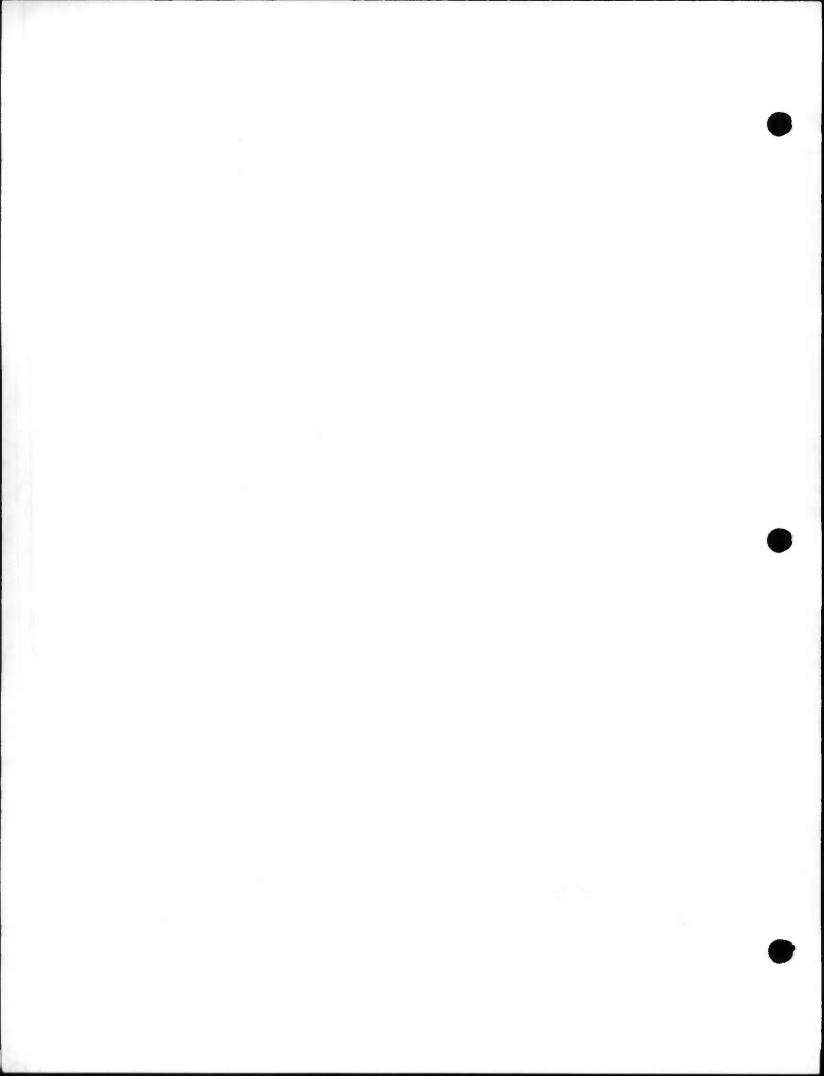
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 active death. Page 6 may be retained by the hospital or attending physician.

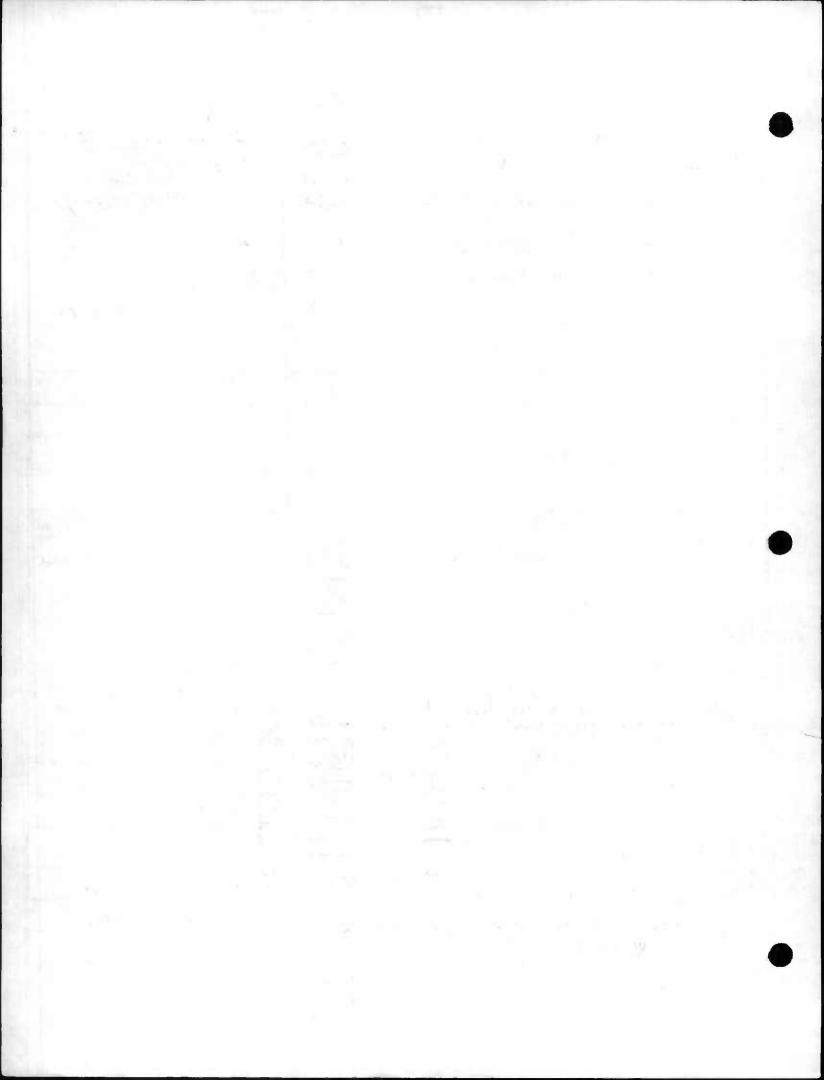
TO THE CHIEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached by the burial-transit permit. Pages 1. 2, 3 should be detached by the burial-transit permit. Pages 1. 2, 3 should be detached by the burial-transit permit. Pages 1. 2, 3 should be detached by the burial-transit permit. Pages 1. 2, 3 should be detached by the burial-transit permit. Pages 1. 2, 3 should be detached by the burial-transit permit. Pages 1. 2, 3 should be detached by the burial-transit permit and burial-transit permit by the transit permit by the burial-transit by the burial-trans

1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPART	MENT 0	F HEALTI	H AND	MENTA	L HYGIENI REG. NO.	Ē .		00111
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	,	YEAR	3. TIME OF DEATH
MYRTLE	V.	MILL	ER				MAR		199	1	12:45 A M
4. SOCIAL SECURITY NUMBER		S. AGE (In yrs. lest		IF UNDER 1 YE		ER 24 HRS.	7. DATE (Mont	OF BIRTH h, Day, Year)		S. BIRTHE Country	PLACE (State or Foreign
579-03-9114	1 🗆 M 2 💢 F	76	YRS.	MONTHS DA	III III III III III III III III III II				914	NORT	H CAROLINA
9e. FACILITY NAME (If not institution, give s	reet and number)			9b. CITY, TO	WN OR LOCA	TION OF D	EATH		9c. COUN	TY OF DE	ATH
615 RIDGE ROAD				SALIS	SBURY				W	ICOM	ICO
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			10c. CITY	TOWN OF L	OCATION						10d. INSIDE CITY
MARYLAND WICC	MICO		CAT	ISBURY	7						LIMITS?
10e. STREET AND NUMBER	111.00		שמט	TODOK	10f. ZIP CO	DE			10g. CITIZ		HAT COUNTRY?
615 RIDGE ROAD					2180	11				USA	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARN	IED		DECENDENT	OF HISPA		N? (Specify Yee		14. RACE	— American Indian, White, etc.
1 Never Merried 2 Married	FORCES? 1 L	YES 2 NO	)		yes 2 ( N			Rican, etc.)		Specify	
3 Widowed 4 Divorced											WHITE
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gh	e kind of w	ork done durin	PATION g most of wor	king	168	. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Hre.	HOM	EMAKEI	?			OWN	I HOM	E	
17. FATHER'S NAME (First, Middle, Last)	3				40.00	VTMENDO	ME (E)	Middle, Maiden			
	MON				1012-002			12451	sumame)		
ROBERT VAR	NON	T 10h	MAHANO	ADDRESS /St		YRTL.		LNS iber, City or Town	o Chata Tin	Codel	
GEORGE E. MILLER										C000)	
20a, METHOD OF DISPOSITION		20b. PLACE (					SBUK	20c. LO	CATION —	City or Tox	vn. State
1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other pla	DB)	HORE (			M				
21. SIONATURE-OF FUNERAL SERVICE LIC	ENSEE	PASTE	KN S.		E AND ADD			TGEOR	RGETO	WIN	Dr.
10.01	1 20			HAS	STINGS	FUN	ERAL	HOME			
grantes u	Hase	20			BYVII					_	
23. PART I. Enter the diseeses, or ahock, or heart fellure.			nn. Do n	ot enter the	mode of c	lying, su	ch as car	diac or respi	ratory arr	est,	Approximata Interval Between
iMMEDIATE CAUSE (Final disease or condition	0111										Onset and Death
resulting in death)	a. C U 24										
	DUE 10 (	OR AS A CONSEC	UENCE OF	·):							i
Sequentially list conditions,	b DUE TO (	OR AS A CONSEO	UENCE OF	):							· · · · · · · · · · · · · · · · · · ·
if any, leading to immediate cause. Enter UNDERLYING											
CAUSE (Disease or Injury that initiated events	DUE TO (	OR AS A CONSEC	UENCE OF	j:							
resulting in death) LAST	d										
PART it. Other algorificant condition	s contributing to	leath but not n	auiting I	n the under	lvina ceus	e alven is	Part I	24a, WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS
PART II. Other alignment condition	- Contributing to t	ZORNITI DUL TIOL TO	rauting i	ii tiia diida	nying ceus	e disen n	traiti.	PERFOR		290.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
1								1 TYES 2	NO		OF DEATH?
											1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					DR BI ACE OF	DEATH (C	book only o				
EXAMINER?	HOSPITAL:		T	OTHER:	26. PLACE OF						
1 YES 2 NO	1   Inpetient 2   26e, DATE OF I	<u> </u>	26b. TIM		Home 5 2 c. INJURY AT			er (Specify) SCRIBE HOW I	N.BIRY OC	CHRED	
1 Natural 5 Pending	(Month, De	y, Ybar)	INJ	URY	WORK?		1	JOHN DE MONT		501125	
2 Accident Investigation 3 Suicide 6 Could not be											
	28e, PLACE OF	INJURY - At ho	ne, ferm, c	treet, factory.	office		28f. LO	CATION (Street	and Number	or Rural F	loute Number
4 Homicide datermined								CATION (Street of or Town, State)	and Number	or Rural R	loute Number,
And Centricies	building, e	INJURY — At hor					Ch	or Town, State)			Boute Number,
29e. CERTIFIER (Check only 1 CERTIFYING PHYS	building, o	ntc. (Specify)  my knowledge, de	nth occurre	ed at the time	, date end pli		Chy	or Town, State)	nner as stat	ed.	
29e. CERTIFIER   Check only one)   2   MEDICAL EXAMIN	ICIAN: To the best of ex	ntc. (Specify)  my knowledge, de	nth occurre	ed at the time	, date end plo	cured at th	Chi ie to the co	or Town, State)	nner as stat	ed. ne ceuse(e	) and manner as stated.
29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of ex	ntc. (Specify)  my knowledge, de	nth occurre	ed at the time	, date end plo	icense no	chi te to the co e time, dat	or Town, State)	anner as stated due to the 29d. DAT	ed. ne ceuse(e	
290. CERTIFIER (Check only one) 1 CERTIFYING PHYS CHECK Only 2 MEDICAL EXAMIN	ICIAN: To the best of ex	my knowledge, de amination end/or i	nth occurrentestigation	ed at the time on, in my opin  Print)	, date end pla ion, death oc 29c. L	icense no	chi te to the co e time, dat	or Town, State)	anner as stated due to the 29d. DAT	ed. ne ceuse(e	) and manner as stated.
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. BIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON XI	building, e	my knowledge, de amination end/or i	nth occurrentestigation	ed at the time	, date end pla ion, death oc 29c. L	icense no	chi te to the co e time, dat	or Town, State)	anner as stated due to the 29d. DAT	ed. ne ceuse(e	) and manner as stated.



	(		P	)
	1	Pluid		
		2, 3		
An		es 1,	- 2	
		t. Pag		
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh uld	removal.	dical examiner must be notified at once.
	1 24 Tio	y filled	rtion, o	the m
VITAL RECORDS, P.O. BOX 68760,	ICIAN: The law requires that the death certificate be executed within	ertificate has been signed by the attending physician and complete	ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
0	PHYSI	this ce	with 1	rked.
0	NDING	: After	r death	le ma
N S	ATTE	RECTOR	rs afte	n 28
=	OR	R	20	9

	HEGISTHAH		CERTIFIC	AIE OF	DEATH	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Last)  AAGO	T AAGOT FO	NORDBY &	_	72	2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 216-46.7799	5. SEX 1		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) ORWAY
5	9a. FACILITY NAME (If not institution, give st  WASHINGTON ADVE  RESIDENCE OF DECEDENT		वागार "	TISK	OR LOCATION OF DE	ARK ARK	MONT	GONERY
UNECTOR	10a. STATE 10b. COUNTY	NTEOMER		OWN OR LOC	e s pr	IN G		10d. INSIDE CITY LIMITS? 1 YES 2 NO
UNERAL	3597 LEISUR		BLVD	1	209 E	06	10g. CITIZEN	USA
10	11. MARITAL STATUS  1XX Never Married 2  Married  3  Widowed 4  Olvorced	12. WAS DECEDENT EVER FORCES? 1   YES IF YES, GIVE WAR OR	2 📉 NO	If yes, a	CENDENT OF HISPAN pocify Cuben, Maxica is 2 O Specify	n, Puarto Rican, etc.)	es or No 14.	RACE — American Indian, Black, Whita, etc.
LEICU	15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use i SCHOOL PR	k done during r etired.)	nost of working	14.00	GTON, D.	
2	17. FATHER'S NAME (First, Middle, Last)				1	ME (First, Middle, Maid		
)	CHRISTIAN ANDERSO	M MODDRY				IESHAGEN	n ourname,	
N O	19a, INFORMANT'S NAME (Type/Print)	N NOKDBI	195 MAILING A	DDRESS (Street	and Number or Rural I		was State 7in Co.	del
2	ROBERT C. NORDBY	(BROTHER						
	20a, METNOD OF DISPOSITION		DE PLACE AND DATE OF		E DRIVE	BETHESDA .	MAKYLAP LOCATION — City	
	1 Surial 2 Cremetion 3 Rame 4 Donation 5 Other (Specify)	oval from Stata 0	f cemetary, crematory or	other place)				
	21. SIGNATURE OF FUNERAL PERVICE LIQ		PARKLAWN C		Y AND ADDRESS OF FA		KVILLE.	MARYLAND
	neulas!	2 Bu	olu	FRANC	IS J. COI	LINS FUN		ME, INC. PR.,MD.20901
	23. PART I. Entar the diseases, or of ahock, or heart failure.							
	IMMEDIATE CAUSE (Final	List Only One Cades On	escii ilila.					Onset and Dasth
	disease or condition resulting in death)	a. Mimal	Rayungita	DON				Guere
		DUE TO (OR AS	A CONSEQUENCE OF):					1
2	Sequentially list conditions,	b						
	if any, laading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
HILLAHON	Cause. Entar UNDERLYING CAUSE (Diseasa or injury	c			-			
	that initisted events reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
ב ו		d						
ונ	PART II. Other significant condition						AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
3	Coronary art.	my D. seas	( Status	post		1	ORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
ב ב			(we				LACT III	OF DEATH?
HISICIAN: M	Arterioseterone	- Landie VI	Walar A.	2000		_		10,120 20,100
2	25. WAS CASE REFERRED TO MEDICAL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PLACE OF DEATH (Ch	eck only one)		
2	EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	ome 5 🗆 Residence	6 Other (Specify)		
	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIME	OF 28c. I	NJURY AT	28d. OESCRIBE NO	W INJURY OCCUR	RED
-	1 Natural 5 Pending Investigation	Windy Day, Your)	IULMI		YES 2 NO			
100	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	RY — At home, farm, str	eet, factory, of	lice	28f. LOCATION (Stre		Rural Route Number,
בח	4 Homicide determined	building, atc. (Sp	-voiy)			City or Town, Sta	no)	
4	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my kno	wiedge, death occurred	at the time, di	ta and place, and due	to the cause(s) and r	nenner as stated.	
COMPLE	CONSUM ONLY							euse(a) and manner as stated.
	29b_9HQNATURE AND TITLE OF CERTIFIES		New Ha in	-/				
N N	De Marie	1.11.0	of histon	MICA	29c, LICENSE NUI	-51	DATE 8	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	EXAM!	A CA	0-/0		1 5	13 71
	PANI A. DEVORE	MD 4203	Queen	burg	Rd Hy	aTtJvill	+ MD	20181
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	4 27 0 44					



	-		REGISTRARI				OLITTI	IOAIL	0.	DEA			TEG. NO.			
			1. DECEDENT'S NAME (First,		Nonlan							2. DATE OF MONTH	DEATN DA		YEAR	3. TIME OF DEATH
			Jame		Nealon							03	10	7 1	991	0402
1			4. SOCIAL SECURITY NUME 579 12 8903		5. SEX	6. AGE (In yr.	s. lest birthday) YRS.	MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF I (Month, De Oct-	1 4 1	913	Count	NPLACE (State or Foreign ry) nington, DC
- (			9e. FACILITY NAME (If not in					9b. CITY	TOWN (	OR LOCATIO	ON OF DEA				NTY OF D	
,	St	~	C1 1 C	10	duenti	<+	HOSD.			ille						mery
	2	ECTOR	PRESIDENCE OF DEC	EDENT	Overiti	01 /	1000	I	· CK v	1116				MO	nego	MCLY
	Pages	Ä.	10e. STATE	106. COUNT	Y			Y, TOWN O		TION						10d. INSIDE CITY LIMITS?
	ije G	DIR	Maryland	Mont	gomery		Re	ockvi								1 XYES 2 NO
	r per	FUNERAL	10e. STREET AND NUMBER 11 Paca Pla						10	2085 2085						States
	an. transi	N.	11 Paca Pla	ce	12. WAS DECEDEN	T EVED IN III	ADMED	12.1	MO DEC			IC ORIGIN? (S	analfu Van			E — American Indien,
9	physician. burial-transit permit.		1 Never Merried 2	Married	FORCES?	X YES 2	. □NO	н	yes, sp	ecify Cube		, Puarto Rica		or No-	Blac	k, White, etc.
31	the the	В	3 Widowed 4 Divo	orced	World W		•			I EFIIO	opoony.				Gpac	White
21203-3146		COMPLETED		EDENT'S EDU y highest grade		18	e. DECEDENT'S	work done d	CUPATION INC.	ON ost of worldr	ng	16b. Kil	ND OF BUS	INESS/IN	DUSTRY	
212		9	Elementery/Secondary (0	0-12)	College (1-4 or 8	+)	ille. Do NOT						Unite Gove			5
9	the hospital of detached for once.	₹ I	17. FATHER'S NAME (First, M	fieldin forth	2		Engin	eer		Tan Morr	MEDIC MAN	AE (First, Mido		_	16	
M	by the	_		arles	Nealon	1					/arga			naty		
MARYLAND	5 should notified	BE	19e. INFORMANT'S NAME (				19b. MAILIN	G ADDRESS	(Street	and Number	r or Rural R	loute Number,	City or Tow	n, State, Zi	p Code)	
MA	be retail ge 5 sh e noti	2	Margaret Le	e Neal	Lon		11 P	aca P	lac	e, Ro	ockvi	lle,	Mary.	land	2085	52
m	leath. Page 6 may be retained by it funeral director, page 5 should be xaminer must be notified at		20a, METHOD OF DISPOSIT	ION	novel from State	20b. PL	ACE OF DISPO	SITION (Ne	ne of ce	metery, cren	matory or		20c. LO	CATION -	City or To	own, State
OF	Page 6 may al director, pa ner must b		4 Donation 8 Other	r (Specify)	the state of the state of		ar Hil	1 Cem	ete	ry						aryland
BALTIMORE,	death. Pag tuneral dir l. examiner	ļ	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSUE			22. I	me/	ND ADDRE	ss of FAC	INC.	bert . 300	A. I	Pumpl st Mo	nrey Funera ontgomery
3AL	0 = 0		XXX	AT	lund	M0068	39	Av	enu	e,Roc	ckvil	le, M	aryla	and 2	20850	0-2805
ш	ic and at		23. PART I Enter the d	liseases, Dr	complications the	at caused th	na death. Do	not antar	the mo	ode of dy	ing, such	ss cardiac	Dr respi	ratory a	rrest,	Approximate interval Between
	POE		IMMEDIATE CAUSE (FI				ı iine.									Onset and Des
	d within 24 ompletely fille I, cremation.		disease or condition resulting in deeth)	$\rightarrow$	0.	1515										
46,	executed within and completely to burial, crematic watic event, the				86		ONSEQUENCE	OF):								
13146,	and com o burial, natic ex	O	Sequentisity list condit	tions,	104	2 TON	ONSEQUENCE (	DED-		31						_
ВОХ	or to	CERTIFICATION	If any, lesding to imme cause. Enter UNDERLY	ING		WEL			TIO	N						
B	= >	FI	CAUSE (Diseese or injuithst initiated events	ury	DUE TO	OR AS A CO					4	16.	Oa I	(44)	C = 0	
0	를 등 등	TH	resulting in death) LAS	вт	a 0B:	STRUC	TED	Bowl	=1_	HR	DIN	COL	UN	CAN	CER	•
Ę.	the death certification of the attending photomerical Hygiene Injury, or other	1	PART II. Other significa	ant conditio	ns contributing to	dasth but	not resulting	In the un	derlyir	g ceuse	given in i	Part i. 24	Ia. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDING
CORDS	T PO T	EDICAL	ACUTE	RENA	_	LURE					100 01		PERFO			MAILABLE PRIOR TO COMPLETION OF CAUSE
00	signed signed Health a	ED	PULMON	MY	SDEM	A						— I.	U 4E9 4	LAS NO		OF DEATA? 1 ☐ YES 2 ☐ NO
H	has been Dept. of 1	≥	, , , , , , , , , , , , , , , , , , , ,	, ,	100.											. 6 (10 0 0 10
	PHYSICIAN: The law req this certificate has been with the State Dept. of inked, or Item 23 sho	SICIAN:	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF D	DEATH (Che	eck only one)				
VITAL	AN: The tificate h State (	SIC	EXAMINER?  1 YES 2 NO		HOSPITAL:	☐ ER/Outpetk	ent 3 🗆 DOA	OTHER 4 - Nun		ne 5 🗆 R	leeldence	8 Other (S	Specify)			
OF	PHYSICIA this certii with the <b>ked, or</b>	PHY	27. MANNER OF DEATH	- Province	28e. DATE O (Month)	F INJURY Day, Year)	28b. Ti	ME OF		JURY AT ORK?		28d. DESCR	WOH 38	NJURY O	CCURED	
	DING PHYS After this death with	ВУ	1 X Netural 5 2 Accident	Pending Investigation				М		YES 2 [	□ NO					
DIVISION	NO ST S	6	3 Suicide 8 S	Could not be		OF INJURY — j, etc. (Specify)	At home, farm	, street, fact	ory, offi	Ce			ON (Street Town, State,		er or Rurel	Route Number,
N N	DIRECTOR hours afte	ᇤ	The street	Gaterinined		*										
	TAL DR VAL DIRE 72 hour If Nem	COMPL	(Critical biny	The state of the state of	SICIAN: To the best of											TV-01 - C FORDOV
	HOSPITAL FUNERAL WITHIN 72	Ö	2 MEL	/	- //-	examination e	nd/or investiga	llon, in my d	pinion,				d place, e	000		(e) end menner ee stated.
	TO THE HOSPITAL TO THE FUNERAL Se filed within 72 IMPORTANT: II	BE	296. SIGNATURE AND TITL	A /AAA	1 4/8/h	IN	2				384	ABER CAG				D (Month, Day, Year)
	6 6 8 <b>8</b>	5	30. NAME AND ADDRESS O	DE DEBSON M	HO COMPLETED CA	V V	H (ITEM 97) /5-	ne Print	*	W.	<u> </u>	001				H 12, 1991
	10H		9711 Mec	dical	Center	DRIV	e R	ode	ille		Jo	WATT	YAN	PL	019	KTMP
			MAR 1 4	'91	32 PREGISTA	PAR'S SIGNATI	Handelle Handelle									
		- 4														

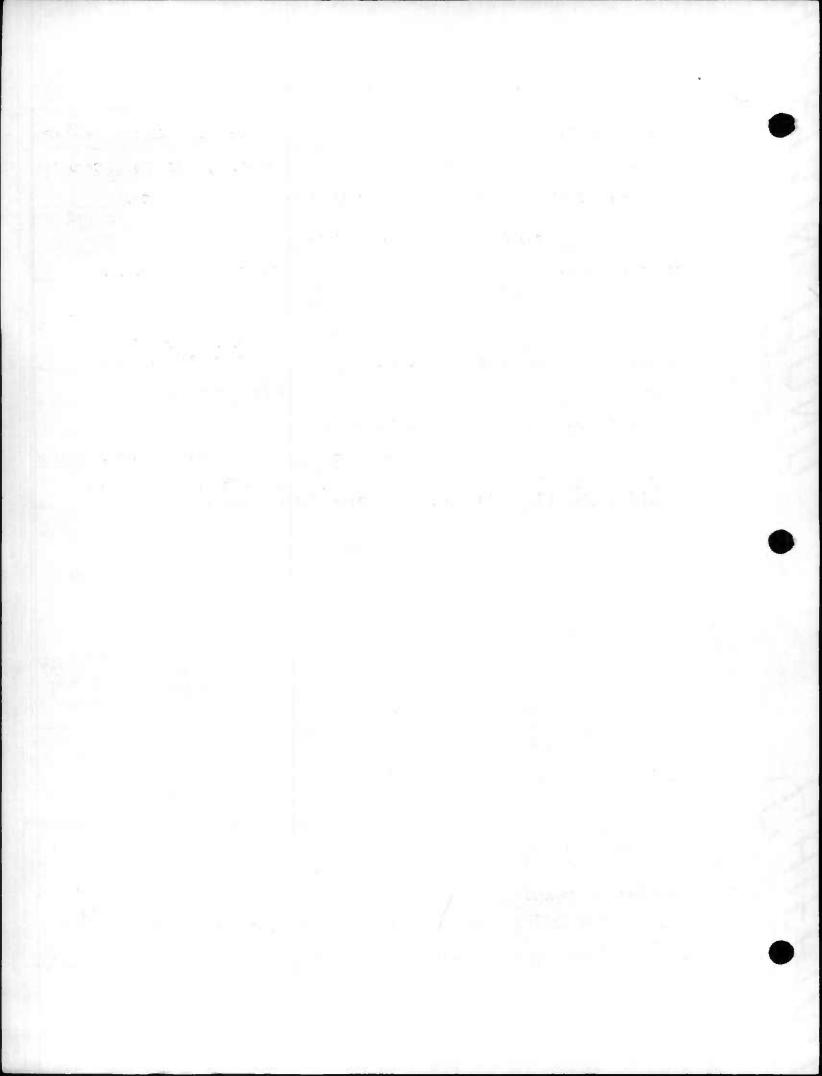
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BALTIMORE, MARYLAND 21203-3146

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VISION OF VITAL HECOMDS, P.O. BOX 13146,	ATTENDING ANTICIAN: The law requires that the death certificate be executed within 24 noun	
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1. DECEDENT'S NAME (Firs	st, Middle, Leat)								2. DATE OF I	DEATH		YEAR	3. TIME OF DEATH
Violet	E. No	thnagel							March			991	1900
4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs. In	est birthday)	IF UNDER	1 YEAR	F UNDE	MIN.	7. DATE OF B (Month, De			B. BIRTI	HPLACE (State or Foreign
239-20-574		1 □ M 2 √ F	77	YRS.	BONTINS	LIMYS	HOURS	MIN.	Feb.		913		th Carolina
9a. FACILITY NAME (If not	institution, give	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF D	EATH		9c. COU	NTY OF D	DEATH
Residence:		liken Ave.	nue			Per	ryvil	le				Cec	il
RESIDENCE OF DE	10b, COUNT	TY		the CIT	Y, TOWN (	100	ATION						104 INSIDE CITY
Maryland		Cecil		100.00			ille						10d. INSIDE CITY LIMITS?  1 X YES 2 NO
10e, STREET AND NUMBER	R	CECTI			rer.		Of, ZIP COD	E			10a, CIT	IZEN OF	WHAT COUNTRY?
633 Aiken	Avenue								21903				. A .
11. MARITAL STATUS	21 v C II a C	12. WAS DECEDED	NT EVER IN U.S. A	RMED	13.	WAS DE	CENDENT (		NIC ORIGIN? (S	pecify Yes	or No-	14. RAC	E — American Indian.
1 Never Married 2	_		YES 2X	(40		If you, t	pocify Cubi	an, Mexica	an, Puerto Ricar	ı, etc.)		Blac Spec	k, White, etc.
3 X Wildowed 4 Dh	rorced						- MW	Ороси	,			9,50	White
15. DE (Specify of	CEDENT'S EDI	UCATION le completed)	16a. D	ECEDENT'S	USUAL O	CCUPAT	TION neat of works	na			SINESS/IN		
Elementary/Secondary	(0-12)	College (1-4 or 5	+)	le. Do NOT u	oe retired.)	•	nost of world						enter
		hree Yea	rs	L.P	. N.							, Ma	ryland
17. FATHER'S NAME (First,							18. MOT		ME (First, Middl				
Horton									ina Se	-			
19a. INFORMANT'S NAME		34	1						Route Number, C	City or Tow	n, Statu, Zi	p Code)	
Edward J						_	Maryl						
20a, METHOD OF DISPOSI		noval from State	20b. PLACE other p	place)			cometery, cre-			111111111111111			own, State
4 Donation 6 Other		LOENIO CE					Cemet	60"		PC	ort L	epos	it, Maryla
21. SIGNATURE OF PUNCH	AL SENVICE L	().							erson &	Sor	Fun	era l	Home
Whome	Illeat	tallers	DO ST		- 1				Maryla				110/110
Sequentially list cond if any, leading to imm cause. Enter UNDEAL	edieta	b	O (OR AS A CONSI	41	1								2
CAUSE (Disease pr in that initiated events resulting in desth) LA	Jury 1	c. DUE TO	O (OR AS A CONSI	EQUENCE O	OF):								
PART II. Other signific	ent condition	ons contributing to	o death but not	resulting	in the u	nderlyi	ing cause	given in	Part I. 24	. WAS AN	AUTOPSY	24	. WERE AUTOPSY FINDING
										PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUSE
			Net	len	0.				''		7		OF DEATH?
			all	10/10	ON	7-							
25. WAS CASE REFERRED	TO MEDICAL			-		26.	PLACE OF I	DEATH (C	heck only one)				
EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4   Nu		ome 6 🗆 R	leeldence	6 Other (S)	xecify)			
27. MANNER OF DEATH  1 Netural 6 2 Accident	Pending		Day, Year)	28b. TH	ME OF JURY M	1	NJURY AT WORK? YES 2	□ NO	28d, DESCRI	BE HOW	INJURY O	CCURED	
A [] autota:	Could not be determined	26a. PLACE	OF INJURY — At P g, etc. (Specify)	nome, farm,	street, fac	tory, of	fice			OH (Street own, State)		or or Runal	Route Number,
000000000000000000000000000000000000000	DICAL EXAMIN						, death occu		e time, date and		nd dus to t	the cause	(a) and manner as stated.
30. NAME AND ADDRESS	OF SERVICE	A Charles of the Control	MAI ~	EM AT C	04.0		1	lay	199			I/	14/9/
PET	AR S	STAVE	AKIS	MI	A .	11	nah	, 4	Car !	6	Soil	ton	MA
31. DATE FILED (Month, De MAR 1 8 1			TAR'S SIGNATURE			_ , ,		7	120	V		200)	



RIVERS

32. REGISTRAR'S SIGNATURE
Sulia Davidson Randess

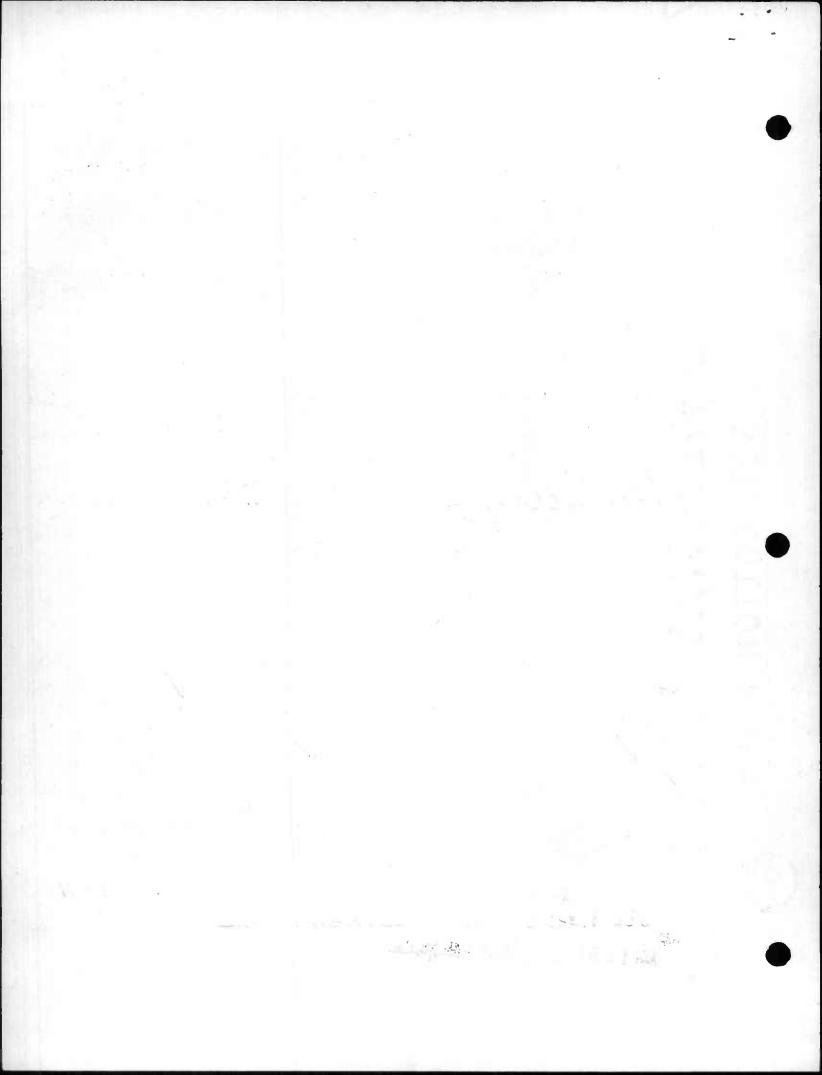
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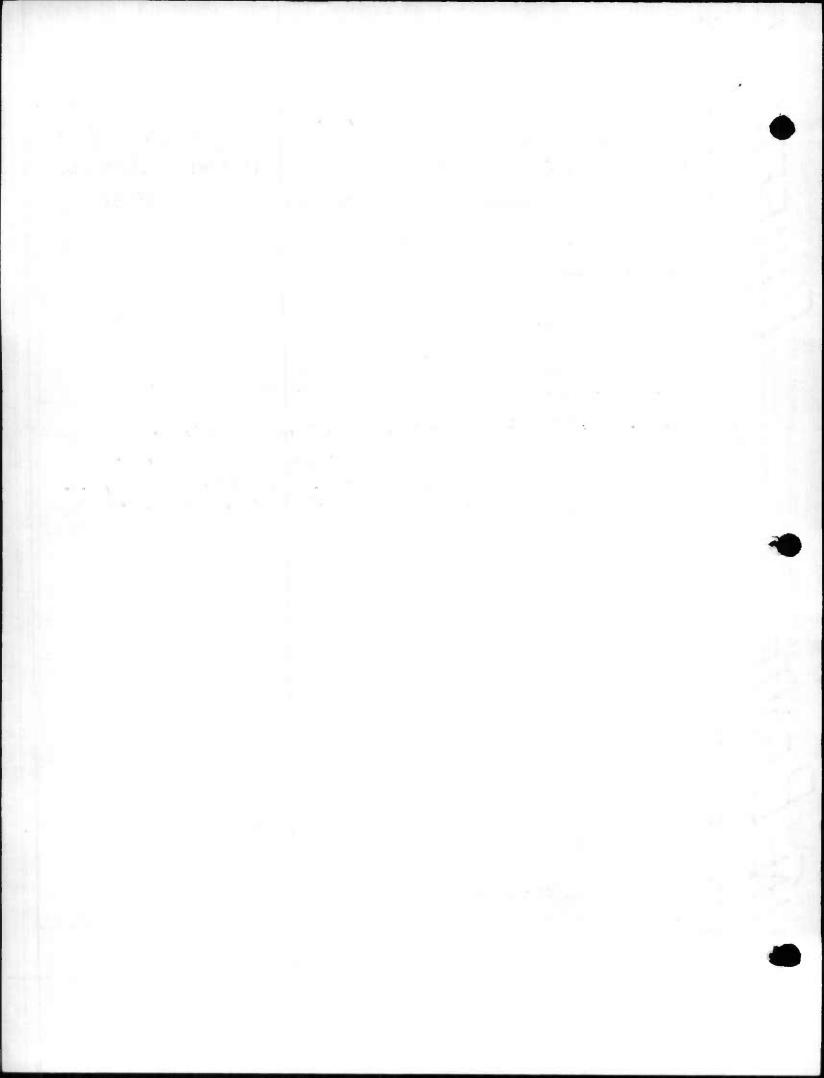
1 - STATE REGIS			MARYLAND /		ICATE					REG. NO.			
LO	"S NAME (First, Middle, Last) T.S. V	IRGINIA		NET	SON				MONT MAR	OF DEATH	, 19	YEAR Q 1	3. TIME OF DEATH 6:35
-	CURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTN	, 1)		PLACE (Stelle or Fore
213-2	2-7100	1 🗆 M 2 🖳 🗜	64	YRS.	MONTHS	DAYS	HOURS	MIN.	06-	26-26		Country	Vernon,MI
9s. FACILITY	NAME (If not institution, give s	street and number)			96. CITY	, TOWN	OR LOCAT	ION OF DE	ATN		9c. COU	NTY OF DE	ATN
425	Franklin Av	renue			425	Fra	nkli	n Av	e, S	alis.	Wic	omic	
425 RESIDEN 100. STATE	10b. COUNT	Υ		10c. CIT	ry, town o	OR LOCA	rion						10d. INSIDE CITY
	D Wic	comico			Sali	sbur	У						LIMITS?
of II	AND NUMBER Franklin Av	ZODUO.				10	ZIP COD						HAT COUNTRY?
2 423								1801				U.S.A	
	STATUS  Ierried 2 Merried  id 4 Divorced	FORCES?	NT EVER IN U.S. AF I YES 2 X MAR OR DATES			If yes, ep	ecity Cub		n, Puerto	N? (Specify Yes Ricen, etc.)	or No-	Black	- American Indian White, etc. White
8	15. DECEDENT'S EDU (Specify only highest grade		16a. Di	CEDENT'S	USUAL O	CCUPATI	ON	-	168	. KIND OF BUS	SINESS/INI	DUSTRY	
Elementa  17. FATHER'S	ry/Secondary (0-12)	College (1-4 or 5	+) #fe	Do NOT u	work done se retired.) Iorke		st or work	ng		Dres	ser	Inc.	
17. FATHER'S	NAME (First, Middle, Last)						18. MOT	NER'S NA	ME (First,	Middle, Maiden	Surname)		
Jo	hn Robert Bl	loodswort	h				Ed	lna S	chae	fer			
D ISO. INFORM	ANT'S NAME (Type/Print)									ber, City or Tow		Gode)	
Dian	a N. Croak							_	laryl	and 21			
1 DXBuriel	O OF DISPOSITION 2 Cremetion 3 Rem on 5 Other (Specify)	novel from State	20b. PLACE other p	lace)	emet		metery, cre	matory or				Mary	
	OF FUNEBAL SERVICE L	CENSER o	AI.	Len c			ND ADDR	ESS OF FA	CILITY	ALI	.сп,	rial y.	Lanu
10	NR/L	elm	1							ral Ho			y, MD 218
23. PART I	Enter the diseases, or	complications th	caused the de	eath. Do	not enter								Approximat
IMMEDIAT	ahock, or heart fallure. E CAUSE (Final		0										Onset and
disease or resulting in	condition		(OR AS A CONSE	na	1	R	lun						16 mo
resulting i	r ugatily -	OUE TO	OR AS A CONSE	OUENCE C	PF):								7 - 7/10
Seguentie	ly list conditions,	b											
If any, lead	ling to immediate or UNDERLYING	DUE TO	OR AS A CONSE	OUENCE C	NF):								
CAUSE (DI	sease or injury	c. DUE TO	OR AS A CONSE	OUENCE O	)F):	-							
that initiat	n death) LAST				. ,.								İ
		d											
	ther aignificant condition	na contributing to	death but not	reaulting	in the u	nderiyin	g cause	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FIN
S N/A										1 - YES 2	DNO		OF DEATH?
25. WAS CAS EXAMINI 1 YES													1   YES 2   N
ž										L			
25. WAS CAS EXAMINI		HOSPITAL:			OTHE	R:		DEATH (C/					
7 1 YES		1 Inpatient 2	ER/Outpetient	28b. TII			JURY AT	tealdence		er (Specify) SCRIBE NOW I	N HIRV OC	CHIDED	
	ral 5 Pending		Day, Year)		JURY	W	YES 2	П но	200. 02	SCHIDE NOW	MJONT OC	CUNED	
2 Acci	ide 6 Could not be	26e. PLACE building	OF INJURY — At h	ome, farm,	street, fac					CATION (Street or Town, State)		or Aural F	loute Number,
29e, CERTIFI	ER CEPTION	NOIANI To The Land	d km 1 d 1	Al.									
4 Hom		ER: On the basis of											and manner as at-
	THE AND TISE OF CERTIFIE			- Contigues		January,				- and prece, at			
III	MA	-					29c. LIC	ENSE NU	MBER		29d, DA	E SIGNEO	(Month, Day, Year)
20 WARE AT	4///						DI	208	7		1	15-	14-41

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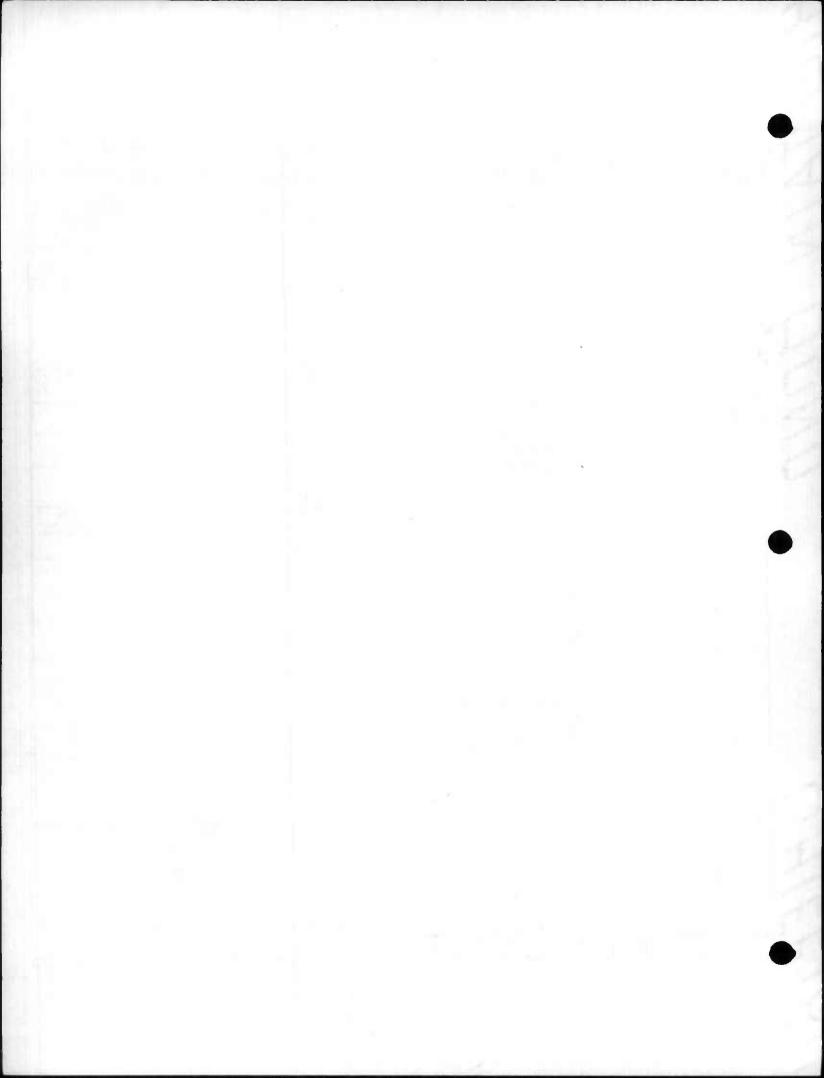


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H	that
/ISION OF VITAL RECORDS, P.O. BOX 13146,	ATTENDIAL DAVCICIAN. The law requires that the death certificate he executed within
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	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO	_	91 0878;
	1. DECEDENT'S NAME (First, Middle, Last)  4. SOCIAL SECURITY NUMBER	Richard Thomas	Thomas  (In vrs. lest birthday)	Hull,	Sr.	2. DATE OF DEATH MONTH  7. DATE OF BIRTH	3- 9	3. TIME OF DEATH
	401-60-7492 Se. FACILITY NAME (If yot institution, give s	1 M 2 □ F	49 vrs.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	// F	Country) Pennsylvania
TOR	FAISTON (	General		FA	Istan	-AIN	9c. COUNTY	lford
DIRECTOR	100. STATE 100. COUNTY Maryland Har	ford		TOWN OR LOCAT				10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2907 Smithson Dri	ve			1. ZIP CODE 21050		10g. CITIZEN	OF WHAT COUNTRY?
B₹	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 7 YES IF YES, GIVE WAR OR D		If yes, sp		NIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	e or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	166. KIND OF BU	TRY				
BE CON	17. FATHER'S NAME (First, Middle, Last) George Thomas F	łull			18. MOTHER'S NA Joseph	ME (First, Middle, Maider Line Idab	elle i	Morrison
TO B	190. INFORMANT'S NAME (Type/Print) Claire A. Hull,	111	2907 9	mithson	Drive,	Route Number, City or Tox Forest Hil	11, Md.	21050
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rem  4 Donetion 5 Other (Specify)	oval from State	Bel Air	Memoria	metery, cremetory or 1 Gardens	20e, L0	el Air	
	21. SIONATURE OF FUNERAL SERVICE LICE POLICE H	Mc Com	es III	Howar 1317	Cokesbur	omas III F y Road, Ab	ingdon	Home, P.A.
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Auturns Due to (OR AS /	each line.	Cardi :				Interval Between Onset and Death
PHYSICIAN: MEDICAL CERT	PART II. Other significant condition	d	out not resulting li	n the underlyIn	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 DNO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	netlent 3 DOA	OTHER:	LACE OF DEATH (C)	6 Cher (Specify)		
	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, st	treet, factory, offic	CO CO	261. LOCATION (Street City or Town, State	end Number or	Rural Route Number,
COMPLETED	tours of the	ICIAN: To the best of my know						ause(s) end manner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIC  LALE A	MUMB	d Grame		29c. LICENSE NU	MBER 194	29d. DATE 8	IGNED (Month, Day, Year)
	S1. DATE FILED (MONTH, Day, Your) MAD 15'91	32. BEGISTRAR'S SION Gruna Davids	NATURE NATURE	4	i joa	dilgter	Me	21034
	MAR 15'91	guna Davids	on-Manager					



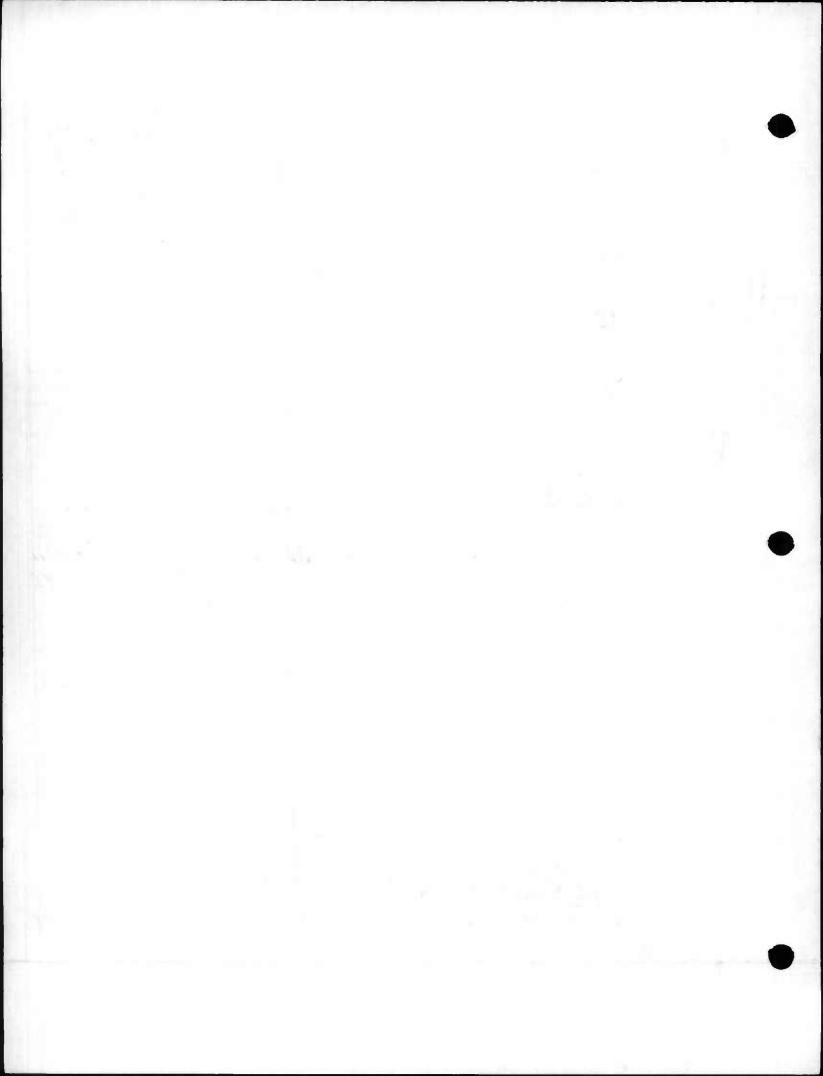
		1 - STATE REGISTRAR		SIMIE OF I	WAN I LA				DEATH	R	IEG. NO.		
		1. DECEDENT'S NAME (First,		01.00	ATATET T					2. DATE OF I	DAY		3. TIME OF DEATH
7/0	$\Lambda$	MICHAEL  4. SOCIAL SECURITY NUMBER	JOHN	5. SEX	NNELL	i In yrs. lest birthday	IF UNDER 1	VEAD	IF UNDER 24 HRS.	MARCH		991	12:38 P M BIRTHPLACE (State or Foreign
1 1	17.			1 ₩ 2 □ F				DAYS	HOURS MIN.	(Month, Da	ly, Year)		Country)
	1	579-16-6693		25	/	2 YRS.	9h CITY T	DOWN 6	OR LOCATION OF DI		8,1919		ASHINGTON, D.C.
2, 3 sho	8	3622 MARLBR							GE PARK	LAIN			E GEORGE'S
	DIRECTOR	RESIDENCE OF DEC	10b. COUNT			10c. C	TY, TOWN OR						10d. INSIDE CITY
46 physician. burial-transit permit. Pages	E	MARYLAND	PRIN	CE GEORGI	FIC		COLLEG						LIMITS?
Sermit	AL	10e. STREET AND NUMBER	111211	on one one	<u> </u>		СОППЕ		f. ZIP CODE		10	g. CITIZEN	OF WHAT COUNTRY?
nsit i	1 & 1	3622 MARLBR	OUGH 1	WAY					20740				USA
46 physician. burial-tran	FUN	11. MARITAL STATUS	Yan Gev.	12. WAS DECEDER			13. W	AS DEC	CENDENT OF HISPAI	NIC ORIGIN? (S	specify Yee or I		RACE — American Indian, Black, White, etc.
21203-3146 tal or attending phys for use as the buri	BY F	1 Never Married 2 XXI 3 Wildowed 4 Divor		IF YES, GIVE					2 NO Specif		11, 410)		Specify:
03-31 attending			DENT'S EDU	CATION		16a. DECEDENT	R HEHAL OCC	Y IDATI	ON	T 465 MIN	ID OF BUSINE		WHITE
2120 al or ath for use	ETED	(Specify only Elementary/Secondary (0-	highest grade	completed) College (1-4 or 5		(Give kind o	work done du	iring mo	ost of working	Too. Kill	TO OF BOSINE	33/1110031	
	7	1.2	12,	Conege (I-4 or 5	"	STEAM H	NGINE	FR	PEPCO				
AND 2. the hospital detached for	COMPL	17. FATHER'S NAME (First, Mil	ddle, Last)			O I LA	MOTENTE		16. MOTHER'S NA		le, Meiden Surr	name)	
2 8 8	5 211	JAMES O'C	ONNEL:	Ĺ					ELIZAB	ETH E.	CLARK		
MARYLAND : retained by the hospit : 5 should be detached	TO B	19a. INFORMANT'S NAME (7)	pe/Print)			19b. MAILIF	G ADDRESS (	Street a	and Number or Rural	Route Number, (	City or Town, St	tete, Zip Co	de)
y be rel		MARY G. O'C		L_ (WIF	E)	3622	MARLBI	ROU	GH WAY	COLLEG	E PARK	,MAR	YLAND 20740
111 > 2 4		28e. METHOD OF DISPOSITION 1 A Burial 2 Cremation		oval from State	1000	other place)			metery, crematory or			-	or Town, State
Page 6		4 Donation 5 Other			_ GA	TE OF I					SILVER	SPR	ING, MARYLAND
BALTIMORE, rours after death. Page 6 may be or removal.		21. SIGNATURE OF FUNERAL	SONVICE LI	1	2	/			IS J. CO		FUNERA	L HO	ME, INC.
BAI irs after dea in by the fur removal.		23. PART I. Enter the die	w	01	Lu	34	500	U 0	NIVERSIT	Y BLVD	.,SIL.	SPR.	,MD. 20901
46, od within 2 completely fille I, cremation.	The state of the s	IMMEDIATE CAUSE (Fin disease or condition resulting in death)		a. Met	asta			Cl	noma	of	tho	_co	Interval Between Onset and Death
13	CATION	Sequentially list condition of the sequential sequentia	liete	b	OR AS A	CONSEQUENCE	0F):						
BOX ficate be physician ne prior b	3	CAUSE (Disease or Injur		c			-						
S, P.O. B e death certificate attending phymerial Hygiene	RTIFI	that initiated events resulting in death) LAS		DUE IC	OH AS A	CONSEQUENCE	OF):						
P.O. death certification attending mail Hygie			-	d									
0 5 70	DICAL	PART II. Other significan	nt condition		4		In the und	lariyin	ig cause given in	Part I. 24	PERFORME		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ORC So that and by alth an		Olabe	tes	mol		LS				11	YES 2	NO	OF DEATH?
RECC * requires been sign x. of Heal	ME	atrial		prilla	Hor	1							1 TES 2 NO
3 2 2 5	S Z	25. WAS CASE IN COMMED TO		Sion									
- F 3 # 3	SICIAN	EXAMINER	MEDICAL	HOSPITAL:			OTHER	:	LACE OF DEATH (C				
> ICIA	ी ≱ ।	1 TYES 2 NO		1 Inpetient 2					ne 5 🗆 Residence	1	pecify) IBE HOW INJU	BY OCCUE	PED.
O문활동			Pending		Day, Year)		NJURY M	W	ORK? YES 2 NO				1
ON DDING After death			nvestigation Could not be	28e. PLACE	OF INJURY	— At home, farm	, street, facto	ry, offic	CO	261. LOCATIO	ON (Street and	Number or	Rural Route Number,
S E E	о Ш		determined	Donaing	, etc. (Spec	лу				City or A	own, State)		
	P.E.	29e. CERTIFIER 1 CERT	IFYING PHYS	ICIAN: To the best of	of my know	ledge, death occi	rred at the tin	ne, date	e and place, and du	e to the cause(	e) end manner	as stated.	
HOSPITAL FUNERAL within 72 h	COMPLET	and and											cause(e) and manner as stated.
E FON	C	29b. SIGNATURE AND TITLE	OF CERTIFIE	in do					29c. LICENSE NU	MBER	20	d. DATE 8	IGNED (Modith, Day, Year)
TO THE HOSPITAL TO THE FUNERAL De filed within 72 P	BE C	Yrlar	cia	Jan	ex	NO			D26	391		8	15/91
201	1	30. NAME AND ADDRESS OF										171	
20		MARCIA KAN				NOVER I	'ARKWA'	Y	GREENBEL	T,MD.	20770		
		31. DATE FILED (Month, Day, MAR 1 8	91	32. REGISTR	Davids	ATURE Pande	2						



	REGISTRAR			CERTIF	ICATE	OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Midd	tle, Lest) MAHAT	MA PERS	AUD				2. DATE	OF DEATH	, ,	3. TIME	OF DEATH
	WAHE	am ta		PE	R	S	QUA	-	- 15	9	1 5	-3.20
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In y	rs. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH	8	. BIRTHPLACE (St Country)	ate or Foreign
	214-19-4689	1 □XM 2 □	F 6	1 YRS.	MONTHS	DAYS	HOURS MIN.	MARC	H 12, 1	930	GUYANA	
	9a, FACILITY NAME (If not institution	on, give street and number)			9b. CITY,	TOWN O	R LOCATION OF DE	ATH		9c. COUNT	Y OF DEATH	
H	HOLY CROSS	HOSPITAL			S	ILVE	R SPRING	3		MONT	GOMERY	
ECTOR	RESIDENCE OF DECEDE	ENT				-						
E	10a. STATE 10b.	. COUNTY		10c. CIT	Y, TOWN O	R LOCAT	ION				10d. INSI	DE CITY TS?
DIR	MARYLAND	MONTGOMER	Y	SI	LVER	SPR	RING				1 YE	3 2 NO
AL	10e. STREET AND NUMBER					101.	ZIP COOE			10g. CITIZE	N OF WHAT COU	NTRY?
EH	11410 CLOVER	HILL DRIV	E				20902			G	UYANA	
FUN	11. MARITAL STATUS		DENT EVER IN U.	S. ARMED	13. \	AS DEC	ENGENT OF HISPAN	IC ORIGIN	? (Specify Yaa	or No- 1	4. RACE — Ameri Black, White, e	
ВУ Б	1 Never Married 2 Marri 3 Widowed 4 Divorced	IE VES ON	VE WAR OR DATE				2 NO Specify		iroani, aro.)		Specify:	
											INDIAN	
ETED		NT'S EDUCATION heat grade completed)	16	Sa. DECEDENT'S (Give kind of	work done o			16b.	KIND OF BUS	INESS/INDUS	STRY	
W	Elementary/Secondary (0-12)	College (1-4 c	r 5+)	life. Do NOT u	se retired.)			1				
AP	12			FARM	1ER							
COMPL	17. FATHER'S NAME (First, Middle,	Last)					18. MOTHER'S NA	ME (First, I	Aiddle, Maiden S	Sumame)		
BE	GANGA PERSAU	D					DOOKNI	E U	VKNOWN			
10 E	19a. INFORMANT'S NAME (Type/Pr	rint)		19b. MAILING	ADDRESS	(Street a	nd Number or Rural I	Route Numi	er, City or Town	, State, Zip C	lode)	
F	RUKMINI ETWA	ROO		11410	) CLO	VER	HILL DRI	VE	SILVER	SPRI	NG.MD.	20902
	20a. METHOD OF DISPOSITION 1 Burlal 2 N Cremation 3	Barrand from State	20b. P	LACE OF DISPO	SITION (Na.	me of cen	netery, cremetory or		20c. LOC	CATION CI	ty or Town, Stata	
	4 Donation 5 Other (Spec		ME	TROPOLI	TAN	CREM	LATORY		ALEX	ANDRI	A, VIRGI	NIA
	21. SIGNATURE OF FUNERAL SET	RVICE LICENSEE	1				D ADDRESS OF FA					
	Ma 1.	101	7	/			S J. COI					
	- Junia	V JU	2m		[50	מט ט	IVERSITY	BLV	D.,W.	SIL.S	PR.,MD.	
	23. PARTA. Enter the disease ahock, or heart	fellure. Liet only one	cause on sec	ne death. Do h iine.	not enter	the mo	de of dying, suc	h aa card	liac or reapi	ratory arrei	et, Ap	proximata erval Betwe
	IMMEDIATE CAUSE (Final		(-	0.					-40	-	On	set and Dea
	disease or condition resulting in death)	8		avdi			a	ch	11,	ru	Ease	
		DUI	E TO (OR AS A C				av	to	523	7		
N	Sequentially list conditions,	b		000		1				1-	ATT 26	
Ĕ	If any, leading to immediate		E TO (OR AS A C	ONSEQUENCE C	PF):	)					i	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	E TO (OR AS A CO	OMEROWENCE C	NES.						-	
H	that initiated events resulting in death) LAST	50	I TO TON AS A CI	ONSEGUENCE C	A+10.							
ER	Tooding in deally Exor	d									$\rightarrow$	
0 7	PART II. Other algolificant co	onditiona contributin	g to death but	not resulting	In the un	derlying	cause given in	Part I.	24a. WAS AN	AUTOPSY	24b. WERE AU	TOPSY FINDIN
									PERFOR	MED?		E PRIOR TO
3										C7 440		
EDICA								-	1 YES 2	□ NO	OF DEAT	
MEDICA								_	1 YES 2	□ NO	OF DEAT	8 2 NO
AN: MEDICAL										□ NO	OF DEAT	
ICIAN: MEDICA	25. WAS CASE REFERRED TO ME	HOSPITAL			ОТНЕ	_	ACE OF DEATH (C)	eck only o		□ NO	OF DEAT	
YSICIAN: MEDICA	EXAMINER?	HOSPITAL 1   Inpatient	2 ER/Outpeti	-		R: sing Hom	e 5 🗆 Residenca	6 🗆 Othe	r (Specify)		OF DEAT	
PHYSICIAN: MEDICA	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL 1 Inpatient 28a. DAT		20b. Til	4 🗆 Nur	t: sing Hom 28c. INJ		6 🗆 Othe	>=)		OF DEAT	
PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Matural 5 Pend	HOSPITAL 1 Inpatient 28a. DAT	2 ER/Outpati	20b. Til	4 🗆 Nur	R: sing Hom 28c. INJ WO	e 5 Residence	6 🗆 Othe	r (Specify)		OF DEAT	
BY PHYSICIAN:	EXAMINATE?  1 YES 2 NO  27. MANNER OF DEATH  1 Matural 5 Pend 2 Accident Inves 3 Suicide a Coul	HOSPITAL 1 Inputent 28a. DAT (Mor stigation Id not be	2 ER/Outpati	28b. Till	4 - Nur ME OF IJURY M	28c. INJ W0	e 5 Residence URY AT PRK? YES 2 NO	6 Other	r (Specify)  GCRIBE HOW II	NJURY OCCU	OF DEAT	8 2 NO
ED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Matural 5 Pend 2 Accident Inves 3 Suicide a Coul-	HOSPITAL 1 Inpatient 28a. DAT (Mor	E OF INJURY  th, Day, Year)	28b. Till	4 - Nur ME OF IJURY M	28c. INJ W0	e 5 Residence URY AT PRK? YES 2 NO	6 Other	r (Specify) SCRIBE HOW II	NJURY OCCU	OF DEAT	8 2 NO
ETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pend 2 Accident Inves 3 Suicide a Coul 4 Homicide deter  29a. CERTIFIER	HOSPITAL  1 Inpatient  28a. DAT  (Mor  stigation  Id not be  mmined	2 FR/Outpati E OF INJURY nih, Day, Year) CE OF INJURY — ding, etc. (Specify,	26b. Til IN - At home, farm,	4 Num ME OF JURY M	R: sing Hom 28c. INJ W0 1 ory, offic	DER AT AT YES 2 NO	6  Other 28d. DE: 28f. LOC City	r (Specify) GCRIBE HOW II ATION (Street a or Town, State)	NJURY OCCL	OF DEAT  1 YE	8 2 NO
ETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 METURAL 5 Pend 2 Accident Invest 3 Suicide a Coult 4 Homicide deter  29a. CERTIFIER (Check only	HOSPITAL 1 Inputent 28a. DAT (Mor stigation Id not be	2 SER/Outpett E OF INJURY nih, Day, Year)  CE OF INJURY dding, etc. (Specify,	At home, farm,	4 Num ME OF JURY M street, fact	R: sing Hom 28c. INJ WO 1 ory, offic	URY AT PES 2 NO e	6 Other	ATION (Street a or Town, State)	NJURY OCCU	OF DEAT  1 YE  URED  OF Rural Route Num  d.	S 2 NO
COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 NATURAL 2 Accident 3 Suicide a Could deter  29e. CERTIFIER (Check only one)  2 MEDICAL	HOSPITAL  1 Inpatient  26a. DAT  (Mor  atigation  id not be  mined  26a. PLA  bull  bull  fing PHYSICIAN: To the be  EXAMINER: On the basis	2 SER/Outpett E OF INJURY nih, Day, Year)  CE OF INJURY dding, etc. (Specify,	At home, farm,	4 Num ME OF JURY M street, fact	R: sing Hom 28c. INJ WO 1 ory, offic	URY AT RESIDENCE TO SERVICE TO SE	6 Other 28d. DES	ATION (Street a or Town, State)	NJURY OCCU	OF DEAT  1 YE  VED  VED  VED  VED  VED  VED  VED  V	s 2 NO
COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 METURAL 5 Pend 2 Accident Invest 3 Suicide a Coult 4 Homicide deter  29a. CERTIFIER (Check only	HOSPITAL  1 Inpatient  26a. DAT  (Mor  atigation  id not be  mined  26a. PLA  bull  bull  fing PHYSICIAN: To the be  EXAMINER: On the basis	2 SER/Outpett E OF INJURY nih, Day, Year)  CE OF INJURY dding, etc. (Specify,	At home, farm,	4 Num ME OF JURY M street, fact	R: sing Hom 28c. INJ WO 1 ory, offic	URY AT PES 2 NO e	6 Other 28d. DES	ATION (Street a or Town, State)	NJURY OCCU	OF DEAT  1 YE  URED  OF Rural Route Num  d.	s 2 NO
ETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Majural 5 Pend 2 Accident 3 Suicide a Coult 4 Homicide a Coult deter  29a. CERTIFIER (Check only one) 2 MEDICAL  29b. SIGNATURE AND TITLE OF	HOSPITAL    I   Inpatient    28a. DAT   (Mor   Mor   M	2 ER/Outpett E OF INJURY ith, Day, Year) CE OF INJURY— ding, etc. (Specify et of my knowled of examination a	28b. Till IN At home, farm, ) dge, death occur	4 - Nur ME OF JUNY M street, fect	R: sing Hom 28c. INJ WO 1 ory, offic	URY AT RESIDENCE TO SERVICE TO SE	6 Other 28d. DES	ATION (Street a or Town, State)	NJURY OCCU	OF DEAT  1 YE  VED  VED  VED  VED  VED  VED  VED  V	s 2 NO
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 NATURAL 2 Accident 3 Suicide a Could deter  29e. CERTIFIER (Check only one)  2 MEDICAL	HOSPITAL    I   Inpatient    28a. DAT   (Mor   Mor   M	2 ER/Outpett E OF INJURY ith, Day, Year) CE OF INJURY— ding, etc. (Specify et of my knowled of examination a	28b. Till IN At home, farm, ) dge, death occur and/or investiget	4 - Nur ME OF JUNY M street, fect	R: sing Hom 28c. INJ WO 1 ory, offic	URY AT RESIDENCE TO SERVICE TO SE	6 Other 28d. DES	ATION (Street a or Town, State)	NJURY OCCU	OF DEAT  1 YE  VED  VED  VED  VED  VED  VED  VED  V	ber,

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cate	physi	не ри	er to
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ath	ttend	H IE	, 00
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jours after death. Page 6 may be retained by the hospital or attending	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	d Men	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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uires	Sign	Heal	SMC
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	FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF I		MENTAI	REG. NO.		
	1. DEÇEDENT'S NAME (First, Middle, Lest)	PATSALIDE	S			2. DATE MONTH	OF DEATH	4 J	3. TIME OF DEATH
		SEX 6. AGE (In y	rs. last birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	/ (Month	of BIRTH 1, Day, Year) -23-09	Count	Greece
ROI	Suburban Hos RESIDENCE OF DECEDENT	1		BETTE	Sd-A	DEATH		nuntq	
DIRECTOR	10e. STATE 10b. COUNTY	Tgomeny	19c. CIT	Y, TOWN DR LOCA	TION	Silv	el 5pni	ng	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	326 E. Univers	- 0	•		2.09	01		USA	
BY FUR	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	rer Married 2 Married   FDRCES? 1 YES 2 ND   If yes, specify Cuben, Mexican, Puerto Rican, etc.)							E — American Indian, it, White, etc.
COMPLETED			(Give kind of life. Do NOT u		ION ost of working	166	. KIND OF BUSINES	SS/INDUSTRY	
	1-12 17. FATHER'S NAME (First, Middle, Leat)	1	House	wite	-		Own ho		
TO BE	Vasilios St.  190. INFORMANT'S NAME (Type/Print)  Harry Patsal:		Contract Contract	Territoria, pre-	and Number or Ru	ral Floute Num	Pishos ber City or Town, St 1ver Spi		ſd.
	20a. METHOD OF DISPOSITION 1 St Buriel 2 Cremetion 3 Remov	/20b. P	LACE OF DISPO	SITION (Name of c	emetery, crematory	or		ON — City or T	own, State
	21. SIGNATURE OF FUNDERAL SERVICE LICEN	Wesa	2	Hin		ldi Fu	neral Ho		. Md. 20904
CERTIFICATION	23. PART I. Enter the diseasea, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intilated events.	DUE TO (DR AS A C	CONSEQUENCE C	MI	· Sh	ode			Approximate interval Between Onset and Deeth
PHYSICIAN: MEDICAL CERT	PART II. Other significant conditions	contributing to death but	t not resulting	in the underly	ng cause given	n in Part i.	244. WAS AN AUT PERFORME 1 YES 2X	D?	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	tlent 3 🗆 DOA	OTHER:	PLACE OF DEATH				- 144
ВУ РНУ	27. MANNER DF DEATH  1. Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Morith, Day, Year)		M 1	NJURY AT WORK? YES 2 NO		SCRIBE HOW INJU		72.0 PM
	3 Stitcide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Specif)	At home, ferm,	street, factory, of	lice		CATION (Street and y or Town, State)	Number or Rura	Route Number,
COMPLETED	(Check only	IAN: To the best of my knowle							o(a) and manner as stated,
TO BE	29b. SIGNATURE AND TITLE OF CERT	12d	el 1	no	29c. LICENSE	NUMBER 192	/ 2	ed. DATE SIGN	to (Month, Day Year)
-	JohnGAG	COMPLETED CAUSE OF DEAT	THE STATE OF THE S	Is foo	K KLC	(Ry	Bed	fork.	MDESTY
	MAR 1 9 91	Julia Davidson	Randell				£		

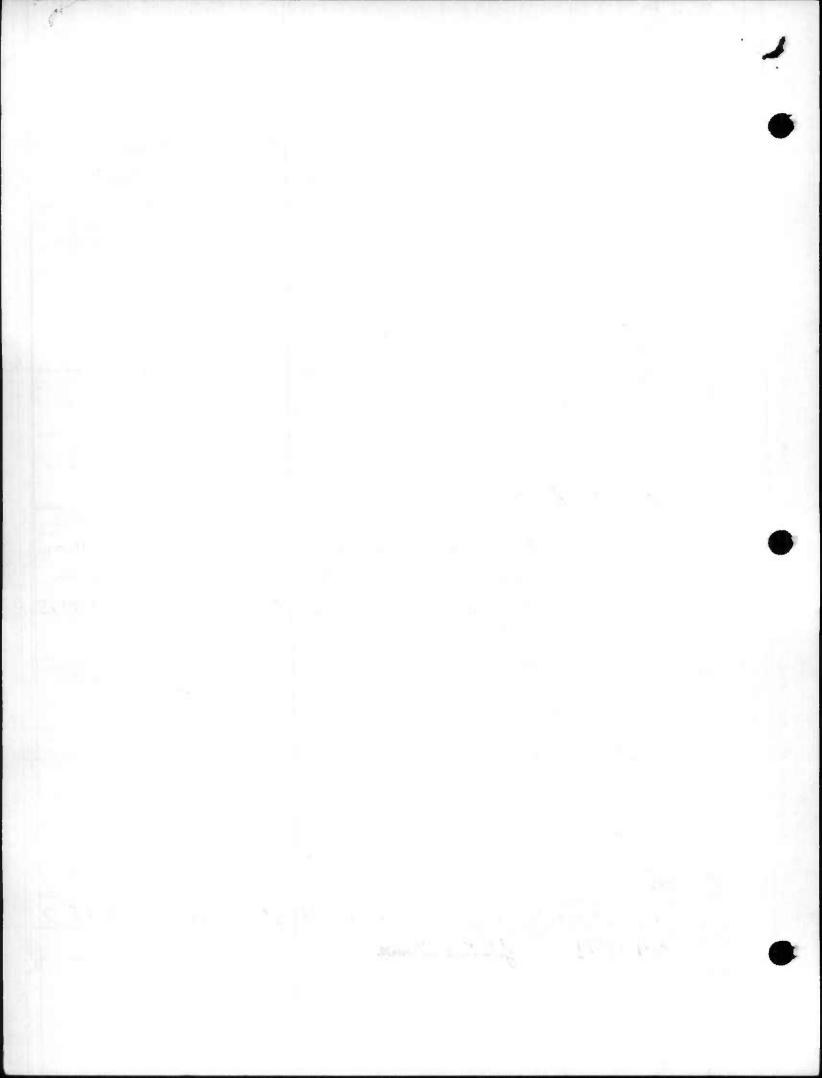


BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

i	FOR STATE REGISTRAR	STATE OF M					EALTH AND I	MENTA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH	MY	VEAD	3. TIME OF DEATH
	Daphna Poisel	(nmn)						03	. i	9	1991	18:10 р м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER		IF UNDER 24 HRS.		OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign
	212-01-8742	1 □ M 2 戻 F	82	YRS.	MONTHS	DAYS	HOURS MIN.		5-04-1	908		ginia
	Se. FACILITY NAME (If not institution, give a	itreet and number)			9b. CITY	TOWN C	R LOCATION OF DE	EATH		9c. COL	INTY OF D	EATH
E	Carroll County Ge	eneral Hos	spital		V	lestr	ninster			C	arro1	.1
5	RESIDENCE OF DECEDENT			Dec.								
DIRECTOR				10c. CI	TY, TOWN (							10d. INSIDE CITY LIMITS?
	Maryland	Carroll			West							1 TYES 2 NO
₹	10e. STREET AND NUMBER					101	. ZIP CODE					WHAT COUNTRY?
밀	765 Old Mancheste	_			_		21157					states
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N			it yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specifi	in, Puerto		s or No—	0.000	E — American Indian, c, White, etc. 11 te
۱۵	15. DECEDENT'S EDL				S USUAL O			164	KIND OF BU	JSINESS/IN	DUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5 +	Ma	Do NOT	work done use retired.)	during mo	at of working					
립	6			Se	amstr	ess			Sewi	na F	actor	y
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First,				
S	Esau	Ake:	rs				Nancy					
BE	19e. INFORMANT'S NAME (Type/Print)			b. MAILIN	G ADDRES	S (Street a	nd Number or Rural	Route Num	ber, City or Tox	wn, Statu, 2	ip Code)	
2	Paul Ward Poisel			765	01d N	fanci	nester Ro	oad.	Westmi	inste	r, M	21157
	20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPO			netery, crematory or		_		- City or To	
	123 Buriel 2 Cremation 3 Ren 4 Donation 8 Other (Specify)	ioval from State	EVETOI		Memo	ria	l Gardens	3	Fin	ksbu	ra. N	Maryland
	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1.57-01-91				ID ADDRESS OF FA		12.211	71000a.	-9/ -	idz y zdrid
	1011	1 11.			Μζ	rers	Funeral	Home	9			D 01157
	23. PART I. Enter the diseases, or	1- Merc	<u></u>		_		llis Stre					
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	diac	. 5	Ha	nd	54:11					Approximate interval Between Onset and Death
Z	Sequentially list conditions,	D	OR AS A CONSE		mk	_						6 hm
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. Sign	(OR AS A CONSE	6	OF):	12	esect	con				Salays
	PART II. Other algnificant condition	na contributing to	death but not i	resulting	In the u	nderlyln	a cause alven in	Part I.	24e. WAS A	N AUTOPS	248	. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL								_		RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		_			26. P	LACE OF DEATH (C)	heck only o	ne)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpetient 3	DOA	OTHE 4 Nu		ne 5 🗆 Residence	6 □ Oth	er (Specify)			
ВУ РНУ	27. MANNER OF DEATH  1 Pending 2 Accident President	28e. DATE OF (Month, De	INJURY	28b. TI	_	28c. IN.	JURY AT ORK? YES 2 NO		SCRIBE HOW	INJURY O	CCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O	F INJURY — At ho etc. (Specify)	ome, farm	, street, fac	tory, offic	10		CATION (Street or Town, State		er or Rural	Route Number,
COMPLETED	cool only	BICIAN: To the best of IER: On the basis of ex										e) and manner as stated,
TO BE C	John Duke	m mi	)				29c. LICENSE NU	Z9	6	29d. D/	3/1	9/9/9/ Page 1908)
-	30. NAME AND ADDRESS OF PERSON W  R  R  S1. DATE FILED (Morith, Day Mari)	HS M	SE OF DEATH (ITE	M 27) (14)	ce, Print)	H	Wes	tu	mst	er	MD	21157
	MAR 21 '91		a Lavidson	-An	dell							

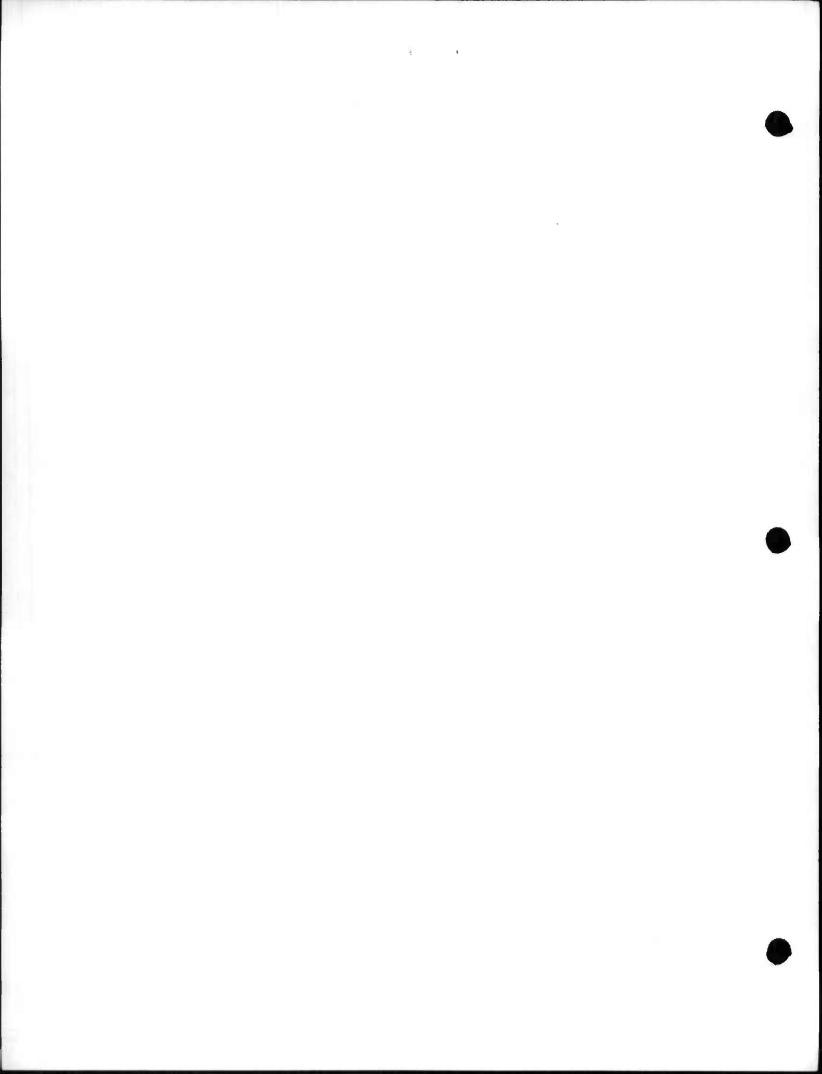


TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Security after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 may be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAN		OLITIIII	OATE O	DEATH	HEG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)  WILLIAM	EARL Pu	MAHPI	CY		2. DATE OF DEATH MONTH DA	- 91 YE	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	n yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	6.1	BIRTHPLACE (State or Foreign Country)	
210-03-2010	1 🖳 M 2 🗆 F	72 YRS.	MONTHS DAT	NOONS MIN.	APRIL 18.	1918 M	ARYLAND	
9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOW	N OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH	
2214 HENDERSON AVI	ENUE			WHEATON	MON	TGOMERY		
10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO	CATION		10d. INSIDE CITY		
MARYLAND MON	NTGOMERY		WHEA	TON			LIMITS?	
10e. STREET AND NUMBER			WILLEA	101. ZIP CODE		10g. CITIZEN	OF WNAT COUNTRY?	
2214 HENDERSON AVE	ENUE			20902		USA	Λ	
	12. WAS DECEDENT EVER IN FORCES? 1 1 YES	U.S. ARMED	13. WAS (		NIC ORIGIN? (Specify Yee		RACE — American Indian, Black, White, atc.	
1 Never Merried 2 X Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			ES 2 NO Specif			Specify:	
	TION	46- DECEDENTIA			Law war or ave		HITE	
15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted)	(Give kind of w life. Do NOT use	rark done during	most of working	16b. KIND OF BUS	SINESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	CONSTRU	CTION					
17. FATHER'S NAME (First, Middle, Last)		CONSTRU	CIION	16, MOTHER'S NA	AME (First, Middle, Meiden	Surneme)		
EARL BELT PUMPHE	REY			1000	FRANKI.TN		i	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre		Route Number, City or Town	n, State, Zip Coo	ole)	
DEBORAH SHIELDS	(DAUGHTER)	8217 B	REE HI	LL ROAD	DAKTON, VIRO	TNTA	22124	
20e. METHOD OF DISPOSITION  1 XBuriel 2 Cremation 3 Remove	206			camatery, cramatory or			or Town, State	
4 Donation 6 Other (Specify)	val from Stata		F HEAV	EN CEMETE	RY SILV	VER SPE	RING.MARYLAND	
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /			AND ADDRESS OF FA	CILITY			
Mufael of	1 Bun (2	N			LLINS FUNE		PR. MD. 20901	
23. PART I. Enter the diseeses, pr construction of the process of	MALI BNA		онди			•	Interval Between Onset and Death	
Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF						
PART II. Other significant conditions	contributing to deeth b	ut not resulting i	n the underl	ying cause given in	Pert I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ARTELIOSCUERO	TIC CARDIO	VASCULA	R DIS	EASE	1 TYES 2		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only one)			
1 YES 2 NO	1 Inpetient 2 ER/Outp		4 - Nursing I	iome 5 Residence	T	at stance &		
1 Natural 5 Pending	(Month, Day, Year)	28b. TIM INJ	URY	INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW	NJURY OCCUR	)ED	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, s ⊲fy)	street, fectory, o	office	28f. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,	
(Oriota only	IAN: To the best of my know						suse(e) and menner ee stated.	
296. SIGNATURE AND TITLE OF CERTIFIER	Brown U	m		29c. LICENSE NU	IMBER 285	29d. DATE 9	IGNED (Month, Day, Year)	
30. MALE AND ADDRESS OF PERSON WHO	20WN MU	148	OIPH	ZHAISIZY	ANE ROC	KVILU	E MI) 20850	
MAR 12 91	Julie Davidsa	A-Randell						



ter death, Page 6 may be retained by the	the funeral director, page 5 should be of wal.	at examiner must be notified at o
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2 rours after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and the funeral director, page 5 should be detached and the funeral part and Mantal Hoteles offer to burial, compation, or removal.	medical winning in the control of th

	FOR	STATE OF MARYL	AND / DEPARTN	NENT OF H	EALTH AND N	IENTAL HYGIEN	9	08788				
	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC			REG. NO		3. TIME OF DEATH				
	BEATY 1	PERELLI	Betty L.	Piere	lli	2	6 91	11 10 A W				
	4. SOCIAL SECURITY NUMBER 213-28-0004		,	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 13, 19	C	eryland				
10	9a. FACILITY NAME (If not institution, give str	eet and number)	91	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY					
NL DIRECTOR	Prince George's	s Hospital		Chev	erly		P.G	. Co.				
	Md a P.G.		10c. CITY, TOWN OR LOCATION									
	10s. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
	11125 Emack I	Rđ.			20705		/U.S	.A.				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	N U.S. ARMED 2 K) NO ATES	If yes, spe	ENDENT OF HISPAN	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	RACE — American Indian, Black, White, etc. Specify: White						
	15. DECEDENT'S EDUC		18e. DECEDENT'S US	UAL OCCUPATIO	N .	16b. KINO OF BU	ISINESS/INOUST	RY				
COMPLETED	(Specify only highest grade   Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use n	done during mos stired.)	st of working							
7	12	Conega (1-4 or 5+)	House 1	Hife		Ho	me					
Ž	17. FATHER'S NAME (First, Middle, Last)		110000	12.20	18. MOTHER'S NA	ME (First, Middle, Meider						
	Robert	Collins			Mar	N/	Wh	eeler				
H H	19a, INFORMANT'S NAME (Rype/Print)	OOTITIES	195 MAILING AC	ORESS (Street a		Noute Number, City or Tox						
2		relli	1 - 20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			ville, Md						
	20a, METHOD OF DISPOSITION		b. PLACE OF DISPOSITI				OCATION — City					
	1 Buriel 2 Cremetion 3 Remo	oval from State	other place)									
	4 Donation 5 Other (Specify)	ENSEE 4 //	len Haven		ITY ID ADDRESS OF FA		-	ie, Md.				
		O U# 670/		and the part		W.W.C	nambers	Co. Ind.				
	Thomas S. Chambers 5801 Cleveland Ave. Riverdale, Md. 20737											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart fellure. Liet only one cause on each line.  Approximate interval Between Onset and Death Control of the control of th											
	disease or condition resulting in death) a. ///////////////////////////////////											
				3 weeks								
χ	Sequentiathy list conditions		1em									
읦	If any, leading to immediate											
CERTIFICATION	CAUSE (Disease or Injury C.											
늗	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cere shock, or heart fellure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):			j								
H H	Total and Goding Exist	d	<u> </u>									
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1  YES 2 NO											
Æ								1 TYES 2 NO				
. N												
M	25. WAS CASE REFERRED TO MENCAL			26. P	LACE OF DEATH (Ch	eck only one)						
SIC	EXAMINER?	1 Impetient 2 ER/Ou		OTHER:	ne 5 🗆 Residence	6 Other (Specify)						
Η	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. IN.	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED				
COMPLETED BY PH	1 Netural 5 Pending	(Month, Day, Year)	INJURY WORK?  M 1 YES 2 N									
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	IY — At home, farm, str ecily)	20	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
	29a. CERTIFIER (Check only one)  2  MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
	296, SIGNATURE AND TITLE ON CERUPICER 29d, DATE SIGNED (MAIN, Day, Year)											
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
		10 COMPLETED CAUSE OF E			· Chr	Dr (reo.	Left 1	102027				

320 REGISTRAR'S SIGNATURE
JUNA DAVIDON-Mandall

31. DATE FILED (Month, Day, Year) MAR 1 9 91

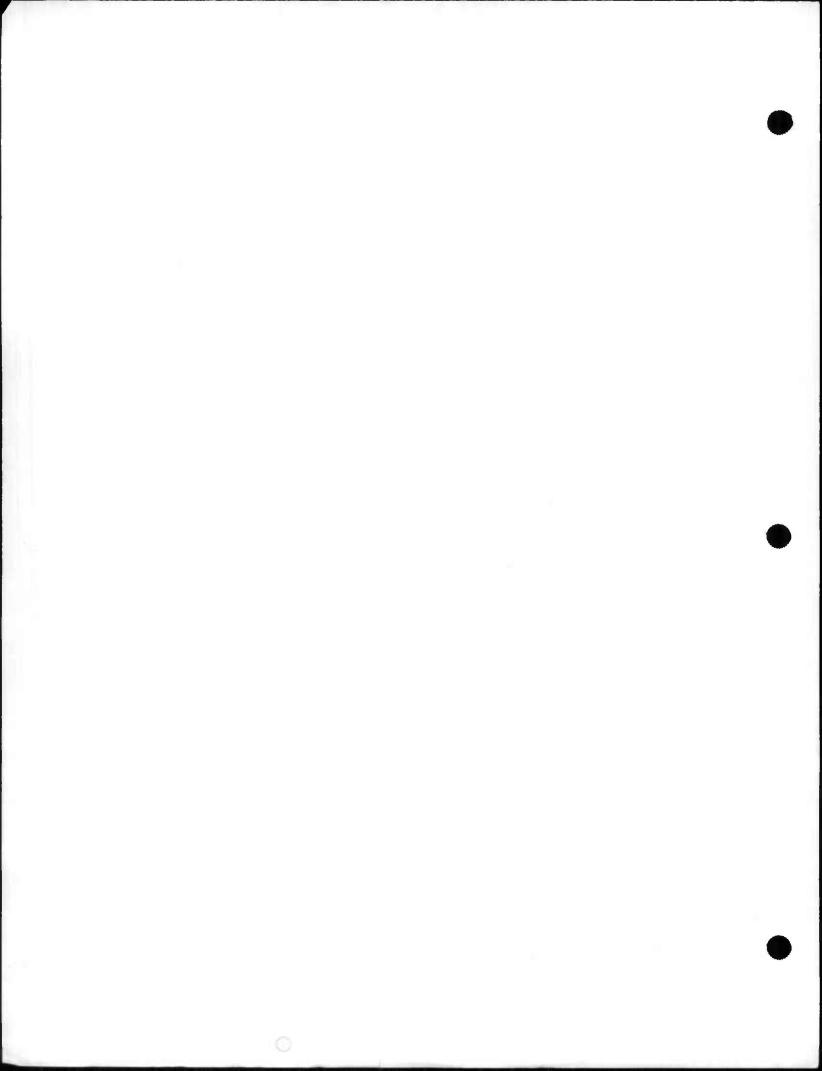
1 - STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				ENTIF	CALE	OF DE	AIT		REG. NO.				
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH MONTH DAY Y		YEAR	3. TIME OF DEATH	
		Ann Phillips				March 15, 1991				3:30 A.	M		
4. SOCIAL SECURITY NUMB	8. AGE (In yrs. le		MONTHS C	EAR IF UN	DER 24 HRS.	7. DATE OF (Month, I	Day, Year)		Count		N/3		
216-64-5284	37	37 YRS. WORTHS DATS					22, 1	1953 Maryland					
	FACILITY NAME (If not institution, give street and number)						ATION OF D	EATH		9c. COUNTY OF DEATH			
	12913 Bluehill Road						Wheaton				Montgomery		
RESIDENCE OF DEC													
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											10d. INSIDE CITY LIMITS?		
Maryland	Mont	gomery		Wheaton						1 YES 2 XXIO			
100. STREET AND NUMBER	/11 D			10f. ZIP CODE						WHAT COUNTRY?			
12913 Blueh	JILL K			20906							_	States	
11. MARITAL STATUS  1 Never Married 2	Marriad	FORCES?	YES 2	S 2 NO If yes, specify Cuban, Maxico							14. RAC Blec	E — American Indian, ck, Whita, atc.	
3 Widowed 4 XXDivo		IF YES, GIVE	WAR OR DATES		1 [	YES 2 X	O Speci	ry:			Spec	White	
15 DEC	EDENT'S EDU	ICATION	100 D	ECEDENT'S	USUAL OCC	IDATION		1 405 10	(IND OF BUS	INCO (IN	DUCTOV	WILLE	
(Specify only	highest grade	completed)	((	Sive kind of w	rork done dur	ing most of w	orking	100. 1	UND OF BU	SINE 33/INI	DUSTRY		
Elamentary/Secondary (0	-12)	College (1-4 or 5	+)			a1. a + d	a Mar	.   .			0		
17, FATHER'S NAME (First, M.	74.00	J	рго	okeraş	ge Mai			AME (First, Mic			Comp	any	
Alvin D. Ly					- Control of the Cont			et E.					
19a. INFORMANT'S NAME (7)	ype/Print)							Route Number					
Paul Roark			]	2913	Bluel	nill E	load V	Vheato	n, MD	209	06		
1 Neurial 2 Crematic	ION on 3 □ Reπ	noval from State	other p	iace)		of cemetery,						own, Stata	
4 Donation 5 Other	(Specify)		_  Gate	of He	eaven		3/18/	/91	Si1	ver	Spri	ng, MD	
21. SIGNATURE OF FUNERA	LERVICE	CENSEE			22. NA	ME AND AD	PRESS OF F	ACILITY	Dava1	T.	1	Home	
15	(1)	()		100896		E D	D.						77
23. PART I Enter the di	Jac	nomellastians th						ark Dr	-			g, MD 208	
		List only the co			ot entar ti	ia ilioua oi	aying, sui	ch ss cardii	oc or resp	iratory ar	reat,	interval Batv	veen
IMMEDIATE CAUSE (Fir	lar	4		1 DW	1		1	P		0		Onset and D	esth
resulting in death)	$\rightarrow$	a. Thece	urrent	_ //	alle	nau	t	XY	np	hen	a	- 7 mon	Mu
immediate cause (Final disease or condition reaulting in death)  a. Hecurrent Malegnant Lymphona G									'				
Sequentially list conditi	lons.	b. DUE TO (OR AS A CONSEQUENCE OF):											
if sny, leading to imme-	diate	DUE TO	OR AS A CONSE	QUENCE OF	-):							i	
ceuse. Enter UNDERLY! CAUSE (Disease or inju		C	2 /02 10 1 001/01										
that initiated evente resulting in death) LAS		DOE N	O (OR AS A CONSI	EUUENCE OF	-):							i	
and the same of th		d										<u> </u>	
PART II. Other significs	nt conditio	ns contributing to	o death but not	resulting i	in the und	erlying ceu	se given in	n Part I.	24a, WAS AN	AUTOPSY	24	b. WERE AUTOPSY FIND	INGS
							PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
						_				OF DEATH?			
												1 TES 2 NO	
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	26. PLACE	OF DEATH (C	check only one;	)				
1 TES ZXXNO			☐ ER/Outpatient	3 🗆 DOA		g Home 5	Nesidence	8 🗆 Other	(Specify)				
27. MANNER OF DEATH	F INJURY Day, Year)	28b. TIME OF 28c. INJURY AT 28d. DES					EȘCRIBE HOW INJURY OCCURED						
1)(C)(Netural 5 Pending Investigation							YES 2 NO						
3 Suicide 8 Could not be 28e. PLACE OF INJUI				Y — At home, farm, street, factory, office 2				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
4 Homicide	datarmined		y true (aposity)					Oily oil	iowii, olalo,				
29a. CERTIFIER 17 YCER	TIFYING PHYS	SICIAN: To the best	of my knowledge a	leeth occum	ed at the tim	e dete and s	lace and du	in to the cour	e/a) and ma	nner ee st	ated.		
CONTROL ONLY	the Carlo State											(a) and manner as state	ad .
				arreorigatio	, at my opi				and printer, in			A COLUMN TO A SO	
290. SIGNATURE AND TITLE OF CENTIFIER					29c. LICENSE NUMBER					29d. DATE SIGNED (Month, Day, Year)			
rules.	mil	<b>X</b>	MD 316				12 3/15/91						
30. MAME AND ADDRESS O	F PENSON W	HO COMPLETED CA	SE OF DEATH (IT	EM 27) (Type,	Print)							′	
/ Jyles Lodi	sh, M	.D. 2901	Route 1	08 01	ney.	Mary1	and						
DATE FILED (Month, Day,	Year)	32. REGISTE	AR'S SIGNATURE									-	
MAR 1 9 1	'01	Sulin 1	Javidna A	anda 00									



TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MICHAEL

31. DATE FILED (Month, Day, Year)
MAR 25 91

1 - FOR STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR ERTIF					MENTA	HYGIEN REG. NO		1	00790	
1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	REDNHAL	א דם חב	יבוי				П,	MONT		AY TI A	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX			IF LINDER					CH 22		991	6:46 P. M	
290-10-0219	1 K M 2 F	6. AGE (In yrs. le:	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	OF BIRTH 1, Day, Year) 26-19	02	Count	IPLACE (State or Foreign ry) EW YORK	
9e. FACILITY NAME (If not institution, give a	reet end number)			9b. CITY	, TOWN (	OR LOCATI	ON OF D	EATH		9c. COU	NTY OF D		
25310 ST. MICH	AELS RO	DAD		S	T.	MIC	HAE	LS		T	ALBO	)T	
10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	TION						10d. INSIDE CITY	
	LBOT		S	Г. М	_						1 YES 2 THE		
100. STREET AND NUMBER 25310 ST. MICH	ARIC DO	NA D			101	ZIP COD						WHAT COUNTRY?	
							663			_	.S.		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 24		- 3	If yes, sp		en, Mexic	an, Puerto Rican, etc.)  Ble Spe			Blec	CE — American Indien, ack, White, etc. ec/ly:	
15. DECEDENT'S EDU	CATION	16a DI	CEDENT'S	LISUAL O	CCUPATION	ON	_	181	. KIND OF BU	SINESS/INT		115	
(Specify only highest grade	completed)	(0	ive kind of Do NOT u	work done	during mo	est of world	ing	100	. KIND OF DO	JIIIL JOINT	JOJ 1111		
Elementary/Secondary (0-12)	College (1-4 or 5	+)											
12	4		ANK	ER		_							
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S N	AME (First,	Middle, Maiden	Sumame)			
CARSTEN PLA	TE								T LAM				
196. INFORMANT'S NAME (Type/Print)									ber, City or Tow				
FRANCES C. S.	PLATE						AEL					ELS,MD 21	
2qe. METHOD OF DISPOSITION  1** Buriel 2 Cremetion 3 Rem  4 Donation 6 Other (Specify)	oval from State	20b. PLACE of cemetary SPRI	, cremator	y or other p	place)		ERY	13-		CATION -		State SARYLAND	
21. SIGNATURE OF FUNERAL SERVICE LK	May I	J SF.	5 P.		NAME A	S . I				M FU		RAL HOME	
23. PART I. Enter the diseases, or ahock, or heert fellure.												Approximate interval Between	
iMMEDIATE CAUSE (Final disease or condition												Onset and Death	
resulting in deeth)		ORECTA (OR AS A CONSE			NOM	A						1½MONTH	
Sequentielly list conditions, if any, leading to immediate	b. OUE TO	(OR AS A CONSE	OUENCE C	OF):								153	
CAUSE (Disease or injury	COUE TO	(OR AS A CONSE	OHENCE C	MEN.							<del></del>		
that initieted events reaulting in deeth) LAST	d	(ON AS A CONSE	OUENCE C	,,, ,,,									
DARTY II Other circlificant condition	a anatalhystan ta	death but ant		in the co			alicina la	Dort I		1 ALTERNATION	Lan	WERE ALTERNATION	
PART II. Other aignificant condition  ALZHEIMER'S (S	_		_	in the u	nderlyin	g cause	given ir	n Part I.	24a. WAS AI PERFO 1 TYES	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
												1 TYES 2 NO	
					A -								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck only o	ne)		-		
1 TES 2 TO NO	1   Inpatient 2	☐ ER/Outpatient	3 DOA	4 🗆 Nu	raing Hor	ne 5 🐺 F	tesidence	6 🗆 Oth	r (Specify)				
27. MANNER OF DEATH  1 St Netural 6 Pending	26e. DATE Of (Month, i	F INJURY Day, Year)	26b. TII	ME OF IJURY M	W	JURY AT ORK? YES 2	□ NO	28d. DE	SCRIBE HOW	INJURY OC	CURED		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (	OF INJURY — At h	ome, farm,	street, fac	tory, offi	ce			CATION (Street or Town, State		or or Rumi	Route Number,	
29e. CERTIFIER (Check only	ICIAN: To the best o	f my knowledge, d	eath occur	red at the	tima, dat	e and plac	e, and du	e to the ce	use(s) and m	anner as str	nted.		
and .	R: On the basis of	examination end/or	Investigat	lon, in my	opinion,	death occ	ured at th	e time, det	e end place, e	end due to t	the cause	(s) and menner es stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE	R /					29c. LI	CENSE NU	UMBER		29d, DA	TE SIGNE	D (Month, Day, Year)	

D

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

505

HER, M.D.
32. REGISTRAR'S SIGNATURE

FISHER,

31867

20

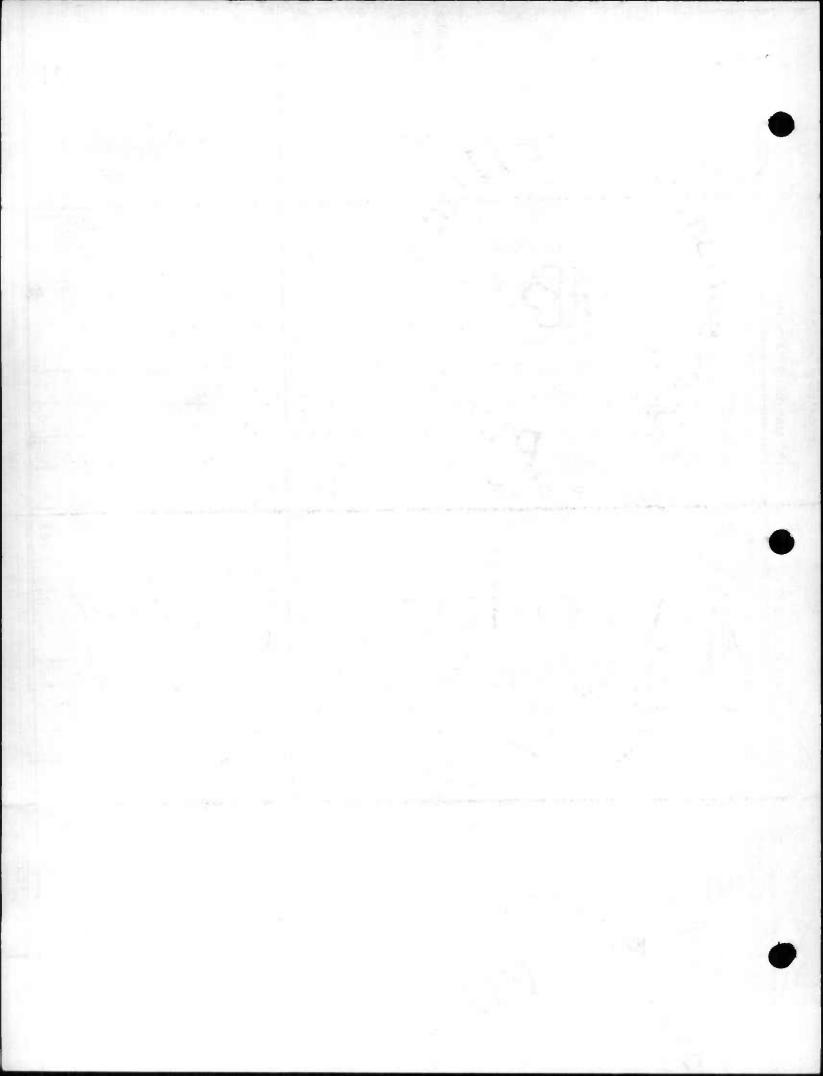
63

716.90 am

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

•	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMI	ENT OF H	EALTH AND N DEATH	MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Lest) ELMA	THEL.	PHTLLTPS			2. DATE OF DEATH DA MARCH 20.1		3. TIME OF OEATH 5:50 AM M			
)	4. SOCIAL SECURITY NUMBER 195-18-6772	5. SEX 8. AGE (In		NDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTN (Morth, Day, Year) 3-26-19	8.1	BIRTNPLACE (State or Foreign Country)			
: š.	9a. FACILITY NAME (If not institution, give at			CITY, TOWN O	R LOCATION OF DE		9c. COUNTY				
OR	PHYSICIANS MEN	ORIAL HOSPIT	AL	LA PI	ATA		CHA	RLES +			
REGI	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATI	ON			10d. INSIDE CITY LIMITS?			
<u></u>	Md. St.	Mary's	Med		csville ZIP CODE		10- CITIZEN	1 TYES 2 NO			
ERA	1570 Forest Ha	st Hall Dr.			20659		USA				
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify the specify Cuban, Mexicen, Puerto Rican, etc.)  1 X YES 2 NO Specify:			RACE — American Indian, Black, White, etc. Specify: White			
	15. DECEDENT'S EOUC (Specify only highest grade	ATION completed)	16e. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	AL OCCUPATIO	N at of working	16b. KINO OF BUS	SINESS/INDUST	TRY			
PLE	Elementary/Secondary (0-12) 12 grades	College (1-4 or 5+)	Beautic			Cosme	etoloc	v			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest) Laurie Keski	inen	-377			ME (First, Middle, Melden Keskiner	Surname)				
TO BE	196. INFORMANT'S NAME (Type/Print)  Patricia:   Zimmerman   Zimmerman   Zimmerman   Zimmerman   Zimmerman   Mechanics Ville, Md. 20659										
	20s_METHOD OF DISPOSITION 1	20b.	PLACE OF OISPOSITIO	N (Name of cen		20c. LO	CATION — City	or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LIC	Heult			Untt For Box 150	uneral Ho 6, Waldon	ome	d. 20604			
	23. PART I. Enter the diseases, or on shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that caused List only one cause on ea		RRFS	de of dyling, such	h as cerdiec or reap	ratory erreat	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentielly list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL CI	PART II. Other eignificent condition	e contributing to death by	it not resulting in the		g cause given in	Part I. 24s. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	26. PL	ACE OF DEATH (Ch	eck only one)					
HYS	1 TYES 2 THO  27. MANNER OP DEATH	1 Sinpatient 2 ER/Outpo	28b. TIME OF	28c, INJ	URY AT	6 Other (Specify) 28d. DESCRIBE NOW	NJURY OCCUP	REO			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆	YES 2 NO						
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Speci		t, factory, offic	•	28f. LOCATION (Street City or Town, State,		Rural Route Number,			
COMPLETED	(Check only	ICIAN: To the best of my knowl ER: On the basis of examination									
BE	29b. SIGNATURE AND TITLE OF CERTIFIE					MBER	29d. DATE SIGNED (Month, (Fig. Year)				
5	30. NAME AND ADDRESS OF PERSON WI- SANJEEB K.MISHRA	O COMPLETED CAUSE OF DEA , MD 7C POST	OFFICE RI	Ö. CENI	VA CTR.W	ALDORF,MAR	YLAND	20602			
	31. DATE FILES (NORTH PAR 22 9 1	32. REGISTRAR'S SIGN	Non-Randell								



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

SATURNINA TO MAR 2 0 1991

	R. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
	Pages 1,	
	sit permit	
physician.	burial-trar	
attending	use as the	
hospital or	ached for	
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Раде 6 та	I director,	San manage
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E FIOURS at	filled in by on, or rem	in modile
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be execut	rician and c	- Inches
h certificate	nding phys Hygiene p	ne ather
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requires th	of Health	A Property of
I: The law	cate has be state Dept.	Mar - 00
NDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	this certifi	to make a second second second for the second secon
NDING	R: After	-

REGISTRAR		CE		10/11-0	F DEAT				. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEA		V	EAR	3. TIME OF DEATH
Anna B. Porter							3		16	9	2000	10:15
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	t birthday)	IF UNDER 1 YEAR		24 HRS.		OF BIRT			BIRTHP Country)	LACE (State or Foreign
212 01 7470	1 🗆 M 2 💢 F	100	YRS.	MONTHS DAY	HOURS	WIPC.	8	4	189		m 10	d.
90. FACILITY NAME (If not institution, give st Frostburg Communi		ital		96. CITY, TOW Fros	tburg.		EATH	9c. COUNTY OF DEATH Allegany				
ESIDENCE OF DECEDENT IL STATE 10b. COUNTY			10c, CITY, TOWN OR LOCATION							711.6		10d. INSIDE CITY
	legany		100, 01	Frost								LIMITS?
10e. STREET AND NUMBER	Legany			FFUSU	10f. ZIP COD	E				log. CITIZEN		AT COUNTRY?
70 Broadway						1532	2		- 1			IAI COOKTITT
11. MARITAL STATUS	12 WAS DECEDE	NT EVER IN U.S. AR	MED	12 4861	DECENDENT C			N2 (Const	the Was are	U.S		- American Indian.
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	YES 2 N		If yes,	specify Cuba (ES 2 ND	n, Mexice	n, Puerlo			16.	Black, Specify	White, etc.
15. DECEDENT'S EQU	CATION	16a. DE	CEDENT'S	USUAL OCCUP	ATION		16	b. KIND O	F BUSIN	ESS/INOUS	TRY	1111100
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 8	(l/fe	Do NOT u	work done during se retired.)	most of workli	ng						
8			eam	stress				Pa i	ama	Co.		
17. FATHER'S NAME (First, Middle, Last)		1100				HER'S NA	ME (First,					
William Cron	in				1	Vara	r Sp	ate	q			
19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS (Stre						State, Zip Co	ode)	
George E. Po	rter		713 I	Broadw	av. F	2005	thu	rg.	Md	. 27	532	
20s. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (Name of						TION — City		
1 Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 8 ☐ Other (Specify)	oval from State	other ple	Mi	chaels	Ceme	eter	.A.		Fro	ethir	22 (2	Md.
11/1	ENSEE //	( )		22, NAMI	AND ADDRE	SS OF FA	CILITY					
23. PARY I. Enter the diseeses, prosphock, or heart failure.  IMMEDIATE CAUSE (Final diseese or condition resulting in death)	complications th	use Dn eech line	eath. Do	Dur	st Fu	INOT	al	Hom	е,	Fros	t bi	Approximate interval Bet Onset and I
shock, or heart failure.	DUE TO	et caused the de ruse on each line  PIRATOR  O (OR AS A CONSECT  O	DENCE C	22. NAMI DUP  not enter the  FAIL  OF:  NEU M  PF:	st Fu	INOT	al	Hom	е,	Fros	t bi	Approximate Interval Bet
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	D (DR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTIO	DUENCE C	22. NAMI DUP  not enter the  FAIL  NEU M  FF:	st Ft mode of dy ure	ss of FA	ciury	Hom rdiac or	е,	Fros	t bt	Approximate Interval Bet
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  ORGANIC  25. WAS CASE REFERRED TO MEDICAL	DUE TO DUE DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE D	D (DR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTIO	DUENCE C	22. NAMI DUP  not enter the  FAIL  PP:  PAUL M  PP:  In the underl  RAME	st Ft mode of dy ure	iner	Part I.	Hom rdiac or	respirat	Fros	t bt	Approximate interval Bet Onset and I Onset
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  ORGAN IC	DUE TO BRANCH HOSPITAL:	D (DR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTIO	DUENCE COURNES	22. NAMI DUP  not enter the  FAIL  OF):  NEU M  FF:  In the underl  RAME	E AND ADDREST FU	SS OF FA	Part I.	Hom rdiac or	PAS AN AUERFORME	Fros	t bt	Approximate interval Bet Onset and I Onset
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or in jury that initiated events resulting in death) LAST  PART II. Other algnificant condition  ORGAN COMMENT OF PART II. OTHER ALEXAMINER?  1 YES 2 NO  27. MANNIER OF DEATH  1 Natural 8 Pending	DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  A. B. CONTRIBUTING to  B. CONTRIBUTING TO  B. CONTRIBUTING  B. C	D (OR AS A CONSECTION OF CONSE	DUENCE COURSE CO	22. NAMI DUP  TAIL  OF):  OF):  In the undari  RAME  OTHER: 4   Nursing    MUSHY  UNIVERSE  4   286, USERS  UNIVERSE  4   SECTION    AUGUST  A	E AND ADDREST FU	SS OF FA	Part I.	Hom  24a. W pl 1   1   1	PAS AN AUERFORME	Fros	24b.	Approximate interval Bet Onset and I Onset
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  OR GAN IC  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO  B. CONTRIBUTION  DUE TO  C. DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  C. DUE TO  D	D (IZATOR) D (OR AS A CONSECT D	DOMENCE COMPANY OF THE PROPERT	22. NAMI Dur  not enter the  FAIL  OF):  NEU M  OF):  In the under!  ROME  OTHER: 4 □ Nursing   4 □ Nursing   M □ 1	E AND ADDRES  ST FU  mode of dy  URE  (0/V//  ying cause  L PLACE OF E  Home 5   R  NJURY AT  WORK?	SS OF FA	Part I.	Hom rdiac or  24a, W Pl 1   1	reapirat  reapirat  RS AN AU  ERFORME (ES 2 2	TTOPSY ED?	24b.	Approximate interval Bet Onset and I Onset
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  CR GAN IC  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNIER OF DEATH  1 Netural 8 Pending Investigation  3 Suicide 8 Could not be determined  4 Homicide CERTIFUNG PHYS	DUE TO  B. DUE TO  B. DUE TO  C.	DIRATOR DIRATO	DUENCE COURNES	22. NAMI DUP  TAIL  OF):  NEUM  OF):  In the underl  RAME  OTHER: 4   Nursing    ME OF    Street, factory, or	E AND ADDRES ST FU mode of dy  URE  ON  ON  NUMBER  NUMBER  ON  NUMBER  OFFICE	SS OF FA	Part I.	24a, W PI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PAS AN AUERFORME (ES 2 (	TOPSY ED?	t bt	Approximate Interval Bet Oneet and I Oneet and I Oneet and I Oneet and I Oneet and I Oneet and I Oneet and I Oneet and I Oneet and I Oneet and I Oneet and I Oneet and I Oneet and I Oneet and I Oneet and I Oneet and I One

TED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE a Davidson-Handelle

FROSTBURG.

CHANG

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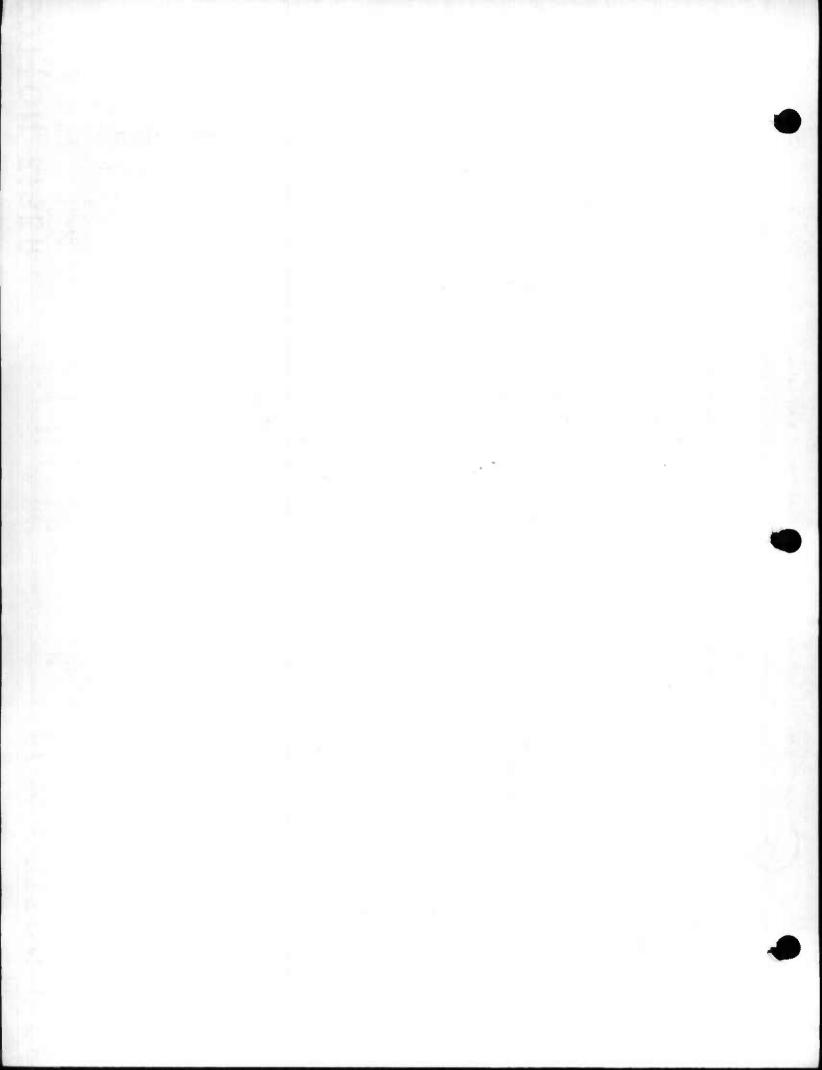
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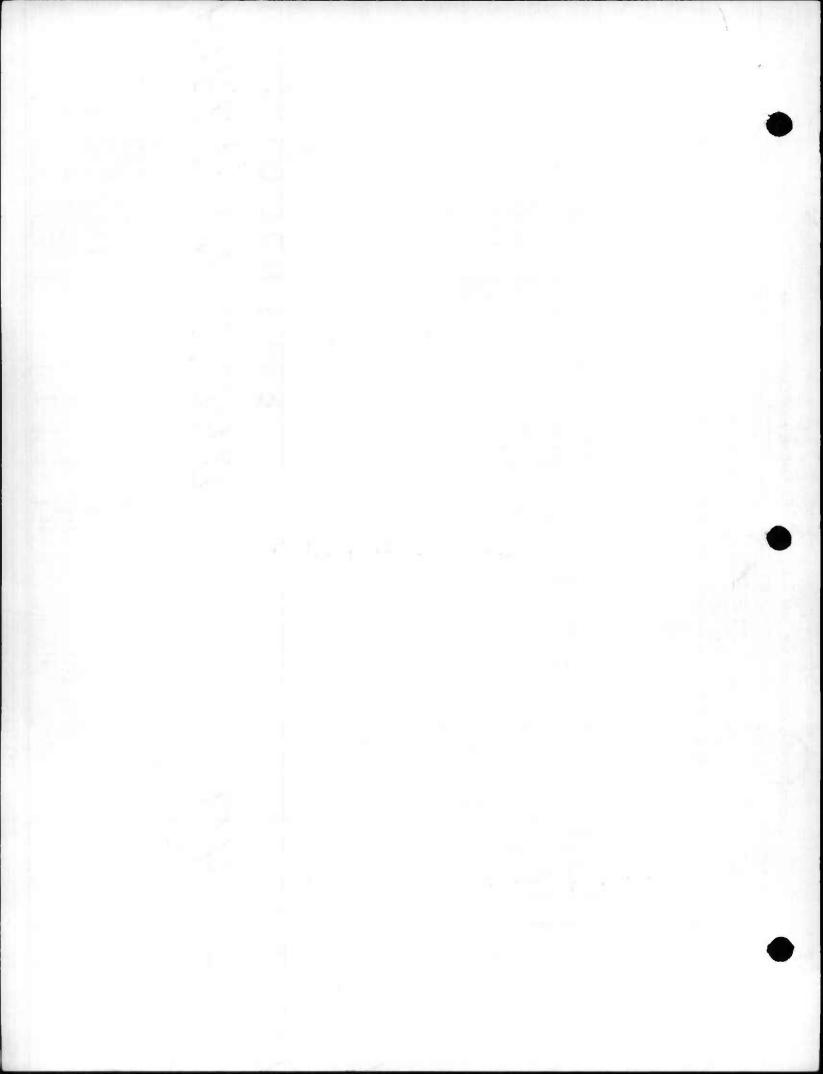
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	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC				HYGIENE BEG. NO.	)	1 00150
	1. DECEDENT'S NAME (First, Middle, Last)	TTE	Margaret Ru			2. DATE OF MONTH	DEATH DAY	199	3. TIME OF DEATH 3. 45 PM
	4. SOCIAL SECURITY NUMBER 393-20-1470	1 □ M 2 💢 F	66 YRS. MO	UNDER 1 YEAR OTHS DAYS	IF UNDER 24 HRS. NOURS MIN.	7. DATE OF (Month, Di March 1	8, 1924	. h	HATHPLACE (State or Foreign ountry) Visconsin
5	9a. FACILITY NAME (If not institution, give a 4808 Bel Pre Roa	A STATE OF THE PARTY OF THE PAR		Rockvi	r location of de 11e	ATH			OFDEATH
חטוסטעוט	RESIDENCE OF DECEDENT  10a. STATE  Maryland  Mon			OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	tgomery	I NOC	kville 101	ZIP CODE				1 YES 2XX NO
LONGHAL	4808 Bel Pre Roa  11. MARITAL STATUS  1  Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2XXNO	If yes, spe	ENDENT OF HISPAN	n, Puerto Rica	Specify Yea or No	- 14. [	States  RACE — American Indian, Black, White, etc.
ED DI	3 Wildowed 4 Divorced  15, DECEDENT'S EDU	CATION	16e. DECEDENT'S US	IAL OCCUPATION	2 NO Specify		ND OF BUSINESS		specify: White
9	(Specify only highest grade	completed)  College (1-4 or 5+)	(Give kind of work life. Do NOT use re Nursery S	done during mo tired.)	st of working		lucation		
TWO ON	17. FATHER'S NAME (First, Middle, Last)		Thorsely 3	CHOOL	16. MOTHER'S NA	ME (First, Mide			
20	Ray Elton Calkin	S	195 MAILING AD	DRESS (Street a	Ruth I		City or Town State	Zin Cod	
2	Robert G. Pepper				Road, Ro				0853
	20a, METHOD OF DISPOSITION 1 □ Buriel 2 \ □ Cremation 3 □ Ren 4 □ Donation 6 □ Other (Specify) □	noval from State	Suburban Cr	100			111		or Town, State ring, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI		P	22. NAME AN	D ADDRESS OF FA Uneral S ist Avenu	Servic	es, P.		
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one couse on Renal				h ss cerdied	c or respirator	arrest,	Approximate interval Between Onset and Death
ביוונאוונא	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):						
. MEDICAL C	PART II. Other significant condition  Ayyper Calceling  metas tax	na contributing to death in the bone			g cause given in		Le. WAS AN AUTO PERFORMED?		24b. WERE AUTOPSY FINDINGS ANALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)			
PHISICIAN	1 TYES 2 NO	1 Inpatient 2 ER/O	utpatient 3 🗆 DOA   4	☐ Nursing Horr	e 5 Residence		Specify) NBE HOW INJURY	OCCUPI	FD
10	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	r) INJUR	y wo	PRK?	Zodi Degoi	inde from index	000011	
מפו	3 Suicide 6 Could not be 4 Hornicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, stre (pecify)	et, factory, offic	•		ON (Street and Nu Town, State)	mber or R	Rural Route Number,
COMPLEISD	(Cristia Oliny	BICIAN: To the best of my kn IER: On the basis of axamins							use(a) and manner as stated.
ם סב כו	29b. AGNATUAE AND TITLE OF CERTIFIE	Dill-	hol		DISE NUI		29d	DATE SIG	GNED (Month, Day, Wer)  3 Feb 91
2	30. NAME AND ADDRESS OF PERSON W Donald E. Dillon		DEATH (ITEM 27) (Type, Pr 001 Olney-S		rina Roa	ad. N1	nev. MD	208	132
	31. DATE FILED (Month, Day, Year) FFR 25 '91	32. REGISTRAR'S S				, 01			



BALTIMORE, MARYLAND	death. Page 6 may be retained by the hosp	funeral director, page 5 should be detache	examiner must be notified at once.
DIVISION OF WITH RECORDS, P.O. BOX 13146, BA	TO THE HOSPIDL OR ATTENDING THE HIND THE Produces that the death certificate be executed within Fours after death, Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: A *** the *** the second of the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

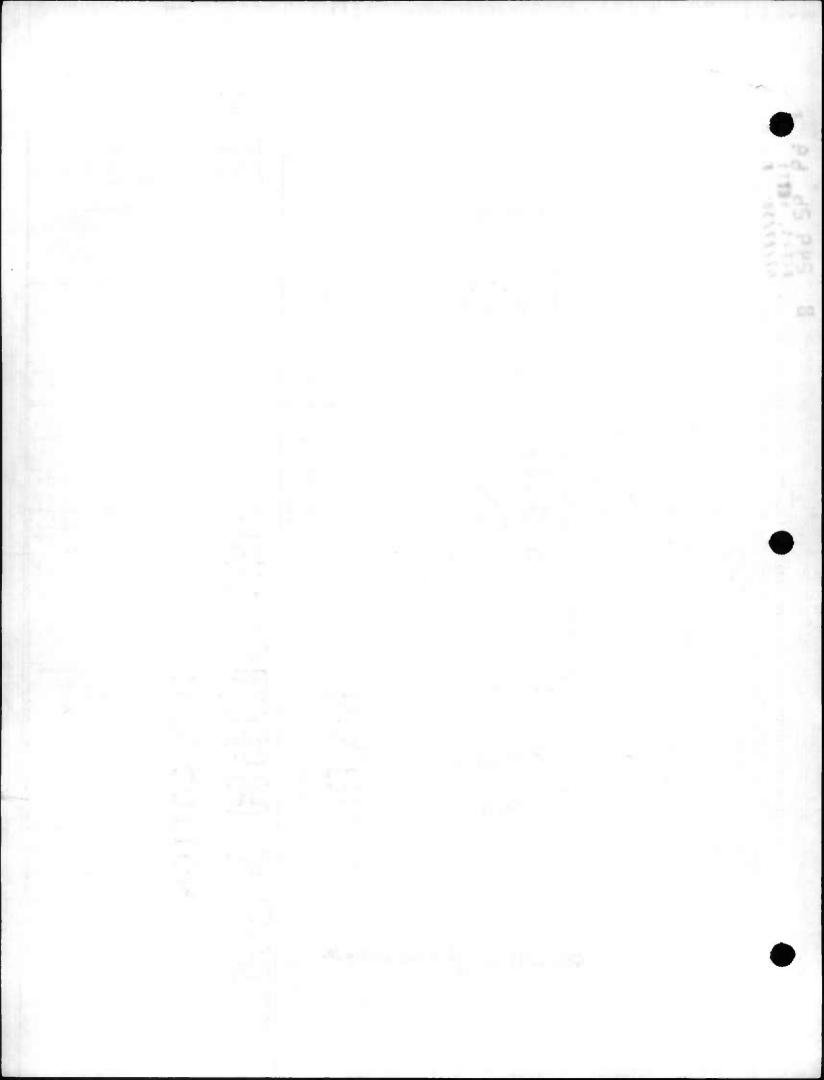
	FOR STATE REGISTRAR	STATE OF MAR			F HEALTH OF DEAT		MENTAL HYGIENI REG. NO.	E	91	08794
		pert Edmur	d Prouty				2. DATE OF DEATH DA February 2	Ž3, 19	PEAG	ME OF DEATH: 25 A M
	4. SOCIAL SECURITY NUMBER 482-05-6860	1 M 2 D F	76 YRS.	IF UNDER 1 Y	EAR IF UNDER	24 HRS, MIN,	NOV. 7, 19		BIRTHPLACE Country) IOW8	E (State or Foreign
TOR	98. FACILITY NAME (If not institution, give a 3600 Queen Mary [ RESIDENCE OF DECEDENT	The state of the s			DWN OR LOCATION	ON OF DE	ATH	THE PROPERTY	gomery	y
DIREC	10a. STATE 10b. COUNT			TY, TOWN OR	LOCATION					INSIDE CITY LIMITS? YES 2 X NO
RAL	10e. STREET AND NUMBER	196			101. ZIP CODI				N OF WHAT C	COUNTRY?
BY FUNERAL DIRECTOR	3600 Queen Mary Drive  11. Marital status  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. Was decedent ever in u.s. Armed Forces? 1 X Yes 2 No If Yes, Give War or Dates					F HISPAN n, Mexicar	10832 IIC ORIGIN? (Specify Yes n, Puerte Rican, etc.)			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 8+)		work done duri se retired.)						,c
BE CON	17. FATHER'S NAME (First, Middle, Last)  Dean Prouty				16. MOT	HER'S NAI	ME (First, Middle, Malden	Surname)		Ţ,
10	19a. INFORMANT'S NAME (Type/Print) Lillian T. Prout	·v					Olney, M			
	20a. METHOD OF DISPOSITION 1 Surlai 2 X Cremation 3 Rem		20b. PLACE OF DISPO	SITION (Name	of cemetery, cren	natory or	20c. LO	CATION — CI	ty or Town, St	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE A	Suburban	22. NA Ra	ME AND ADDRE	ss of fac	Services,	P. A.		Maryland
CERTIFICATION										Approximation interval Between Onset and Death
MEDICAL	PART II. Other algorificant condition	In the unde	orlying cause	given in	PERFORMED?  1 YES 2 NO COMPLETI OF DEATH			E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF D	EATH (Ch	eck only one)			
BY PHYSICIAN:	1  YES 2  NO  27. MANNER OF DEATH  1) (X Netural 8  Pending Investigation	1 Inpatient 2 Inpa	URY 28b. TI	4 Nursin	g Home 5 A Reserved R		8 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCU	PRED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY At home, farm, (Specify)	street, factor	, office		281. LOCATION (Street of City or Town, State)		r Rural Route I	Vumber,
COMPLETED	ann)	ER: On the basis of axim								manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE  THE STATE OF SIGNATURE AND ADDRESS OF PERSON WITH	Fargery	OF DEATH (ITEM 27) (Ton	e. Print)		38-	ABER 588		signed (Mone bruary	th. Day, Year) 1 23, 1991
	Robert De Jaeger	r, M. D.,	14808 Phys	sician	s Lane,	Ro	ckville, N	4D 208	152	
	31. DATE FILED (Month, Day, Year) FFR 25 '91	32. REGISTRAR'S	SIGNATURE Mandel	82						



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y th	90		at o
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach:		NAT: 🔰 item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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NIG	After	dea	2
EN	TOR.	after	28
RAI	REC	SIN	E
07	07	P Po	E H
DEPITA	NERA	thin 7 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MT: I

1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEAT	H DAY	YEAR	3. TIME OF DEATH
DITCH	EEKS						MARCH		991	6:23 p.m
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	" F	IF UNDER 1 YEAR	HOURS 1	HRS.	7. DATE OF BIRTH (Month, Day, You	r)	Country	PLACE (State or Foreign
219-42-1050	1 M 2 F	52	2 YRS.				7/27/38			ton, MD
9e. FACILITY NAME (If not institution, give				9b. CITY, TOWN			ATH	9c. COU	NTY OF D	EATH
THE JOHNS HOPKINS	S HOSPITA	L		BALTIMO	RE CIT	Y		BALT	TMOR	E CITY
10s. STATE 10b. COUNT	ΓY		10c. CITY	TOWN OR LOCA	TION	1				10d. INSIDE CITY LIMITS?
Maryland (	Cecil		Ris	ing Su	ın					1 YES 2 NO
10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CITI	IZEN OF W	HAT COUNTRY?
271 Montgome	ry Road				21911	1		J	J.S.	Α.
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN	T EVER IN U.S. A					IIC ORIGIN? (Specifin, Puerto Rican, etc.		14. RACE Black	American Indian, t, White, atc.
3 Widowed 4 Divorced		MAR OR DATES			3 2 NO				2.33	ite
15. DECEDENT'S ED	UCATION	16a, D	ECEDENT'S	JSUAL OCCUPATI	ON	_	16b. KIND OF	BUSINESS/INC		106
(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5	5	Give kind of w le. Do NOT use	ork done during m retired.)	ost of working		TODA TOTAL	00011120071112		
9	N/A		omema	ker			Home			
17. FATHER'S NAME (First, Middle, Last)					16. MOTHE	R'S NA	ME (First, Middle, Ma	iden Sumeme)		
Ricci Holling	gsworth				Mami	ie	Spence			
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (Street	and Number or	Rural I	Route Number, City or	Town, State, Zig	p Code)	
Frank C. Peeks	3	2	271 M	ontgom	ery F	Roa	d Ris:	ing Su	ın,	MD 21911
20a. METHOD OF DISPOSITION 1   Burlal 2   Cremation 3   Rei	moval from State	20b. PLAC	E AND DATE	OF OISPOSITION	N (Name		OATE 200	LOCATION —	City or To	wn, Stata
4 Donatton 5 Other (Specify)	0 0	- RA		ris &				Vest C	Ches	ter, PA
21. SIGNATURE OF FUNERAL SERVICE	CENSEE	//			ND ADDRESS		curv eral Ho	omo.		
Wolce 1	lell						n St. N		Fas	t. MD 2
23. PART I. Enter the diseases, or ahock, or heart failure	Complications the	et saused the d	leath. Do n	ot anter the m	ode of dying	g, suc	h as cerdiac or r	eapiretory an	reat,	Approximate Interval Between
IMMEDIATE CAUSE (Finel	. List only one ca	use on sech in	ea.							
discours on condition				. 1						Onset and Dea
resulting in death)	INTIME	TRNAL	blee	d						Onset and Dea
		O OR AS A CONS	5 LEE	d					_	Onset and Dea
resulting in death)	· Mgo co	udual in	funct	ron						Onset and Dea
resulting in death)  Sequentially list conditions, if any, leading to immediate	· Mgo co	1 1	funct	ron						Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a Mgo Co	udual in	EOUENCE OF	ron Pon					_	Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a Mgo Co	O (OR AS A CONS	EOUENCE OF	ron Pon						Onset and Dea
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	b. Mgo Co Due To d.	O (OR AS A CONSI	EQUENCE OF	): ):						Onset and Dee
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b. Mgo Co DUE TO d.	O (OR AS A CONSI	EOUENCE OF	): ):	ng ceuse glv	ven In		S AN AUTOPSY RFORMED?	24b	Onset and Deal G h rs  3 G h rs  WERE AUTOPSY FINDING AMAILABLE PRIOR TO
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Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent conditions of the condition	b. Myo Co DUE TO DUE TO d. Dons contributing to AND AND AND AND AND AND AND AND AND AND	O (OR AS A CONSIDER OF COMMENT OF	EOUENCE OF	n the underlyle	PLACE OF DEA	ATN (Ch	PEI 1 S YE	RFORMED?	24b	Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other algnificent conditions of the condition	b. Mys Co Due To d. Due To d. Hospital:	O (OR AS A CONSIDER OF COMMENT OF	EOUENCE OF	28. F OTHER: 4 \( \text{Nursing No.} \)	PLACE OF DEA	ATN (Ch	PEI 1	RFORMED?		Onset and Dea
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 AO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER)	b. DUE TO  d.  DUE TO  d.  HOSPITAL: 1 10 Inpatient 2  28e. DATE O (Month, 1)  SICIAN: To the best of UEE: On the best of	O (OR AS A CONSIDERATION OF INJURY — At I (, etc. (Specify) of my knowledge, or injury knowle	BOUENCE OF EOUENCE OF resulting I	28. F OTHER: 4   Nursing No. E OF MY M 1   I	PLACE OF DEA  me 5 Residually AT  ORK?  YES 2 Sides  tale and place, a  death occurred	NO NO and due of at the	a Other (Specify,  28d. DESCRIBE H  28f. LOCATION (S City or Town, to to the cause(s) and	RFORMED?  S 2 NO  OW INJURY OC  treet and Numbe  State)  d manner as state, and due to the	or or Bural I	Onset and Des G A C A C A C A C A C A C A C A C A C A
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation (Check only one) 2 MEDICAL EXAMINER (Check only one) 2 MEDICAL EXAMINER (Check only one) 2 MEDICAL EXAMINER (Check only one) 2 MEDICAL EXAMINER (Check only one) 1 MEDICAL EXAMINER (Check only one) 2 MEDICAL EXAMINER (Check only one) 1 MEDICAL EXAMINER (Check only	DUE TO  DUE TO	O(OR AS A CONSIDERATION OF AS A CONSIDERATION OF AS A CONSIDERATION OF AS A CONSIDERATION OF AS A CONSIDERATION OF INJURY — At I (1), etc. (Specify)  OF INJURY — At I (1), etc. (Specify)  OF INJURY — At I (1), etc. (Specify)	BOUENCE OF EQUENCE OF	28. F OTHER: 4   Nursing No E OF   28c. N W M   1 street, factory, off	PLACE OF DEA  me 5 Residually AT  ORK?  YES 2 Sides  tale and place, a  death occurred	NO NO	a Other (Specify,  28d. DESCRIBE H  28f. LOCATION (S City or Town, to to the cause(s) and	RFORMED?  S 2 NO  OW INJURY OC  treet and Numbe  State)  d manner as state, and due to the	or or Bural I	Onset and Des G A C A C A C A C A C A C A C A C A C A
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent conditions and the conditions of the conditio	DUE TO  DUE TO	OF INJURY  OF INJURY  OF INJURY  OF INJURY  OF INJURY  At It, etc. (Specify)  of my knowledge, axamination and/or	DOA 28b. Till Injuice of investigation of the 27 (Type, Inc. 2 to 1 to 2 to 2 to 2 to 2 to 2 to 2 to	26. F OTHER: 4   Nursing No E OF WM 1	PLACE OF DEA	NO NO NO NO NO NO NO NO NO NO NO NO NO N	a Other (Specify,  28d. DESCRIBE H  28f. LOCATION (S City or Town, to to the cause(s) and	OW INJURY OC  treet and Number  d manner as states, and due to to  29d. DAT	occured  or or Rural I  sted.  the cause(s)  1/3/4	Onset and Dec G h FS  3 G h FS  WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  a) and menner as stated.

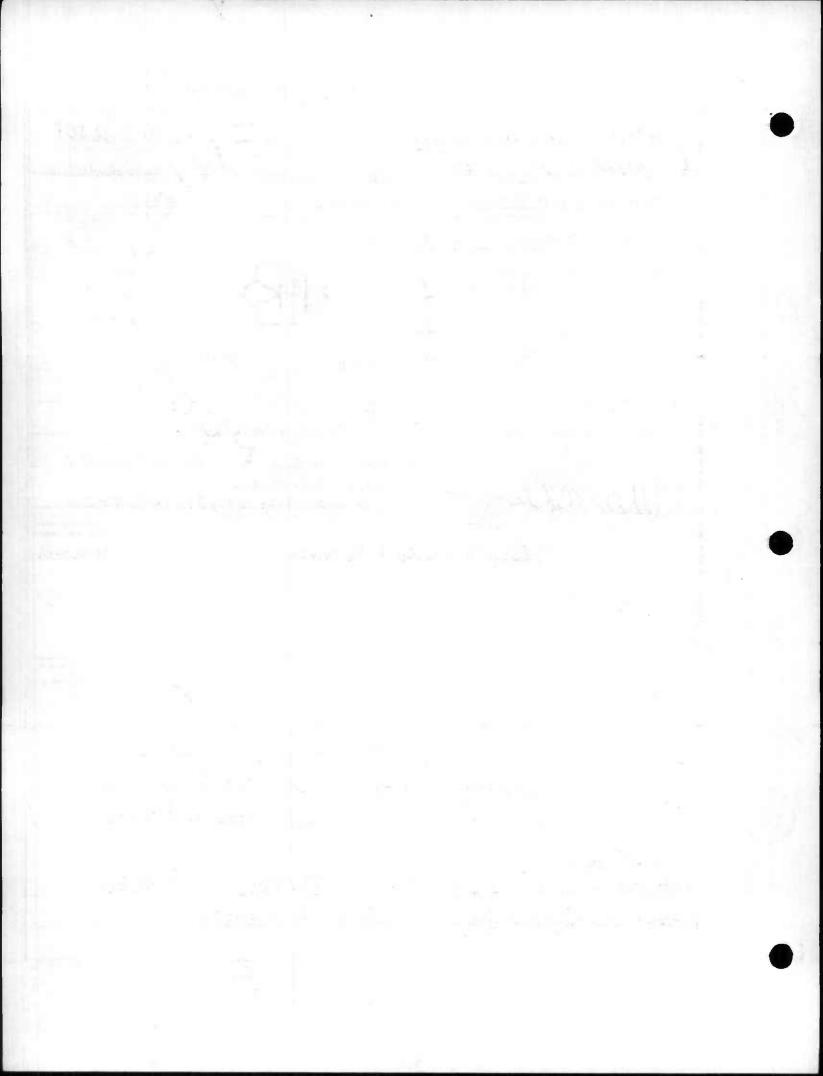
08795



BALTIMORE, MARYLAND 21203-3146	YSICIAN: The law requires that the death certificate be executed within L-, nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	n, or removal,	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-	TO THE FUNCEAL DIRECTOR: After this certificate has been signed by the attending physician and completely file	be filed within 72 from 1887 death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT	OF HEA	LTH AND EATH	MENTA	L HYGIENE REG. NO.	21	00730
	1. DECEDENT'S NAME (First, Midd	Michiel.	Padge	#			2. DATE	OF DEATH	91	EAR 3. TIME OF DEATH 250 P M
	4. SOCIAL SECURITY NUMBER 213-06-49	01	(In yrs. last birthday)	IF UNDER		UNDER 24 HRS	(Mon	of BIRTH th, Day, Year) 8-1968		BIRTHPLACE (State or Foreign Country) Washington [
_	9a. FACILITY NAME (If not institution					OCATION OF	DEATH		9c. COUNTY	
DIRECTOR	Clifton o	n the Potomac		Ne	wbur	<u>g</u>			Char	les
E	10a. STATE 10b.	COUNTY	10c. Cl		R LOCATION					10d. INSIDE CITY LIMITS?
		Charles		Ne	wbur					1 TES 2 NO
FUNERAL	100. STREET AND NUMBER 606 Winder	mere lane			101. ZII	20 <i>6</i>	6/1		10g. CITIZEN	USA
NE I	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. \	MAS DECENS			N? (Specify Year	or No.— 14.	. RACE — American Indian, Black, White, etc.
BY FL	1 Xivover Merried 2 Merri 3 Widowed 4 Divorced	forces? 1 YES	2/NO DATES		f yee, specif	Cuben, Mex	ican, Puerto ediy:	Rican, atc.)		Specify: White
COMPLETED		AT'S EDUCATION nest grade completed)  College (1-4 or 5+)	16a. DECEDENT' (Give kind of life. Do NOT	S USUAL OC work done ouse retired.)	CCUPATION during most o	worlding	16	b. KIND OF BUSI	NESS/INDUS	TRY
립	12	Conege (1-4 or 5+)	Elec	tric	ian			Electi	rical	
000	17. FATHER'S NAME (First, Middle,				10			Middle, Malden S		¥
BE	Stephen He  190. INFORMANT'S NAME (Typo/P	rold Padgett		0.4000500	100000 and			Ann S		
5	Stephen H.		DOM: NO CONT					ourg. Mo		
	20a, METHOD OF DISPOSITION	20	b. PLACE OF DISPO							y or Town, State
	1 Surial 2 Cremation 3 4 Donation 5 Other (Special	cify)	Trinity_					Wa	aldorf	, Maryland
1	21. SIGNATURE OF FUNERAL SE		0857	HL	intt F	UNETA	1 Hom		Md. 2	20604-0156
		ses, or complications that cause failure. List only one cause on								
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Ginsh	A CONSEQUENCE	MT -	tob	top				Onset and Death
ATION	Sequentially list conditions If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS	A CONSEQUENCE	OF):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE	OF):						
AL C	PART II. Other algoliticent of	conditiona contributing to death	but not resulting	in the ur	nderlying o	euse given	In Part 1.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
								1 TYES 2	_2	COMPLETION OF CAUSE OF DEATH?
MEDI										1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MI	EDICAL			26. PLAC	E OF DEATH	(Check only	one)		
SICI	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Ou	tpatient 3 🗆 DOA	OTHE	R:	5 🗌 Resider	-	her (Specify)	trinex	
PHY	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)		IME OF NJURY	28c, INJUR	Y AT		ESCRIBE HOW I	NJURY OCCU	RED
B	2   Paperdalit	etigetion 5 0 0	^11	P/M	1   YE	2 /NO	7.0	1+ INA	del	Rural Route Number,
ED	3 C\$uicide 8 Cou 4 Homicide date	ild not be building, etc. (Sp	necily)	i, street, rac	tory, office		CLE	ty or Town, State)	Poto	MA ?
COMPLET	29a. CERTIFIER 1 CERTIFY	ING PHYSICIAN: To the best of my kno	owledge, death occu	erred at the	time, date ar	d place, and	due to the		1 -	
OMF	(Check only	EXAMINER: On the basis of examinat								
BE C	296. SIGNATURE AND TITLE OF	CERTIFIER	\ 6		3	9c. LICENSE	NUMBER		29d. DATE 1	SIGNED (Month, Day, Year)
TO B	SUTTON	- Onto Co.D.	contr (V	4		レムフ	39%		1 3	1891
-	30. NAME AND ADDRESS OF PE	MESCAS RIFE	DEATH (ITEM 27) (Ty	pe, Print	cite	M	75	1616		,
	31. DATE FILED (HOND Day Year	91 32. REDISTRAN SISK	anature dson-Rand	M.						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Mental Hygiene prior to burial, cremation, or removal.	or other traumatic event, the medical examiner must be notified at once.
aw requires that the death certificate be execu	s been signed by the attending physician and	pt. of Health and Mental Hygiene prior to but	3 shows any injury, or other traumati-
TO THE HOSPITAL OR ALTENDING PHYSICIAN: The IA	JNERAL DIRECTOR: After this certificate has	thin 72 hours after death with the State De	APPRIANT: If them 28 is marked, or item 2.
THE H	TO THE FL	be filed w.	MPORTA

	1 SIAIE		ENT OF HEALTH AND		9	1 08797
8	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	7	ATE OF DEATH	REG. NO.  2. DATE OF DEATH MONTH DA	Y , YE.	3. TIME OF DEATH
		nningto	7	3-14-9	7/	1:30 " 4
ì	4. SOCIAL SECURITY NUMBER 5. SEX 8. 1 1 M 2 F		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/14/1911	L	HATNPLACE (State or Foreign Country)
OR	Say FACILITY NAME (If not institution love street and number) HAPTORD   EMONIA	Hosp 1	TAVE OF		9c. COUNTY	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Harford		own or location			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Aber	10f. ZIP CODE		10g. CITIZEN	1 X YES 2 □ NO  OF WHAT COUNTRY?
5	478 Holly Drive		21001		USA	
BY FUNERAL	11. MARITAL STATUS  1 Nover Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT FORCES? 1 FORCES? 1 FYES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)		done during most of working tired.)	To hom		
M	17. FATHER'S NAME (First, Middle, Last)	Home ma		In hom		
BE CC	Alonzo Scott		Ethel C	Fore		
10	19a. INFORMANT'S NAME (Type/Print)  Betty Beale		ORESS (Street and Number or Rural 1y Drive Aber			
	20a_METHOD OF DISPOSITION 1 \( \sum_{\text{Burlel}} 2 \sum_{\text{Communication}} \) Cremetion 3 \( \sum_{\text{Removal from State}} \) 4 \( \sum_{\text{Donation}} \) Donation 5 \( \sum_{\text{Other}} \) Other (Specify)	20b. PLACE AND DATE OF of cometany, crematory or of Angel Hill		3/18 Havr	cation - city e de G	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	anheo	22. NAME AND ADDRESS OF FA Tarring-Cargo Aberdeen, Mar	CILITY		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury.	aused the death. Do not on asch line.  LLL GUHA R AS A CONSEQUENCE OF):  R AS A CONSEQUENCE OF):	-4-	MUUUUS	ratory arrest,	Approximata Interval Between Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to de Character Stranger Part Character Part	into the not possiting in the	he underlying cause given in	Part I. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
SI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	1 00	26. PLACE OF OEATN (C)	neck only one)		
YSI	1 YES 2 DATO 1 Ampatient 2 DE	R/Outpatient 3 DOA 4	Nursing Home 5 - Rasidence			1000
ВУ РН	27. MANNER OF DEATH    Netural 5   Pending   Investigation		F 28c, INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUR	ED
		NJURY — At home, farm, street (Specify)	rt, factory, office	28f. LOCATION (Street : City or Town, State)		Rurel Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of m MEDICAL EXAMINER: On the basis of examiners.					use(a) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	M.D	29c. LICENSE NU	364	29d. DATE SH	GNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, PH	lo Graco	MDS	1070	2
	31. DATE FRED MONTH Day Yang 1 32. REGISTRAN	FLVI	41404		( ) ( )	

. I mayor W. A. and a di

	1. DECEDENT'S NAME (First, Midd		0.18.	4		DEATH	REG. N 2. DATE OF DEATH MONTH		3. 1 EAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	ORA S. SEX	RUBIA	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	3 -	6 - 0		9:4
14	577-48-4388	1 M 2 X		YRS.	MONTHS DAYS	HOURS MIN.	2 Maria Day ( ) ar)		Country)	
( ) ( ) ( )	9a. FACILITY NAME (If not institution	ion, give street and number			9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY		
TOP.	SUBURBAN HOS				BI	ETHESDA		MON	NTGOM	ERY
DIRECTOR		Dade			y, town on Loca th Miam				13494	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 3030 Marcos	Dr. #T403				M. ZIP CODE 33160		Unite		country?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced	ried FORCES?	EDENT EVER IN 1 YES IVE WAR OR DAT	2 NO	It yes, s	CENDENT OF HISPAN pecify Cuben, Mexicar S 2 NO Specify	, Puerto Rican, etc.)	bs or No- 14	RACE — / Black, Wr Specify:	American Indian, lite, etc.
ETED	15. DECEDEN	NT'S EDUCATION heat grade completed)  College (1-4 c	or 8+)					USINESS/INDUS	TRY	71222
COMPL	17. FATHER'S NAME (First, Middle, Menachem Ven		1	nomemake	: L	18. MOTHER'S NAM	Home  He (First, Middle, Maidle, Cochet	en Surname)	-	
BE.	19s. INFORMANT'S NAME (7/ype/P	Print)		19b. MAILING	ADDRESS (Street	and Number or Rural R		own, State, Zip Co	ode)	
5	Mrs. Corinne	Schrier (	dtr.)	204 M	fontvale	Terrace,	Silver S	Spring,	MD.	20904
	20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3		20b.		e of disposition (or other place) Memorial		10100	OCATION — CH		
	4 Donation 5 Other (Special Signature OF Full RAL SE		La	keside .	22. NAME A	ND ADDRESS OF FAC	CILITY	ami, Fl		
	1 Jan	us h	M.			nsky-Gold Rockville	_		_	
NO	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione if any, leading to immediate	a. My		CONSEQUENCE O	<u> </u>	ion				interval Be Onset and
RTIFICATI	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DU	E TO (OR AS A	CONSEQUENCE O	IF):					
MEDICAL CERTIFICATION	CAUSE (Disease or injury that initiated events	d				ng cause given in		AN AUTOPSY ORMED? 2 X NO	AMA COI OF	ULABLE PRIOR T MPLETION DF C/ DEATH?
MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant c	d			in the underlying		PERF	ORMED?	AMA COI OF	ULABLE PRIOR T MPLETION DF C/ DEATH?
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BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant of the examiner?  1 YES 2 NO  27. MANNER OF DEATH  Notural 5 Pend 2 Accident Invet 3 Suicide 6 Cout	EOICAL HOSPITAL 1 Properties (More stigation lid not be	ng to death bu  L: 2 □ ER/Outpe TE OF INJURY	at not resulting	28. F OTHER: 4   Nursing Ho ME OF 28c. III	PLACE OF DEATH (Chr me 5 Residence JURY AT ORK? YES 2 NO	PERF 1 VES  seck only one) 6 Other (Specify)	ORMED? 2 NO V INJURY OCCU	AMA COO OF 1	NLABLE PRIOR 1 MPLETION DF C DEATH?  YES 2 N
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BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the control of the cont	EOICAL HOSPITAL 1 Properties of the built remined and permined and per	L: 1 2 GER/Output TE OF INJURY rith, Day, Year)  ACE OF INJURY ACE OF INJURY ACID (Special Control of Examination)	atlent 3 DOA  28b. Till IN  — At home, ferm, fly)  edge, death occur a and/or investigati	28. F OTHER: 4 Numling Ho BE OF Street, factory, offi	PLACE OF DEATH (Chr me 5 Residence JURY AT ORK? YES 2 NO ice	PERF 1 YES  1 YES  6 Other (Specify) 28d. OEŞCRIBE HOV  28f. LOCATION (Sire City or Town, Stat  to the cause(e) end of time, date end place, 186ER	ORMED?  2 NO  V INJURY OCCU  st end Number or  te)  hanner as stated end due to the	AMA COI OF 1 [	ILLABLE PRIOR 1 MPLETION DF CI DEATH?  YES 2 N
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huaua Fact

Neff Ireal E

1. DECEDENT'S NAME (First, Mid	die, Last)	CERI	IIFICATI	OF DEATH	REG. NO 2. DATE OF DEATH		3. TIME OF DEATH
Chifte	on now	CLIF	TON L.	ROW	3 - /	5 - 9	7:48
4. SOCIAL SECURITY NUMBER  232-01-2404  9a. FACILITY NAME (If not institut	1 M 2 D F	74 YI	RS. MONTHS	TYEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year) MAY 25.1	916 W	BIRTHPLACE (State or Foreign Country) EST VIRGINIA Y OF DEATH
HOLY CROSS	HOSPITAL			VER SPRING	EAIH		GOMERY
MARYLAND	MONTGOMERY	- 2	SILVER	SPRING			10d. INSIDE CITY LIMITS? 1 YES 2 NO
3912 ILFORD R	OAD			101. ZIP CODE			EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Marria 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	EVER IN U.S. ARMED YES 2 NO OR DATES		20906 WAS DECENDENT OF HISPA If yee, specify Cuben, Maxici 1 YES 2 NO Specifi	an, Puerto Rican, etc.)		A. RACE — American Indian, Black, White, atc. Specify: WHITE
	NT'S EDUCATION heat grade completed)  College (1-4 or 5+)	(Give kin	VOT use retired.)	CCUPATION during most of working  INISHER	16b. KIND OF BO		
17. FATHER'S NAME (First, Middle		TORNI	TOKE F		AME (First, Middle, Maide	n Surname)	
W. JACKSON	ROW			PEARL	HAYES		
19a. INFORMANT'S NAME (Type/	<sup>2</sup> rire()			S (Street and Number or Flural	Route Number, City or To	wn, State, Zip C	Code)
EMMA Z. ROW	(WIFE)				VER SPRIN		
20e-METHOD OF DISPOSITION 1 D Burlai 2 Cremation		of cemetary, crem	natory or other p	place)	1		ty or Town, State
4 Donation 8 Other (Spe 21. SIGNATURE OF FUNERAL SE		GATE OF		N CEMETERY NAME AND ADDRESS OF FA	SIL	VER SP	RING, MARYLAND
semple	() (		FR	ANCIS J. COI	LINS FUNE	RAL HO	ME. INC.
Aronos	5 Mas	petro					
		2			BLVD.,W.	SIL.S	PR.,MD. 20901
	ses, or complications that c fallure. List only one cause				BLVD.,W.	SIL.S	PR.,MD. 20901 st, Approximata interval Between
shock, or heart iMMEDIATE CAUSE (Final	fallure. List only one cause	on each lina.	Do not antai	the mode of dying, suc	BLVD., W.	SIL.S	PR., MD. 20901 st, Approximate interval Batwee
shock, or heart	fallure. List only one cause	card	Do not antai	the mode of dying, suc	BLVD., W.	SIL.S	PR., MD. 20901 st, Approximate interval Batwee
shock, or heart IMMEDIATE CAUSE (Final disease or condition	fallure. List only one cause	on each lina.	Do not enter	the mode of dying, suc	BLVD.,W.	SIL.S	PR., MD. 20901 st, Approximata interval Batwee
shock, or heart iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions	DUE TO (O)	on each line.	Do not anter	the mode of dying, suc	BLVD., W.	SIL.S	PR., MD. 20901 st, Approximata interval Batwee
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shock, or heart iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of EXAMINER?  SEX 2 NO  27. MANNER OF DEATH Natural 8 Pen	DUE TO (OIL  DUE T	R AS A CONSEQUEN  R AS A CONSEQUEN  R AS A CONSEQUEN  EN/Outpatient 3 □ 0  UURY 28	Do not antai	tha mode of dying, such	T BLVD., W.  The second according to the second accord	SIL.S  Piratory sire  N AUTOPSY  PRMED?  2 □ NO	PR., MD. 20901  Approximate interval Betwee Onset and Deal Interval Betwee Onset and Deal Interval Betwee Onset and Deal Interval Betwee Onset and Deal Interval Betwee Onset and Deal Interval Betwee Onset Interval Betwee
shock, or heart iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of EXAMINER?  12. VAS CASE REFERRED TO ME EXAMINER? 12. VES 2 NO  27. MANNER OF DEATH 1. Netural 8 Pen 2 Accident Inve 3 Suicide 6 Cou	DUE TO (O)  DUE TO	R AS A CONSEQUENT AS A CONSEQUENT R AS A CONSEQU	DO not antai	the mode of dying, such that mode of dying, such that the control of the control	T BLVD., W.  The second according to the second accord	N AUTOPSY PRIMED?  2 NO	PR., MD. 20901  Approximate interval Betwee Onset and Dear Onset a

31. DATE FILED (Month, MAR 1 . 8 '9

32. REGISTRAR'S SIGNATURE gruha Davidson Randall

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ecuted with	nd comple	burial, crei	rtic even
ate be ex	hysician ar	prior to	r trauma
ath certific	tending pl	al Hygiene	or othe
hat the de	d by the al	and Ment	ny Injury
requires t	been signer	, of Health	shows a
V: The law	icate has t	State Dept	item 23
PHYSICIAL	r this certif	h with the	arked, or
TTENDING	TOR: After	after deat	28 Is m
TAL DR A	3AL DIREC	72 hours	If item
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
7	P	Z	=

30. NAME AND ADDRESS OF PERSON

AS HOLE

31. DATE FILED (Month, Day, Year)

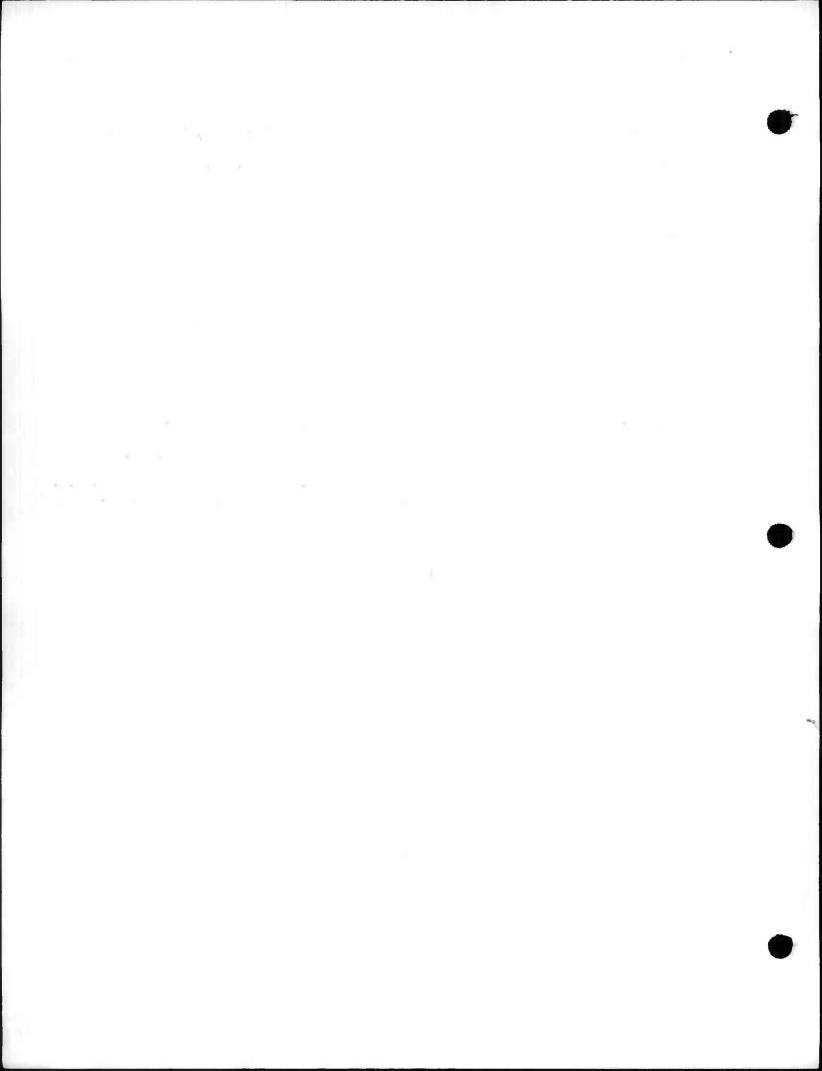
MAR 2 1 91

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
AR ANG, M.D. 2. C

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

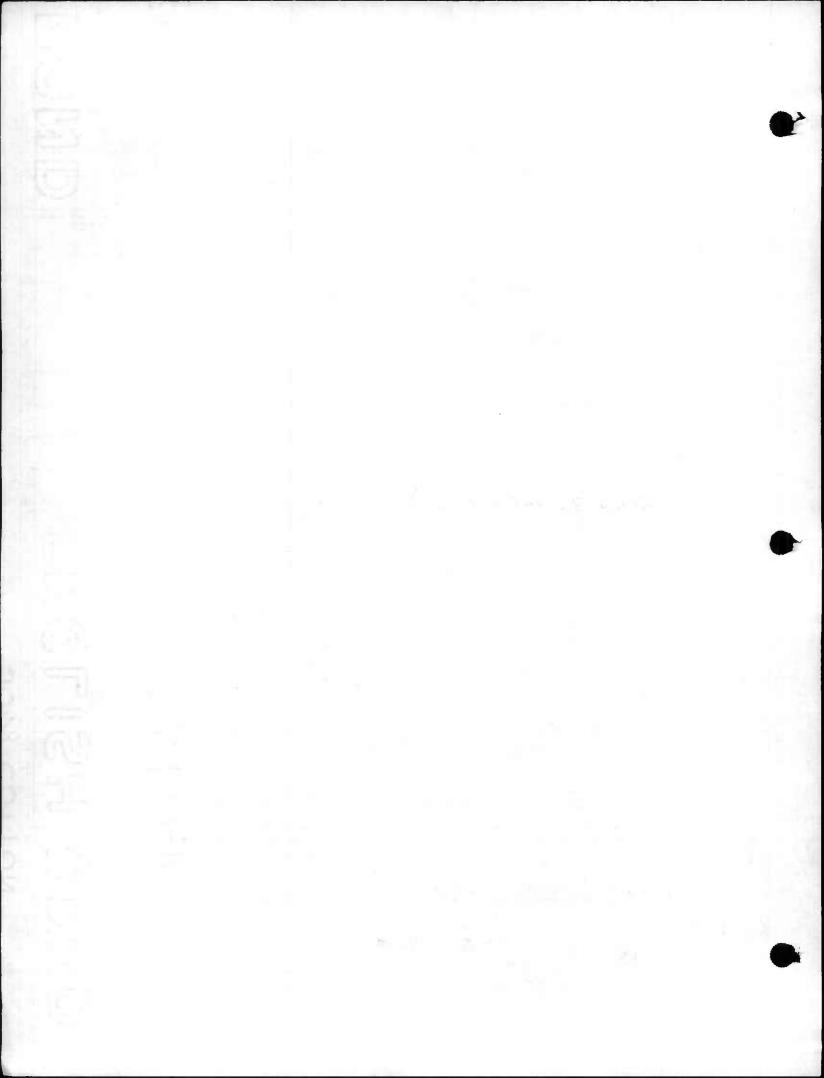
	FOR 1 - STATE REGISTRAR	STATE OF I				F HEALTH AND	MENTAL HYGIEN		1 08800
П	1. DECEDENT'S NAME (First, Middle, Last)	ERTS	- 02		IOAIL	DEATH	2. DATE OF CEATN MONTH	AY Y	3. TIME OF DEATN
<b>\</b>							March 20,		9:26 PM M
	4. SOCIAL SECURITY NUMBER 217-12-7018	5. SEX	6. AGE (in yrs. lest	YRS.	IF UNDER 1 YE MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) Aug. 23,1	904	BIRTHPLACE (State or Foreign Country) North Carolina
ОH	98. FACILITY NAME (If not institution, give str 428 Calvary Road	eet and number)				wn on Location of D hville	EATH	9c. COUNTY	of DEATH arford
5	RESIDENCE OF DECEDENT			40 000					
DIRECTÓR	Maryland H	arford			y, town on u nurchyi	lle			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	428 Calvary Road					21028		10g. CITIZEI USA	N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 🔀 Married 3 Nidowed 4 Divorced	FORCES?	NT EVER IN U.S. ARI I YES 2 X N MAR OR DATES		If yes	OECENDENT OF HISPA I, specify Cuban, Maxic YES 2 NO Speci		-	. RACE — American Indian, Bleck, White, atc. Specify: White
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5	(Gir	re kind of Do NOT u	se retired.)	PATION g most of working Handler	186. KIND OF BU	Governi	
BE COM	17. FATHER'S NAME (First, Middle, Linst) Emmett	Roberts	5			16. MOTHER'S N. Matil	AME (First, Middle, Meider da —	Surname) Kirby	
TO B	180. INFORMANT'S NAME (Type/Print) Bersie A. Roberts						Acute Number, City or Tow urchville,		
	20e. METHOD OF DISPOSITION  \$\int_{\coloredge} \text{Specify}  \text{Specify}  \text{Other (Specify)}	val from State	20b. PLACE Of other pie	of dispo	smon (Name of	of comotory, crometory or al Gardens	Bel	Air,	y or Town, State
	21. SIGNATURE OF FUNERAL BERVICE SPC	Wa_C	Samo.	111	Hov	ard K. Mc	Comas III	Funera	1 Home, P.A. n, Md. 21009
	21. PART I. Enter the diseases, or cahock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition					mode of dylng, au		olretory arres	
7	resulting in death)	DOE TO	O (OR AS A CONSEC	UENCE C	OF):				
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO	O (OR AS A CONSEC	UENCE C	P):				
CERTIFICATION	CAUSE (Disease or Injury that initiated events reaulting in death) LAST	DUE TO	O (OR AS A CONSEC	UENCE C	DF):				
S		*							
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions	a contributing to	death but not n	eaulting	In the under	lying cause given in		PIMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Ä									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF DEATH (C	theck only one)		
YS	1 TYES 2 NO		☐ ER/Outpatient 3		4 🗆 Nursing	Home 5 Residence	1		
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		Day, Year)		JURY M 1	WORK?	26d. OEŞCRIBE HOW	INJURY OCCU	REO
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At ho j, atc. (Specify)	me, farm,	street, factory,	office	26f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	one)	8 24-1-10					us to the cause(s) and more time, data and place, s		cause(a) and manner as stated.
HE HE	296. SIGNATURE AND TIPLE OF CERTIFIEF	new	y N	10		D 2 4	DMBER 576	29d. DATE	Morth, Day, Year)
2	30, NAME AND ADORESS OF PERSON WHO	COMPLETED CA	HOE OF BEATH STE	4 on (1.	. 0-1-4		1 -		<del></del>

COL

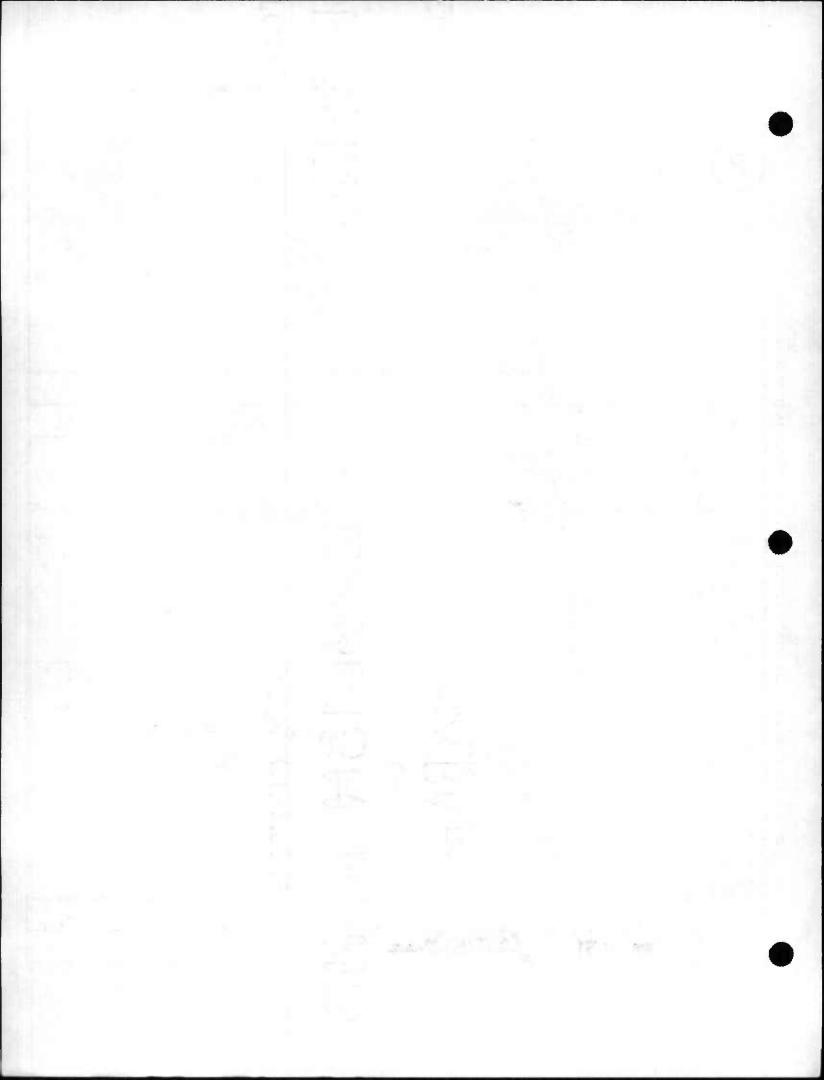


		FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTM			NTAL HYGIENI REG. NO.	E 9	1 08801
		1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH	YEAR	3. TIME OF DEATH
		William William	B. L.	Reed		M	arch 18		
P	1				UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8. BIR Cou	THPLACE (State or Foreign intry)
1		413-30-4413	□X  2 □ F   87	YRS.			(Month, Day, Year) 8/28/0	3 M	ID .
2, 3 shan	стоя	96. FACILITY NAME (If not institution, give street  Memorial Hospi			Eastor	r location of deati	1	90. COUNTY OF Talbo	
es 1.	E	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CITY, To	OWN OR LOCATI	ON			10d. INSIDE CITY
Pages	DIRE	MD Tall	bot	1	Easton				LIMITS?
permit.		104. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?
12	E	#18 Laurel St	reet		_	21601		USA	A.
21215-0020  If or attending physician.  Nor use as the burial-transit	BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	K) NO	If yes, spe	ENDENT OF HISPANIC belty Cuban, Mexican, I 2 NO Specify:	ORIGIN? (Specify Year tuerto Rican, etc.)	Bio	ACE — American Indian, ack, White, etc. ec/ly: White
215 attend	8	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION 16a	DECEDENT'S US	UAL OCCUPATIO	N et al waddag	16b. KIND OF BUS	INESS/INDUSTRY	
21 al pr for u	回	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re		t or working			
YLAND by the hospit be detached at once.	COMPLET	7th		Farme	r		Farmi		
y the hose be detach	8	17. FATHER'S NAME (First, Middle, Last)	a			and the second second	(First, Middle, Maiden		
	BE	William C. Ree	<u>u</u>	405 MAN INO AD	20500 (0)	LIOUIS	a Porte		
	5	Madge H. Reed		#18 L	aurel	St. Eas	ton, MD	21601	l
ORE e 6 may ector, pa		20a. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Remov	al from State of ceme	ACE AND DATE OF	other place)			CATION City or	
MC direct direct m		4 Donation 5 Other (Specify)		dlawn I				ston, M	4D
BALTIMORE, as after death. Page 6 may be n by the funeral director, page removal.		JOHN R.		$C_{\circ}$		M Funer Harri		East	on, MD 2160
B. nours after of in by the or removal		23. PART I. Enter the diseases, or co	mplications that caused the st only one cause on each		entar the mod	da of dying, such a	a cerdiac or reapi	ratory arrest,	Approximate Interval Between
DO DO E		IMMEDIATE CAUSE (Final	st only one cause on each		-1		cad	1.50	Onset and Death
within 24 Inpletely fille cremation, vent, the	- 1	disease or condition resulting in deeth)	cornery	aute	a du	ra ava	- Cond	4	
68760, ecuted within and completely burial, crema			DUE TO (OR AS A 60	NSEQUENCE OF):					
68 and count	NO	Sequentially list conditions, b.	DUE TO (OR AS A CO	M -CT-C					
Tau Clan	CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	0500	05 (02	abi	CanA	ivori a	04	
Phy phy	윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO		0100		-(000) -0		Ju
0	E	resulting in death) LAST		de	rees	0			783.
0 0 0 5	- 11	PART II. Other algolificant conditions	and the standard and the standard				I		
RD at the by the and M	CAL	PART II. Other aignificant conditions	get w	in Los	the underlying	Course given in Pa	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
RECOR requires that been signed by of Health an	MEDIC	- Gazetti 102	75170	(LAU/11	ne	0.0.0.	1 🗆 YES 2	ĭ NO	OF DEATH?
RE requirements of H	M	70.04.40	d desea	10			-		1 YES 2 NO
11TAL RECORE  N: The law requires that th icate has been signed by State Dept. of Health and Item 23 shows any In	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	u a san		26 PI	ACE OF DEATH (Check	only one)		
F # 98 5	Sici	EXAMINER?	HOSPITAL:		THER:	21 10 - 11 - 2			
CIA ICIA	H	27. MANNER OF DEATH	26a, DATE OF INJURY	26b. TIME C	F 28c INJ	e 5 Residence 6	Bd. DESCRIBE HOW I	NJURY OCCURED	
PHYSIC this cer with th		1 Natural 5 Pending	(Month, Day, Year)	INJUR		RK? res 2 NO			
DIVISION OF OR ATTENDING PHYS DIRECTOR: After this of hours after death with Item 28 is marked,	D BY	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY in building, etc. (Specify)	At home, farm, stre	et, factory, office	2	Bf. LOCATION (Street		al Route Number,
IS afte	W	4 Homicide determined	bulleting, etc. (Specify)				City or Town, State)		
	PLET	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowledg	e, degith occurred	at the time, date	and place, and due to	the cause(a) and mar	nner sa stated.	
HOSPITAL FUNERAL WITHIN 72 I	COMPL		On the basis of exemination a						e(a) and menner as steled.
HOS HOS		296. SIGNATURE AND TITLE OF CERTIFIER	101	1.1	7	29c. LICENSE NUMB	ER	29d. DATE SIGN	IED (Month, Day, Year)
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	The market	autuh	V W	1			▶ 3/	18 /91
FFA	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	OTES 27 (Type, P)	Sive)				/ / -
/3		Albert T. Dawk		508 Id	lewild	d Ave. E	aston, l	MD 216	01
7	0	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	RE Andel	2				
	- 0	MAR 21'91	a series and the						

DHMH-16 Rev 1/89



	1. OECEDENT'S NAME (First, Middle, Last)  Faye	B. Ru	ıff			7			2. OATE OF OI	TATH TANK	91EAR	3. TIME OF DEATH 2:14 a
)	4. SOCIAL SECURITY NUMBER  220-26-8917	5. SEX	6. AGE (In yrs. las		NTHS (	YEAR DAYS	IF UNDE	24 HRS.	7. DATE OF BII (Month, Day, 10/1	RTH Year)	8. BtRT1	HPLACE (State or Foreign in)  ryland
ВО	9a. FACILITY NAME (If not institution, give s  Memorial H  RESIDENCE OF DECEDENT		1	9			ton.	ON OF D	EATH		Inty of d	
DIRECTOR	10a. STATE 10b. COUNTY	cheste	r	10c. CITY, 1			s b u i	~ a				10d. INSIDE CITY LIMITS? 1 YES 2 Y NO
	Rt. 1, Box 1	94C			40.		f. ZIP COD				J.S.	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 XN WAR OR OATES		17.3	yes, sp		ın, Mexico	n, Puerlo Rican,	ocify Yea or No— atc.)		E — American Indian, ik, White, etc.
COMPLETED	15, OECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5	(G life.	CEDENT'S US tive kind of wor Do NOT use I	k done du etired.)	CUPATH ring mo	ON ost of work	ing	11000000	of Business/in		1
BE COM	17. FATHER'S NAME (First, Middle, Last)  Kemp Bramb									Bramb	l e	
10 8	Robert L. Ruff									y or <i>Town, State, 2</i> alsbur		ID 21632
	20a. METHOD OF CISPOSITION    Qurial 2 Cremation 3 Rem  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIE		of cemetary	and date of crematory or Cres	t C	<sub>се)</sub> е m			3/13	Feder	alsb	
	23. PART I. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. AThir	net coused the desire on each line  O S C / c^2 n O  O (OR AS A CONSE	Tric		,					rreat,	Approximate interval Between Onset and Deat
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	O (OR AS A CONSE									
MEDICAL CI	PART II. Other eignificent condition	na contributing t	to death but not i	reaulting in	the und	leriyin	ng ceuse	given in		WAS AN AUTOPS' PERFORMED? YES 2 1 10	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PRO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER:		LACE OF	OEATH (C	heck only one)			
/ PHYSICI	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpetient 2	DER/Outpetient 3 DF INJURY Day, Year)		☐ Nurel	ng Hor 28c. IN. W	JURY AT ORK? YES 2		8 Other (Spe 28d. DESCRIB	elly) E HOW INJURY O	CCURED	
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined		OF INJURY — At he g, etc. (Specify)	ome, firm, str	et, facto	ry, offic	Ce		281. LOCATION City or Tox	(Street and Numb vn, State)	er or Rural	Route Number,
COMPLE	29e. CERTIFIER 1 CERTIFYING PHYS											(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIE  30. NAME AND ADDRESS OF PERSON WI	no	D	M 27) (Ten 6	lu/=al		md	ENSE NU	31466	<b>&gt;</b>	3/11	(Month, Day, Year)
	Ludwiff T. Eg L  31. DATE FILED (Month, Day, May)	sed Ex	III MI	) 6	06	,	DUTE	lin	mis for	gart by	170~	m/ 21601



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF		/ DEPARTMENT OF HEALTH CERTIFICATE OF DEAT		HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)	TIOTON	מת ד זהדע	DTOUL DROOM	2. DATE (	OF DEATH DAY

	REGISTRAR	CERTIF	ICATE OF D	EATH	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) ELOISE KE	LLER RICH	ARBSON		2. DATE OF DEAT MONTH MAR.	DAY	3. TIME OF DEATH
	346-18-5415 1 □ M 2 🖾 🛊	AGE (In yrs. lest birthday) 83 YRS.		UNDER 24 HRS, DURB MIN.	7. DATE OF BIRTH	21907	DEPTINE ALABAMA
LOR	9a. FACILITY NAME (if not institution, give street and number) 1004. KENSINGTON WAY		ANNAPOL			HOL THE	NE ARUNDEL
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  ANNE ARUNDEL		Y, TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 14 YES 2 NO
FUNERAL	100. STREET AND NUMBER 904 SPA ROAD		101. ZI	21401			EN OF WHAT COUNTRY? U.S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married  \$\int \text{Midowed} \text{ Midowed} \text{ Divorced}  12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR	YES 2 10	If yes, specif		IC ORIGIN? (Specif n, Puerto Rican, atc		4. RACE — American Indian, Black, White, atc. Specify: BLK
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION work done during most of	d working	18b. KIND OF	BUSINESS/INDU	STRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT u	RIAN RETI		**	****	***
	17. FATHER'S NAME (First, Middle, Last) UNKNOWN		11		ME (First, Middle, Ma UNKNOWN	iden Surname)	
TO BE	19a. INFORMANT'S NAME (Rype/Print) ANDRES G. BLACKSTONE		ADDRESS (Street and				
	20-vMETHOD OF DISPOSITION  ***HO Gurial 2	other place)	SITION (Name of comets			NNAPOLT	ty or Town, Stata S, MD. 21401
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE CHARLES E. HICKS 111	3/1811	22. NAME AND	ADDRESS OF FAC	CILITY	- 00	21401 T DR. ANNA.MD.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	rosepsis as a consequence o rinary Tra as a consequence o eneralized as a consequence o	ct Infect  Debility	ion			
ER	d. A	lzheimer's	Disease				
DICAL	PART II. Other algorificant conditions contributing to de-	eth but not reculting	In tha underlying c	ause given in	PE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLAC	E OF DEATH (Chi	eck only one)		
SIC	EXAMINER?   HOSPITAL:   1   1   Inputient 2   EF	VOutpetient 3 □ DOA	OTHER: 4 Nursing Home			1 7	
BY PHYSICIAN: ME	27. MANNER OF DEATH  1 Netural 5 Pending  28a. DATE OF INJ (Month, Day, 1)	URY 28b. TIN	AE OF 28c. INJURY WORK	Y AT		OW INJURY OCCU	illary Care
	Z PECIOPIR	JURY — At home, farm, (Specify)	street, fectory, offica		281. LOCATION (S City or Town,	treet and Number o State)	r Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 To CERTIFYING PNYSICIAN: To the best of my one) 2						
BE	29b. SIGNATURE AND SITLE OF CERTIFIER	4 -5.	2	9c, LICENSE NUM		<b>.</b>	SIGNED (Month, Day, Year)
D D	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (	OF DEATH (ITEM 27) (Type	a, Print)	- D 10	508	Mar	rch 19 1991
	Donald C. Roane, M.D. 1616	Forest D	R. Annapol	is. MD	21403		
	MAR 1 9 1991 Julie Devidson	Handell					

ELECTRONIC STATE

DWISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HISTORY CAN ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit of the page 2, 2, 2, 3 should be detached for use as the bunial-transit permit before the page 3, 3, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,
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DR. CHANG OH,
31. DATE FILED (Month, Day, Year)
MAR 1 5 1991

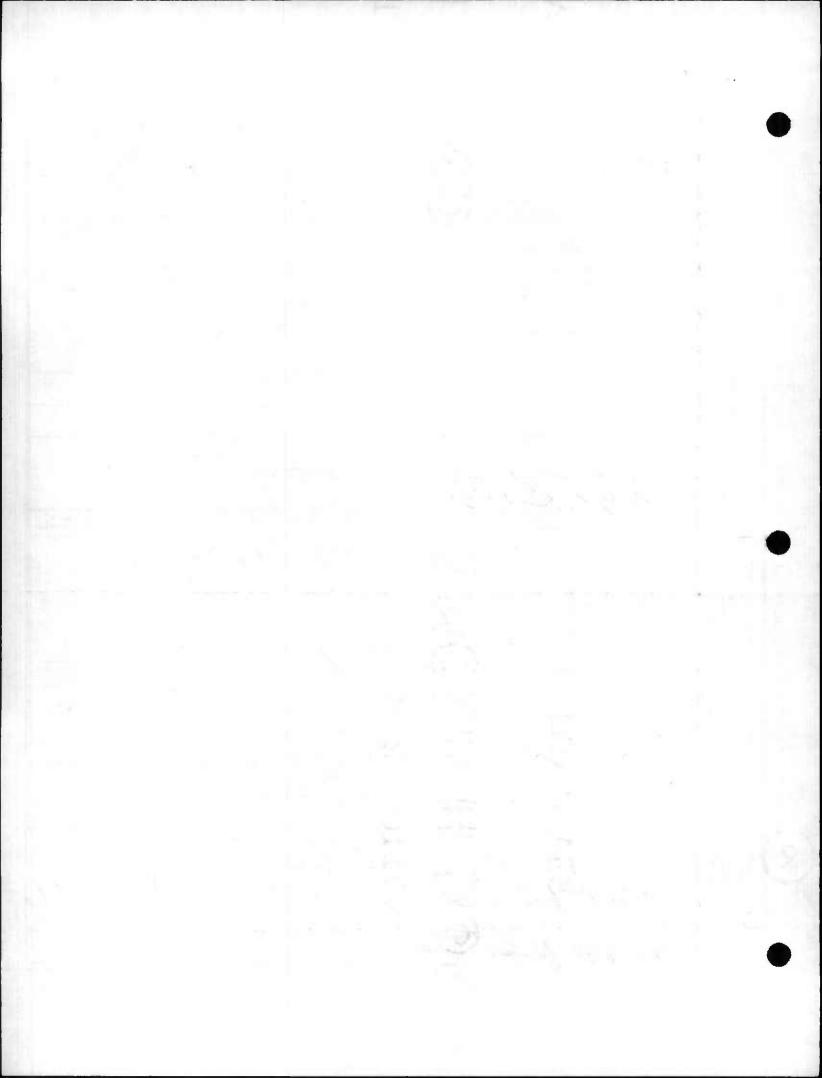
M.D

JOSEPH HEN	t, Middle, Last)	ЕВФСОМ	NE.		ICATE				REG. NO  2. DATE OF DEATH  12		9 FAIT	3. TIME OF DEATH 19:59 P
4. SOCIAL SECURITY NUM		EKTSUN 5. SEX	4 405 5 1-			uman I				2 19		
236-14-04		XX M 2 F	6. AGE (In yrs. la.	st birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  WONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year) 5 / 16 / 189	ı Q	BIRTHPLACE (State or Foreign Country)			
9a. FACILITY NAME (If not			72		9b, CITY, 1	DWN OF	LOCATIO	ON OF DE		-	MAI MAI	yland
SACRED HE	ART HO								YLAND		EGAN	
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCATIO	ON	_				10d. INSIDE CITY
Maryland	A1:	legany		Barton								LIMITS?
10e. STREET AND NUMBER						10f. :	ZIP CODI	E		10g. CIT	IZEN OF W	HAT COUNTRY?
Rt. 1	30x 15	54				2	152	1		US	A	
11. MARITAL STATUS  1 Never Married 2 Married FORCES? 1 YES 2 5 1 FYES, GIVE WAR OR DATES.					11	yes, spec	cify Cuba		IIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No-	Black	- American Indian, c, White, etc.
X₩ Widowed 4 □ Div	orced	IF 123, GIVE V	MAN ON DATES		''	1E3 .	XX	Specin	<i>y.</i>		Speci	White
15, DE (Specify or	CEDENT'S EDU	CATION completed)	16a, Di	ECEDENT'S	USUAL OCC	CUPATION	N t of working	na	16b. KIND OF BU	SINESS/IN		
Elementary/Secondary	0-12)	College (1-4 or 5	4)		work done du se retired.)	any most	. un while hill	- 10	Cara			
	a	n/a	M:	iner		_			Coal			
17. FATHER'S NAME (First, Middle, Last)									ME (First, Middle, Malden			
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  n/a  17. FATHER'S NAME (First, Middle, Last)  George Robertson  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Miner  18. MOTHER'S NAME (First, Middle, Last)  Catherine Symons												
19a. INFORMANT'S NAME		taan	16						Route Number, City or Tow	215	_	
Joseph 1		LSUII				_		art	on, Md.	-		to see the
XX Sprial 2 - Cremet	on 3 - Rem	ovel from State	of cemetan	v. crematon	or other pla	ce)					City or To	
4 Donation 5 Other	-	CENSEE /	Laur	5T H				SS OF FA	3 1/15/91 Ba	artor	1 , N	d
· Wa	ne	Bra	l V			Boa	1-W	arn	ick Funer ort Md.	ra1	Home	
23. PART I. Enter tha	disesses, or	complications the	nt caused tha d	eath. Do	not anter t					iratory a	rreat,	Approximsta
IMMEDIATE CAUSE (F disease or condition		Acu	te f	en	i'Ha!	tre	1	10	ilue			Onset and Daar
reaulting in death)	7	DUE TO	(OR AS A CONSE	OUBNCE O	F):	1	1	Ja			01	2 7
Sequentielly list condi	tions C	DXACE	wate	on	Q-1	ur	our	ic	Doshuet.	ive	mer	in Disea
If any, leading to imm	ediate	DUE TO	(OR AS A CONSE	OUENCE O	# 4	20	1	Z	Tailus	0		
cause. Enter UNDERL' CAUSE (Disease or In		of John St	OR AS A CONSIL	DUENCE O	The	ur	1	//	michie			
that initiated events reaulting in death) LA	ST	(allo	MADA	/_ /	Car	In	1	7	iseas	0		j _
	•	Cerco	an org	- 1	Vu.	UV		4				
PART II. Other algnific	ant condition	ne contributing to	death but not	resulting	In the und	erlying	ceuse	given in	Part I. 24a. WAS AN		24b	WERE AUTOPSY FINDING
									1 _ YES :			COMPLETION OF CAUSE OF DEATH?
									_			1 TYES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOOFITA					ACE OF 0	EATH (Ch	eck only one)			
1 TES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 DOA	4 Nursi		5 🗆 R	esidence	6 Other (Specify)			
27. MANNER OF DEATH 28s. DATE OF INJURY				26b. TIN	JURY M	26c. INJU WOF	PRY AT RK?	] NO	28d. DESCRIBE HOW	INJURY O	CCURED	
27. MANNER OF DEATH			OF INJURY — At h	ome, ferm,	street, factor	ry, office			28f. LOCATION (Street		er or Rural i	Route Number.
2?. MANNER OF DEATH  1 Natural 5  2 Accident	Could not be determined	28e. PLACE ( building	, etc. (Specify)						City or Town, State	)		
27. MANNER OF DEATH  1 Natural 5  2 Accident 3 Suicide 6  4 Homicide	Could not be determined	building	, etc. (Specify)	- 6	) -	-0.5314			to the cause(a) and ma			

PLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
LE Davidson-Pondale

FROSTBURG, MD 21532



TO BE COMPLETED BY FUNERAL DIRECTOR

e hosp	letache		nce.
N th	pe d		at o
g peur	ponid		fied
el el	5 5		no to
ay be	page		be
9	ctor,		nus
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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N	R. Aff	er de	-
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100	-UNE	within	ANT
3	분	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	PORT
P	'n	Pe t	M

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN REG. NO.	_	1 00000
1. DECEDENT'S NAME (First, Middle, Lest)	Riley				2. DATE OF DEATH DO	W ON	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-30-3463	5. SEX 6. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct.31,1	932	BIRTHPLACE (Store or Foreign Country) Maryland
9a. FACILITY NAME (If not institution, give s Rarford Men		1 1	LOVEY	DR LOCATION OF DI		Nar Nar	
10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	rford	Ab	erdeen 101	. ZIP CODE			12 YES 2 □ NO  OF WHAT COUNTRY?
47 Swan Street  11. MARITAL STATUS 1  Never Merried 2 Merried 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp		NIC ORIGIN? (Specify Yearin, Puerto Rican, etc.)	U.S. 1 or No.— 14.	A.  RACE — American Indian, Black, Whita, etc.  Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5 +)	Give kind of wo. ite. Do NOT use  Homemal	rk done during mo retired.)	ON ast of working	166. KIND OF BUS		
17. FATHER'S NAME (First, Middle, Lest) William Anders	on			Ella	ME (First, Middle, Maiden Morris	Sumame)	
19a. INFORMANT'S NAME (Type/Print) Lisa A. Riley			Swan St		Rouse Number, City or Tow rdeen, Mary		21001
26g, METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Rem 4  Donation 5  Other (Specify)	oval from State of ce	metery, crematory of DIIN SOU	r other place)	1	3/18/ Dub		or Town, State  Iaryland
21. SIGNATURE OF FUNERAL SERVICE LIN	ENSEE	ble	Tarr	ing-Care		Home,	P.A.
23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Phemos (Due to (OR AS A C	ch line.		ode of dying, suc	th es cerdiec or reep	iratory screat	Approximate Interval Between Onset and Death  16 days  10 days
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF:	1_				20 40 40 40
PART II. Other algorificant condition  Conyective Carol  Morbid Ober	tomyspathy		the underlyin	g ceuse given in	Part I. 24a, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2  NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   YNO	HOSPITAL:		OTHER:	LACE OF DEATH (C/	1000000		
27. MANNER OF PEATH  1 Natural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. IN.	JURY AT DRK? YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUR	RED
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	– At home, farm, str y)	reet, factory, offic	:e	26f. LOCATION (Street City or Town, State	and Number or )	Rural Route Number,
and and	ICIAN: To the best of my knowle				e time, data and place, a	nd dua to the c	ause(a) and menner as stated.
30. NAME AND ADDRESS OF PERSON WI	MD ANDREN	TH (ITEM 27) (TYPE.		222	436	11.01.4 1.01	IGNED (Month, Day, Year)
31. DATE FILED (Moreth, Day, Year) MAR 15 91	32. REGISTRAR'S SIGNAL						

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BALTIMORE, MARYLAND 21203-3146

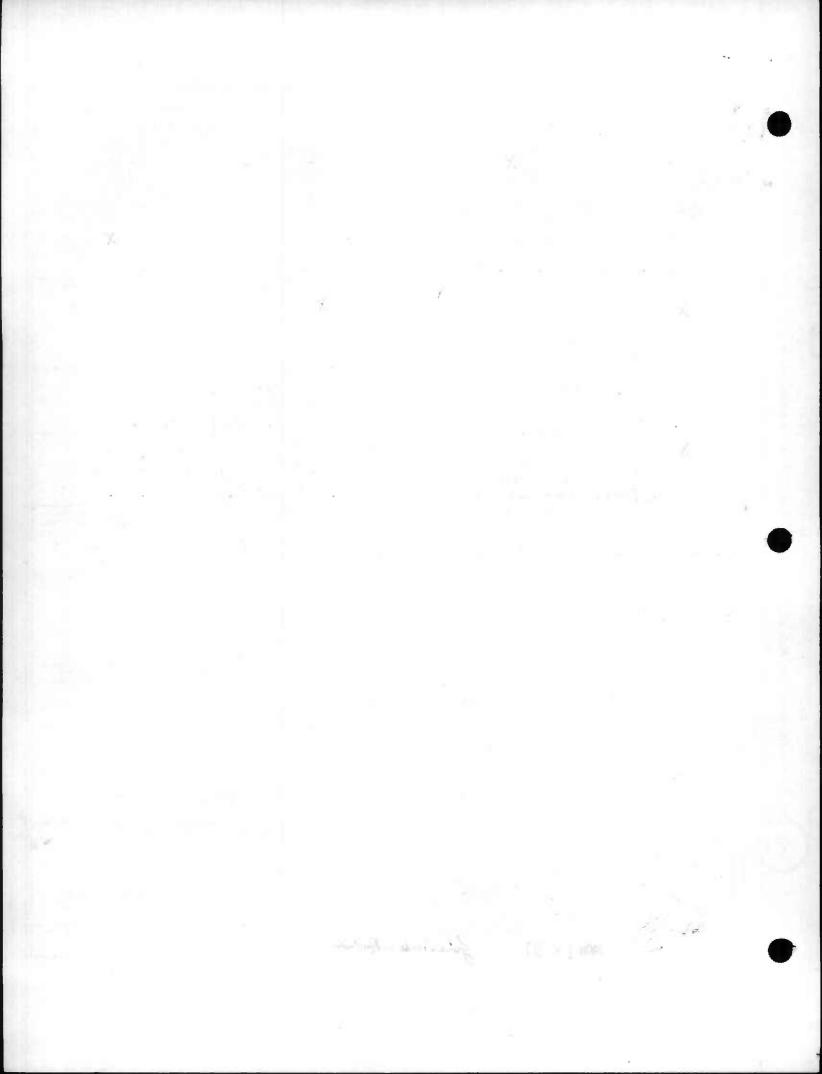
TO THE CONTENDING PHYSICIAN: The law requires that the death cartificate be executed within a minor of leading. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL UNECTUR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-bransit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND				ENTAL I	HYGIENE
C	ERTIFICATE	OF DEAT	Ή		REG. NO.
			$\overline{}$		

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND MEN	NTAL HYGIEN REG. NO.		00000	
1. DECEDENT'S NAME (First, Middle, La Jennie G. Ri	,				DATE OF DEATH OF	1991	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 220-16-0783	1 □ M 2 X F 9	O YRS.	IF UNDER 1 YEAR	HOURS MIN.	Month, Day, Year)	0 Mai	TTHPLACE (State or Foreign Cyland	
98. FACILITY NAME (If not institution, gi Carroll County G	General Hospita			LOCATION OF DEATH		ec county of		
Carroll County G		10c. CITY,	Hainpste			10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO		
1326 N. Main Sty  1. Marital status	eet, Apt. #7		101.	21074	10g, CITIZEN OF WHAT COUNTRY? USA			
3 Wildowed 4 Divorced	12, WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	If yes, spe	NOENT OF HISPANIC Of City Cuben, Mexican, Pu 2 NO Specify:	В	14. RACE — American Indian, Bleck, White, etc. Specify: White		
15. DECEDENT'S (Specify only highest grant only highest gran	EDUCATION rade completed) College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use HOUSE!	rk done during mos retired.)		16b, KIND OF BUS	SINESS/INDUSTR	Y	
deorge E. Hughe	First, Middle, Melden epta Lep							
G. Loretta Harr	ris			cer Road,				
29a METHOD OF DISPOSITION  1 Burlet 2 Cremation 3 5  4 Donation 6 Other (Specify)		Nestey Cel		etery, cremetory or		npstead, Maryland		
21. SIGNATURE OF FUNERAL SERVICE	W. Eline			Main Str			Home Md. 21074	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF)	sion	Failu	le_		Jews	
PART II. Other algnificant condi		but not resulting in	the underlying elase	cause given in Par	t I. 24a. WAS AN PERFOI . 1 TYES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Check	only one)			
25. WAS CASE REFERRED TO MEDICA EXAMINER?  1   YES 2   YNO  27. MANNER OF DEATH  1   Yes 1   Pending   Investiget  2   Accident  3   Suicide 6   Could not determine determine	28e. PLACE OF INJUR building, etc. (Spi	28b. TIME INJU	OF 28c, INJ IRY WO 1 1	RK? 'ES 2 NO	d. DESCRIBE HOW  1. LOCATION (Street City or Town, State	and Number or Ru		
anal	HYSICIAN: To the best of my know						se(s) and manner as stated.	
29b. SIGNATURE AND TITLE OF CENT	0 / - / . / /	no		29c. LICENSE NUMBER		. 7	NED (Month, Day, Year)	
HASAN B.	ABATURK	EATH (ITEM 27) (Type,	emmoria	ogrand	Westmin	isk Md	21157	
31. DATE FILED (Month), Day, Year)	32. REGISTRAR'S SIG	Pulia Deviden	Aprile				DHMH.16 Day 1	



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, MAR 18

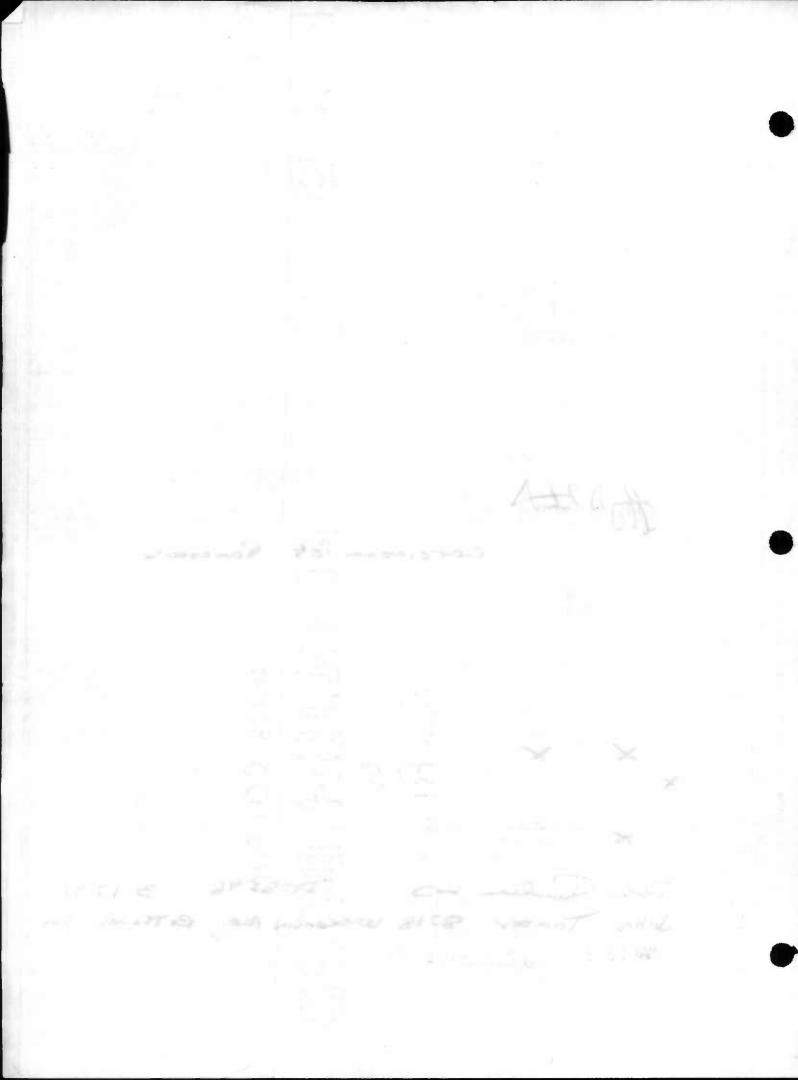
'91 8

		- CI	-NIIII	CATE	UF	DEATH	_	REG. NO				
I. DECEDENT'S NAME (First, Middle, Lest)  Francis J.	Storty						MON	E OF DEATH	AY 100	VEAR	2.07	
4. SOCIAL SECURITY NUMBER		AGE (in yrs. les	t hirthrian	IF UNDER	1 VEAM	IF UNDER 24 HR	Mar	E OF BIRTH	, 199		2:07 A	
578 18 4388	1 1 M 2 □ F	71	//	MONTHS	DAYS	HOURS MIN	Apr	11 7,1	919	Country).	ngton, D.C	
a. FACILITY NAME (If not institution, give a				eh CITY	TOWN O	R LOCATION OF				TY OF DEA		
Suburban Hospital	•								ntgomerv			
RESIDENCE OF DECEDENT	•				- OII C				1	110901	icz j	
On. STATE 10b. COUNTY					DR LOCAT	ON				1	Od. INSIDE CITY LIMITS?	
-	omery		Be.	thes						1	YES 2 X NO	
DE. STREET AND NUMBER					101	ZIP CODE					AT COUNTRY?	
6006 McKinley Str						20817				ted S	States	
1. MARITAL STATUS  Never Merried 2 Merried  Widowed 4 Divorced	12. WAS DECEDENT IF FORCES? 1 2 IF YES, GIVE WAI WORLD WAI	YES 2 1		- 1	If yes, spe	ENDENT OF HIS cify Cuban, Me 2 3 NO Sp	icen, Puert		s or No—	Black,	RACE — American Indien, Black, White, atc. Specify: White	
15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S I	USUAL O	CCUPATIO	N	1	Sb. KIND OF BU	SINESS/IND	USTRY		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G	live kind of w Do NOT use	ork done retired.)	during mo	st of working		11/11/2005		est. Per		
-	4	Or	wner					Movie	Theat	res		
7. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (First	, Middle, Melden	Sumame)			
Frank Storty					Josephine Paroni							
e. INFORMANT'B NAME (Type/Print)						nd Number or Ru				,		
Martha V. Hilton			3603	Fair	cast	le Dri	ve, C	hevy C	hase,	Mary	land 2081	
0s, METHOD OF DISPOSITION  Burlet 2 Cremetion 3 Rem Donation 6 Other (Specify)			ANO OATE	or other p	mete	ry 03	-19-	Sui	tland	-	ryland	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	M0068	9	HC Wi	me/E	ethesd sin Av	a-Che enue,	Robert vy Cha Bethe	A. P se, I sda,M	umphr nc. 7 laryla	ey Funera 557 and 20814	
23. PAH I breenth diseases, or should be heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a		CIN	om		da of dying,					Approximata Interval Betwee Onset and Dest	
Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING	b	AS A CONSE										
CAUSE (Disease or Injury that Initiated events resulting in daeth) LAST	cDUE TO (C	R AS A CONSE	OUENCE OF	):								
	na contributing to d	eath but not	reaulting i	n tha u	ndariyin	g cause given	in Part I.	24s. WAS AI PERFO	RMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PART II. Other algnificant condition							-				YES 2 NO	
		-	9							_		
PART II. Other algolificant condition	HOSPITAL:	ER/Outpetient	3 🗆 DOA	OTHE	R:	ACE OF OEATH		20101				
PART II. Other algnificant condition  15. WAS CASE REFERRED TO MEDICAL EXAMINER?		JURY	26b, TIMI	4 🗆 Nu	R: rsing Horr 28c. INJ WO	e 5 🗆 Resider	ce 8 🗆 O	20101	INJURY OC	CUREO		

LETED CAUSE OF DEATH (ITEM 27) (Type, Print) 8

32. REGISTRAR'S SIGNATURE

GUNA DAYAGON MANDELLE



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	1. DE
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	11. M 1 📋 3 📋
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-	17. F
L	19a. M:
ı	20a.

1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH A		NTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (FIA), Middle, Last)	Schen				DATE OF DEATH	آ ڳ	3. TIME OF BEATH M
578-01-2455	¥□ M 2 □ F 85	YRS. MONT		ын. Ju	Month, Day, Year)  1ne 28,19	)5 Mar	yland
98. FACILITY NAME (If not institution, give stre HER TO 9	E Health		city, town or Location akoma Park	OF DEATN		Montgo	
10a. STATE 10b. COUNTY	gomery		wn or Location ma Park				10d. INSIDE CITY LIMITS? 1 X YES 2 \( \text{NO} \) NO
7525 Carroll Ave.			101. ZIP CODE 209	12		USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	Z NO	13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2 NO	NISPANIC O Mexican, Pu		r No 14. RA	CE — American Indian, ck, W* He, atc. polly:
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		Give kind of work of life. Do NOT use reting	lone during most of working red.)		Grocery		
17. FATHER'S NAME (First, Middle, Last)		GIOCEI		R'S NAME (	First, Middle, Maiden Su		
Eli Scher					Leinson		
19a. INFORMANT'S NAME (Type/Print)  Mrs. Helene Gilbe	rt (daughter)		RESS (Street and Number of				MD 20001
20a, METNOD OF DISPOSITION	20b. PL		N (Name of cometery, cremat			TION - City or	
1 X Burlel 2 Crymation 3 Ramon 4 Donation 5 1 Other (Specify)	A M		on Cemetery			lphi, M	laryland
21. SIGNATURE OF WHENAL SERVICE LICE	In. Mi	e	22. NAME AND ADDRESS Danzansky-( 1170 Rocky:	Goldb	erg Memor		
23. PART I. Enter the diseases or co ahock, or heert failure. L	emplications that caused the ist only one cause on each	e deeth. Do not e line.					Approximata Interval Between
IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	DUE TO (OR AS A CO	UMON NSEQUENCE OF):	10				2 W/CS
Sequentially list conditions,	DUE TO (OR AS A CO						
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	CUE TO (OD 40 4 00						
that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEGUENCE OF):					
PART II. Other algorificent conditions	contributing to death but i	not resulting in th	e underlying cause giv	ven in Pari	PERFORM	ED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 🗆 YES 2		OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26, PLACE OF DE	ATH (Check o	only one)		
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatie		HER:				
27. MANNER OF DEATN  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	WORK?	0.1	d. DEŞCRIBE HOW IN.	JURY OCCURED	
2 Accident Investigation 3 Suicide S Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street	M 1 YES 2	_	I. LOCATION (Street an City or Town, State)	d Number or Rura	al Route Number,
CHOCK DINY	IAN: To the best of my knowledg						o(a) and menner as stated.
296. SIGNATURE AND TITLE OF CENTIFIER	~			ISE NUMBER			EDI(Month) Day, Year)
30. NAME AND SOURCESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	/	etures	RA	Herar	-1011/	THE AM
31. DATE FILED (Month, Day, Year) MAR 1 8 91	32. REGISTRAR'S SIGNATU	RE	-0.0011		1 1 1 1 1	A-IIII	10

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FUNERAL DIRECTOR

TO BE COMPLETED BY

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

10

1. DECEDENT'S NAME (First,		ELLEN	B. SIM	PSON					2. DATE OF	DEATH DA	v	YEAR	3. TIME OF DEATH
ELLE	EN	В.	2	IMI	P So	N			3	19	1	91	8 20 0
4. SOCIAL SECURITY NUMBER 217-18-9997		5. SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR	_	24 HRS. MIN.	7. DATE OF E (Month, Da	SIRTH by. Year)	·07	Count	HPLACE (State or Foreign
9a. FACILITY NAME (If not in					9h CITY	TOWN	OR LOCAT	ON OF DE		7		INTY OF D	
Wheaton M	anor C					eat		011 01 01					mery
RESIDENCE OF DEC	10b. COUNT	<u> </u>		10c. CIT	Y TOWN (	OR LOC	ATION						10d. INSIDE CITY
Maryland						oc. city, town or Location Silver Spring						LIMITS?	
3492 Glene		Dr.				1	2090	_			10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS			T EVER IN U.S. AR	MED	13.	WAS D			IIC ORIGIN? (S	necify Yes			E — American Indian,
1 Never Merried 2 3 Widowed 4 Divo			MAR OR DATES	10		II yes, s		ın, Mexica	n, Puerto Rica			Spec	k, While, etc.
15. DEC (Specify onl	EDENT'S EDU	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPAT during r	TION most of worki	ng	16b. KIN	D OF BUS	SINESS/IN		HILCO
Elementary/Secondary (0	0-12)	College (1-4 or 5	+) #fe.		omem.	_				own	home	<u> </u>	
17. FATHER'S NAME (First, M	ticiclin ( nat)		1				18 MOT	HER'S NA	ME (First, Midd	in Mairian	Sumemel		
		Browning					10. 11.0		n John		ourname,		
190. INFORMANT'S NAME (1 Margueri		hards	19						Route Number, 6				20906
20e. METHOD OF DISPOSIT  1 ABurial 2 Crystetic  4 Donetion 5 Other	TION on 3 - Rem r (Specify)	oval from Stan	20b. PLACE other pl G &	of dispos açe) LCE O	f He	ave	oemetery, cre	matory or				Spr	
21. SIGNATURE FRAUDA SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home, Inc. 11800 New Hamp. Ave., Silver Spring, MD													
23. PART i. Enter the	liseeses, or	complications the	et caused the de	eth. Do i	not enter	the n	node of dy	ing, auc	h aa cerdiac	or reepi	ratory e	rreat,	Approximate
IMMEDIATE CAUSE (Fig		List only one cer											Onset and Death
disease or condition_	<b>→</b>	Pani	who ca	ough	4 0	ne	h lu						5 mones
resulting in deeth)		OUE TO	OR AS A CONSE	QUENCE O	F):		0	}			-		
-		a. Brea	y sen										IWK
Sequentielly list condit if any, leading to imme	diete			OUENCE O	F):								
cause. Enter UNDERLY CAUSE (Disease or inju		c. Dest	J										7 monts.
thet initiated eventa resulting in deeth) LAS		DUE TO	OR AS A CONSE	OUENCE O	F):								
resulting in decitify End		d											
PART II. Other aignifica	ant condition	ne contributing to	death but not	recuiting	in the u	nderly	ing couse	given in	Part I. 24	a. WAS AN		24	. WERE AUTOPSY FINOINGS
										PERFOR	/		AVAILABLE PRIOR TO COMPLETION OF CAUSE
										120	100		OF DEATH?  1 YES 2 NO
					_								
25. WAS CASE REFERRED 1	TO MEDICAL					26.	PLACE OF	DEATH (Ch	eck only one)				
EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE No		ome 5 🗆 F	leeldence	8 Other (S)	pecify)			
27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)	28b. TIN	ME OF JURY		INJURY AT		28d. DESCR	BE HOW I	NJURY O	CCUREO	
1° Netural 5  2 Accident	Pending Investigation	(2101417,	ouy, roury		M		YES 2	NO					
2 Devlates -	Could not be	28e. PLACE	OF INJURY At he	ome, Jerm,	street, fac	tory, of	ffice			ON (Street own, State)		er or Rural	Route Number,
4 Homicide	determined	Juliania	(opoony)						City of I	DWYN, GIAIN)			
29e. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best of	of my knowledge, de	eath occum	red at the	time, da	ate and plac	e, end due	lo the couse(	e) end me	nner ee st	ated.	
CONSTRUCTION COMP													a) end manner ee atsted.
295. SIGNATURE AND TITIL	E OF CHITIFIE	in .						ENSE NU			29d, DA	TE SIGNE	O (Month, Day, Year)
Gutt A	4g4 my	•					DI	1872	4		▶ .	3/15	751
30. NAME AND ADDRESS O		Philip D	JSE OF DEATH (ITE	M 27) (Type	Print)	2, 3	32_	Dr.	Arthu	ır So	hoer	ngold	
31. DATE FILED (Month, Day,			AR'S, SIGNATURE	1.00	· P1 "								
MAR 1 9	<b>'41</b>	gruka k	varidadan-1	Mark	•								

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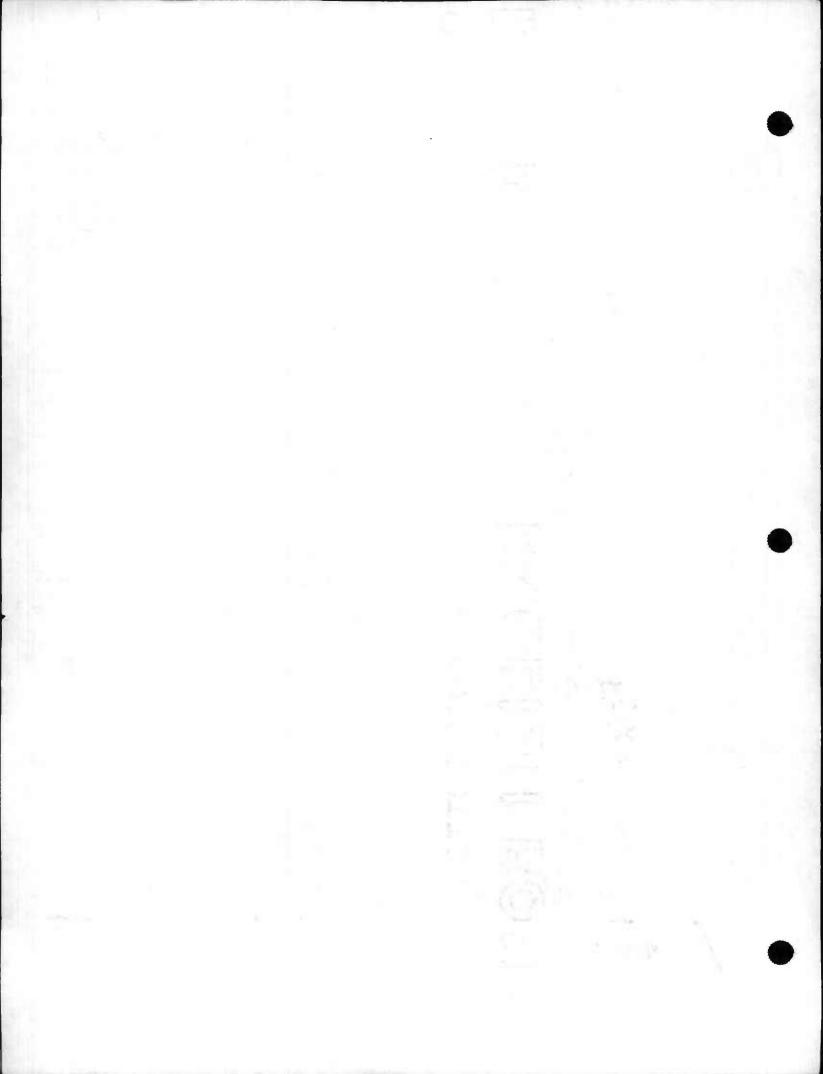
And a

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B	ficate	ohami
0	certif	dina
DIVISION OF VITAL RECORDS, P.O. BO	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b	HAIRDAY DEDCEMOD. After this confidence has been signed by the otherwise placing
õ	the	, tho
OR	that	4 70
ŏ	lires	Pinne
H	regu	0000
1	WE S	han h
E	Ę	0000
>	CIAN	artiffe.
OF	HASH	hie o
Z	NG P	4
5	NDI	D. A.
Š	ATT	CEMP
	OR.	200
	PITAL	1000
	8	100

	1. DECEDENT'S NAME (First, Midd	fle, Last) EI	LIZABETH	MAR	Y SCHMU	ICKER		2. DATE MONT	OF DEATH H DV	-	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEA	-	24 HRS. MIN.		OF BIRTH	8	BIRTHP Country)	LACE (State or Foreign
	094-60-4223	1 🗆 M 2 💢 F	98	YRS.				JAN	.14,18			JERSEY
m	9a. FACILITY NAME (If not instituti					N OR LOCATIO		ATH		9c. COUNT		
ECTOR	HOLY CROSS I				SILVE	ER SPR	LNG			MON	TGOM	ERY
REC	10a. STATE 10b	. COUNTY		10c. CI	TY, TOWN OR LO	CATION					1	10d. INSIDE CITY LIMITS?
E E		MONTGOMERY			ROCKY							1 YES 2 NO
ERAL	10e. STREET AND NUMBER					10f. ZIP CODE				10g. CITIZE	EN OF WH	IAT COUNTRY?
FUNE	11900 PARKLAV	12 WAS DECED	ENT EVER IN U.S.	ARMED	13 WAS		0852	HC ODIGH	ł? (Specify Yea	US.		- American Indian,
BY	1 Never Married 2 Marr 3 Wildowed 4 Divorced	FORCES?	1 YES 2 WAR OR DATES	NO	If yes	specify Cubsi (ES 2 NO	Nexicar Specify	n, Puerto	Rican, atc.)	or no=	Black, Specify	White, atc.
		NT'S EDUCATION nest grade completed)		(Give kind of	Work done during	ATION most of workin	a	16b	. KIND OF BU	SINESS/INDU	STRY	
E E	Elementary/Secondary (8-12)	College (1-4 or		ille. Do NOT u	ise retired.)							
COMPL	12	/ neth		HOM	EMAKER	40 14000	EDIO MA	ME (F)	Middle, Maiden	Pumane		
_	ENGELBERT S						JISE					
B	19a. INFORMANT'S NAME (Type/F			19b. MAILIN	G ADDRESS (Stre				EIDEWE		Code)	
2	ELEANOR L. BO	SSONG (DAUG	HTER)	11900	PARKLA	WN PLA	CE	ROC	KVILLE	MARY	LAND	20852
	20a. METHOD OF DISPOSITION 1 ☑ Burist 2 ☐ Cremation 3		20b, PLA	CE AND DAT	E OF DISPOSIT			DAT		CATION — C		
								4				
	21. SIGNATURE OF FUNERAL SE	clfy)			FRAN	CIS J	COI	LLIN	S FUNE	RAL H	OME,	INC.
	21. SIGNATURE OF FUNERAL SE	RYIGE LICENSEE  sas, or complicational to failure. List only one see	har caused tha ause on each ii	daath. Do	EAVEN C  22. NAMI FRAN 500  not anter the	E AND ADDRES ICIS J. UNIVER mode of dyi	SS OF FAC COI	LLIN Y BL	S FUNE	RAL H	OME,	INC. MD. 2090 Approximeta Interval Betw Onset and D 30 M II
N	23. PART I. Entar the disees shock, or haert immediate CAUSE (Finel disease or condition resulting in death)	eas, or complications to failure. List only one of the complete on the complet	hat caused the rause on each if	daeth. Do	EAVEN (22. NAMI FRAN 500 not anter the	E AND ADDRESS ICIS J. UNIVER mode of dys	SS OF FAC COI RSITY ng, such	LLIN Y BL	S FUNE	RAL H	OME,	INC . MD 2090 Approximeta interval Betw
TIFICATION	23. PART I. Entar the disease shock, or haert iMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequantielly list conditions if eny, laading to immadiety cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	e. CAR  DUE  b. INT  DUE  C. NEO	har caused tha ause on each ii	daeth. Do ine.	EAVEN (22. NAMI FRAN 500 not anter the	AND ADDRESS ICIS J. UNIVER Mode of dys  TRUC	SS OF FAC COI RSITY ng, such	LLIN Y BL h se can	S FUNE	RAL H	OME, SPR.	INC. MD. 2090 Approximeta interval Betw Onset and D 30 M I
MEDICAL CERTIFICATION	21. SIGNATURE OF FUNERAL SE  23. PART I. Entar the disease shock, or haert iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequantieily list conditions if eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of	e. CAR  DUE:  c. DUE:  d. conditions contributing	hat caused tha rause on each if	death. Do ine.  12 MAL SEQUENCE (	EAVEN ( 22. NAMI FRAN 500 not anter the  R \	E AND ADDRESS ICIS J. UNIVER Mode of dys  TRUC	SS OF FACE COLL RSITY Ong, such	LLIN Y BL h ae car	S FUNE VD. W. diac or reep	RAL HI SIL.  Iratory srre	OME, SPR. et,	INC . MD 2090 Approximeta interval Betw
MEDICAL C	21. SIGNATURE OF FUNERAL SE  23. PART I. Entar the disease shock, or haert iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequantieily list conditions if eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of	eas, or complications to failure. List only one of the conditions contributing the conditions conditions contributing the conditions contributing the conditions contributing the conditions conditions conditions conditions cond	HATE  Ause on each if  OPULY  TO (OR AS A CONST  TO	death. Do ine.  12 MAL SEQUENCE (	EAVEN ( 22. NAMI FRAN 500 not anter the  R S DF): FRE DF):	E AND ADDRESS ICIS J. UNIVER Mode of dys  TRUC	SOFFACE COINTERNATION RESITY OF A COINTERNAT	LLIN Y BL h se can MOI Part I.	S FUNE VD . W. diac or reep  24a. WAS AA PERFOI 1 □ YES :	RAL HI SIL.  Iratory srre	OME, SPR. et,	INC.  MD. 2090 Approximeta interval Betw Onset and D 30 M II 3 DAY 3 MON  WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?
MEDICAL C	23. PART I. Entar the disease shock, or haert IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions if eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significant of the cause of the caus	e. CAR  e. CAR  b. DUE  c. DUE  d. CONDITION  ATTOMA  HOSPITAL: 1 Inpetiant	hat caused the rause on each iii  OPULN TO (OR AS A CONST TO (OR AS A CONST TO (OR AS A CONST TO (OR AS A CONST TO (OR AS A CONST TO (OR AS A CONST TO (OR AS A CONST TO (OR AS A CONST TO (OR AS A CONST TO (OR AS A CONST	death. Do ine.  12 NA SEQUENCE ( M O SEQUENCE ( M O DE TROUBLE ( M O DE TR	EAVEN ( 22. NAMI FRAN 500 not anter the  R \	AND ADDRESS CIS J. UNIVER mode of dys  ALL TRUC  CTO	SS OF FACE COI SSITY ng, such	LLIN Y BL h as carr  MOI Part I.	S FUNE  VD . W.  diac or reep  24s. WAS AM PERFOI  1 □ YES :	RAL HI SIL.  Iratory srre	OME, SPR. et,	INC.  MD. 2090 Approximeta interval Betw Onset and D 30 M II 3 DAY 3 MON  WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?
PHYSICIAN: MEDICAL C	23. PART I. Entar the disease shock, or haert immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions if eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the examiner?  25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pence	eas, or complications to failure. List only one set of the conditions contributing the conditions conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions conditions contributing the conditions contributing the condi	hat caused the fause on each if	death. Do ine.  12 NA SECUENCE ( NAL	EAVEN ( 22. NAMI FRAN 500  not anter the  R	AND ADDRESS CIS J. UNIVES mode of dys  ALL  TRUC  TRUC  S. PLACE OF D  Home 5   Re  NUNIVES 2	SS OF FACE COI SSITY ng, such	Part I.	S FUNE  VD . W.  diac or reep  24a. WAS AN PERFOI  1 YES :	RAL HI SIL. Iratory srre	OME, SPR.	INC.  MD. 2090 Approximeta interval Betwonset and D  30 M /  3 DA /  3 MON  WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
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PHYSICIAN: MEDICAL C	23. PART I. Entar the disease shock, or haert IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequantielly list conditions if eny, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significant of the examiner?  1	ess, or complications to failure. List only one set of the conditions contributing the conditions conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions conditions contributing the conditions contributing the condi	TO (OR AS A CONSTO (OR AS A CO	death. Do ine.    OF H	EAVEN (  22. NAMI FRAN 500  not anter the  Portion Fran 500:  Orther: 4   Nursing ME OF LUCHY M   1 , atreet, factory, atreet	AND ADDRESS CIS J.  UNIVES mode of dys  ALL  TRUC  TRUC  TRUC  S. PLACE OF D.  Home 5   Re INJURY AT WORK?   YES 2	SS OF FACE COI SSITY ING. SUCI	Part I.  Part I.  26f. LOCaly of the care to the care	24a. WAS AMPERFOIL  1 YES:  270 YES:  271 YES:  272 YES:  273 YES:  274 YES:  275 YES:  276 YES:  277 YES:	RAL HI SIL  iratory stre  Autropsy RME07  INJURY Occi	OME, SPRet,	INC.  MD. 2090 Approximeta interval Betv Onset and D  30 M // 3 DA // 3 MOA  WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO

HAROLD S. TIDLER
31. DATE FILED (Month, Day, Year)
WAR 18 '91

M.D. 9801 GEORGI
32 REGISTRAR'S SIGNATURE
Julia Davidson Augustelle



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death	fun.	Ка
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DR A	JIREC MILES	E
ME	AL D	=
SPI	INER	E.
E	田田	FE
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up and many many many many many many many many	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
Parent .		-

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH							3. TIME OF DEATH					
	Ephriam	Lee Sar	wyer						March 2	2, 19	91 YEAR	11:10 A. M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER		IF UNDE		7. DATE OF BIRT		8. BIR	a. BIRTHPLACE (State or Foreign Country) Ayuen	
	237-16-7241	1 M 2 - F	74	YAS.	MONTHS	DAYS	HOURS	MIN.	(MORRIT, Day, F	oury	Nor	th Carolina	
A.	9a. FACILITY NAME (If not institution, give	re street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH	9c.	COUNTY OF		
6	: Bel Air Conva	Lescent Ce	enter		В	el	Air				Harf	ord County	
DIRECTO	RESIDENCE OF DECEDENT	NTV		100 017	V TOWN!	20.100	TION					10d. INSIDE CITY	
E I	10000	rford Cour	1	12.1	e. CITY, TOWN OR LOCATION  Bel Air						LIMITS?		
	10e. STREET AND NUMBER	1 10	10f, ZIP CODE						WHAT COUNTRY?				
RA	13 East Ring 1	Sactory Ro	nad			- 1."	21	1014			U.S.A		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. A		13.	WAS DE			IIC ORIGIN? (Spec		o- 14. RA	CE — American Indian,	
	1 Never Married 2 M Married 3 Widowed 4 Divorced  FORCES? 1 M YES 2 NO JF YES, GIVE WAR OR DATES WW2, Army Chem.						pecify Cubi		n, Puerto Rican, a	tc.)	Spi	ck, White, atc.	
BY	3 Widowed 4 Divorced	WW2, Arr	ny Chem.	Cor	2		-	,			Wh	ite	
COMPLETED	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)		ECEDENT'S Give kind of	work done			Ing	16b. KIND (	OF BUSINES	S/INDUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 8	+}	e. Do NOT u					77 0	<b>a</b>		i	
MP	12	6	Cn	emica	IT THE	igin	Υ				rnment		
	17. FATHER'S NAME (First, Middle, Last)  John Epi	nraim Sa	awyer					Bessi	ME (First, Middle, I	Walden Suma	Harr	10	
BE	19a. INFORMANT'S NAME (Type/Print)			OP MVII IN	ADDRES	S (Street			Route Number, City	or Trum On		ols, No.	
2	Mrs. Evelyn M.											ryland 21014	
	20a. METHOD OF DISPOSITION		20b. PLAC	E OF DISPO				-	Hoad 1	Oc. LOCATIO	ON — City or	Town, State 18042	
	1 → Buriel 2 □ Cremetion 3 □ R 4 □ Donation 5 □ Other (Specify) □	emoval from Stata	Forks		rch (	Ceme	eterv					nsylvania	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEEJOSET			22.	NAME /	AND ADDRE	ESS OF FA	CILITYFOSTE	r Fur	neral	Home	
		reci Fosti				50	Wes-	t Bro	adway &	: Will	liams	Street	
	23. PART I. Enter the diseases,			faeth Do	not enter				ryland			Approximeta	
	ahock, or heart failu IMMEDIATE CAUSE (Final disesse or condition resulting in death)	s. List only one co	O (OR AS A CONS	10.	a.		10	-	~_	•		Interval Between Onset and Deeth	
CERTIFICATION	Sequentially list conditions, If erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
SE		d										+	
MEDICAL	PERFORMED? 1 □ YES 2 0€ NO							4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICA	T				24	DI ACE OF	DEATH (CA	eck only one)				
2	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	2   DOA	OTHE				8 Other (Spec	463			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE C	OF INJURY	28b. TII	ME OF	28c. II	NJURY AT	asidenca	28d. DESCRIBE		TY OCCURED		
	1 Natural 5 Pending		Day, Year)	IN	JURY		YES 2	□ NO					
BY	2 Accident Investigation 3 Suicide 8 Could not	28e. PLACE	OF INJURY - At	home, farm,	street, fac	tory, off	fica		261. LOCATION	(Street and N	lumber or Run	al Route Number,	
TED	4 Homicide detarmine		g, etc. (Specify)	1					City or Town	, State)			
COMPLET	CONTROL ONLY	HYSICIAN: To the best										e(s) and manner as stated.	
	29b. SIONATURE AND TITLE OF CENT	FIER	1/	/			29c. Life	CENSE NUI	MBER	290	d. DATE SION	ED (Month, Day, Year)	
BE (	Hall	7	4				10	25	339	•	March	22, 1991	
0	30. NAME AND ADDRESS OF PERSON Linda Fr					ng F	acto:	ry Ro	ad, Bel	Air	Mary	land 21014	
	31. DATE FILED (Month, Day, Year) MAR 2 2	32. REGIST	RAR'S SIGNATURE						-				

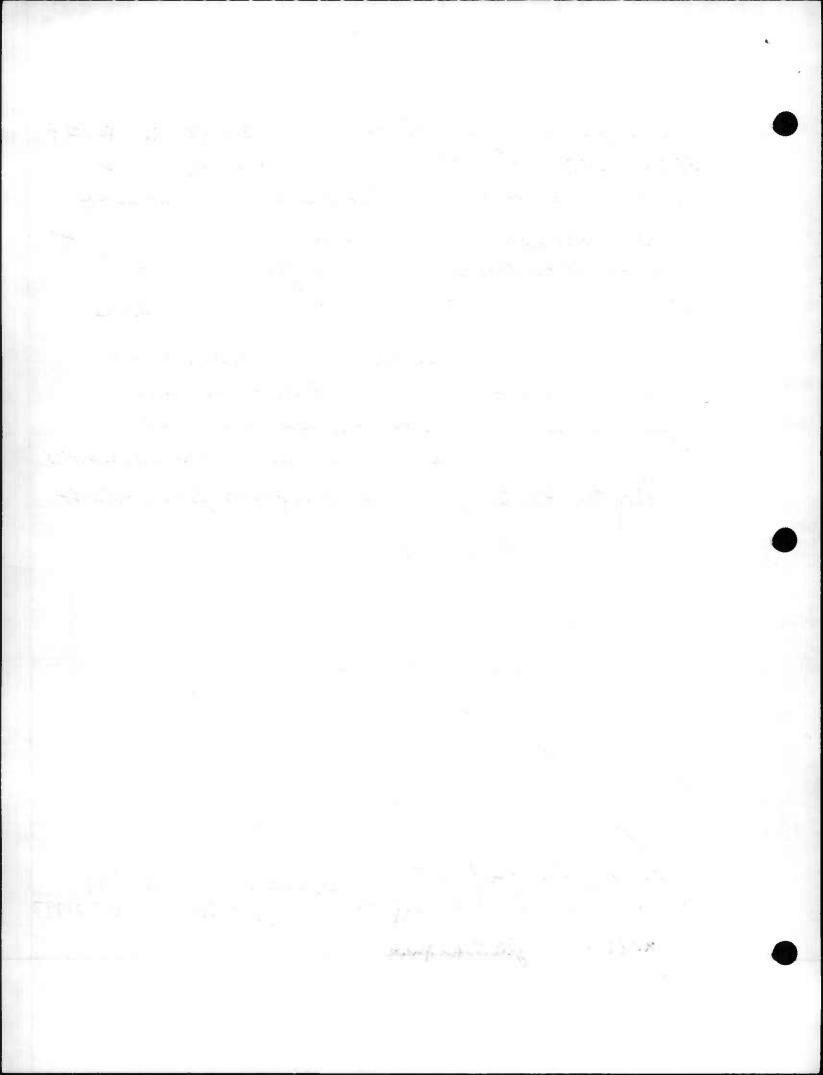
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

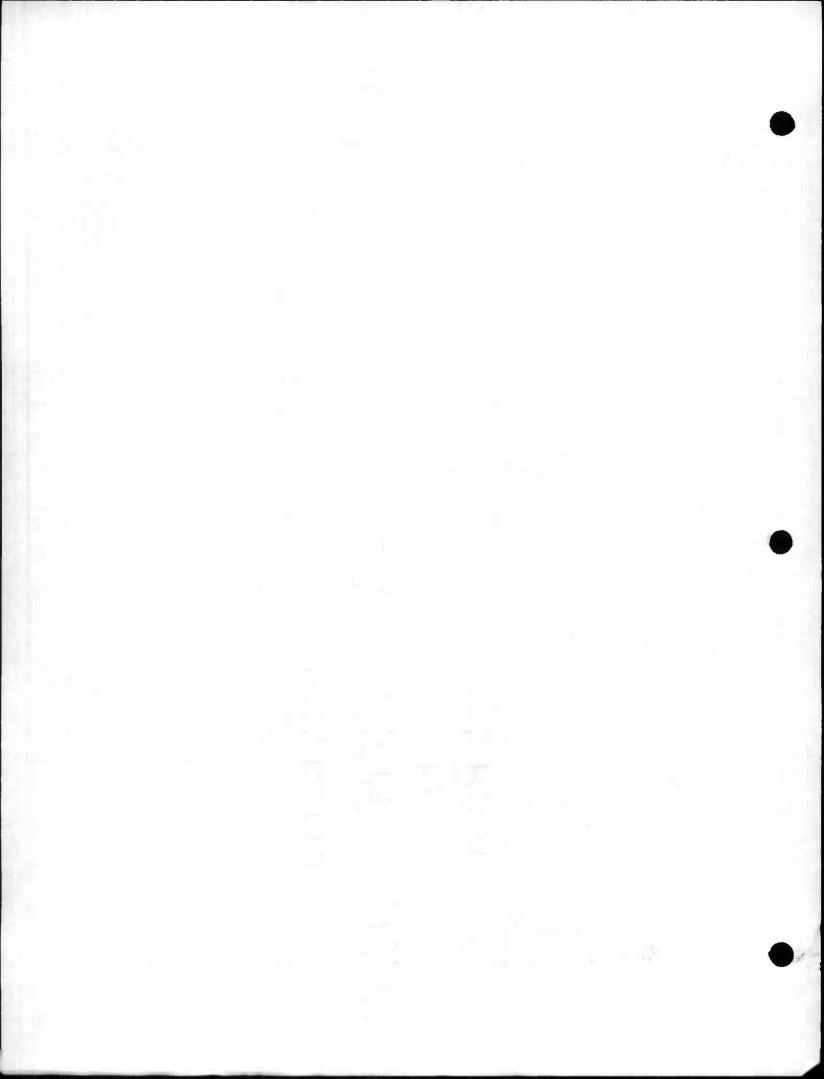
_	REGISTRAN		CERTIFI	CALE OF	DEATH	HEG. NO		_
	1. DECEDENT'S NAME (First, Middle, Last)	browbs	Smi	4h		2. DATE OF OEATH	*- 9"	3. TIME OF DEATH
		1	In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign puntry)
	220-01-6405	1 M 2 F	73 YRS.			09/01/189	7	MD.
9	9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN	OR LOCATION OF DI	EATN	9c. COUNTY	OF DEATN
E	FREDERICK ME	M. HOSP		FRE	DERICK	-	FREI	DEEICK
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10e CITO	, TOWN OR LOCA	TION			10d. INSIDE CITY
DIRECTOR	110	VARD	2.2	100016				LIMITS?
	10a. STREET AND NUMBER	CHARLE			H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	14080 UNI	ON CHAPE	1 Rd		2179	7	U54	9
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	U.S. ARMED			NIC ORIGIN? (Specify Ya	or No- 14.1	RACE — American Indian, Black, White, etc.
	1 Newer Merried 2 Married	FORCES? 1 TYES	2 NO		pecify Cultur, Mexico S 2 NO Specif	in, Puerto Rican, atc.) y:		
B	3 Widowed 4 Divorced						16	LACK
	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S (Give kind of v	rork done durina m	ION lost of working	16b. KIND OF BU	SINESS/INDUST	TY .
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us			11/01/	-T.)	De.
MP	614		SANIT	9710N			NGTON	4.0
3	17. FATHER'S NAME (First, Middle, Last)	Ciario			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumama)	1
8		SMITH			EHIL	H HO	UUANI	
9	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street		Route Number, City or Tov	n, State, Zip Cod	0)
	DARA NEAL		3 H	ANNAC		TIMORE, &	1207	
	20s. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Ramo	val from State	PLACE OF DISPOS	SITION (Name of co	emetery, crematory or		CATION — City	
	4 Donation 5 DOther (Specify)		CESTA	qua M	BUT. CACO	ENS MI	9 CENTT	SUILE, ME
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME	AND ADDRESS OF FA	CILITY		
	1 Happy 71)	threat t		HAIN	15 E11 6	300 195 CA	1-11116	14021784
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE OF					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
	PART II. Other algolificant conditions	contributing to death b	out not resulting	n the underlyi	ng cause given in	Part I. 24s. WAS A	AUTOPSY	24b. WERE AUTOPSY FIND
DICAL						PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAU
ED						1 TYES	2 🗌 NO	OF DEATH?
Σ						_   _		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			80	M ACE OF PEATL OF	Last astrony		
PHYSICIAN	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C			
× (S)	1 YES 2 NO	28a. DATE OF INJURY				6 Other (Specify)	MI HIM COOK	20
	1 Natural 5 Pending	(Month, Day, Year)	26b. TIM	URY	NJURY AT	28d. DEŞCRIBE HOW	INJUNT OCCURI	:0
B	Accident Investigation	284 51 405 07 11 7	/ At home for		YES 2 NO	204 1 0 0 1 7 1 7		
0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe		RIVET, TECTORY, Off	1C0	281. LOCATION (Street City or Town, State		urai Route Number,
Щ								
COMPL	anal orny	CIAN: To the best of my know R: On the basis of examination						
	MEOICAL EXAMINER							use(a) and manner as stat
ш		7 01			29c. LICENSE MI	MBER	294 DATE SH	
0	SIGNATURE AND TITLE OF CERTIFIER	Zound	2		29c. LICENSE NU	MBER	1	SNEO (Month, Day, Year)
TO B	SIGNATURE AND TITLE OF CERTIFIER	Conjety	AZN GTEN 27 /2	Pint	03516	24	▶3	SNEO (Morith, Day, Year)
	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	Tr M	D"PO	03516	24	▶3	SNEO (Month, Day, Year)
	SIGNATURE AND TITLE OF CERTIFIER	Conjety	Tr M	D"Po	03516	24	▶3	SNEO (Morith, Day, Year)



1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERTIFIC	CATE	F DEATH	REG. NO			
100 m	1. DECEPENT'S NAME (First, Middle, Lest) V	irgiņia i Sincla	LQUISE S	INCLA	IR	2. DATE OF DEATH DO MARCH 13.	1991	3. TIME OF DEATN 7:55 AM M	
	4. SOCIAL SECURITY NUMBER 6. SEX 579-58-1368 1	6. AGE (In y	rs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Morith, Day, Year) NOV. 3, 19	8.	BIRTNPLACE (State or Foreign Country) ASHINGTON, DC	
1	9a. FACILITY NAME (If not institution, give street and n			9b. CITY, TOV	N OR LOCATION OF DI	<u> </u>	9c. COUNTY		
DIRECTOR	HOLY CROSS HO	SPITAL		SILV	ER SPRING		MONT	GOMERY	
SE	10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?	
	MARYLAND MON  10s. STREET AND NUMBER	TGOMERY	SILVER SPRING			IG	1 TES 2 N		
FUNERAL	10820 GEORGIA AV				209		U	JSA	
BY	1 N Namer Married 2 Married FOR	DECEDENT EVER IN U. CES? 1 TYES : ES, GIVE WAR OR DATE	2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)			ın, Puerto Rican, etc.)	a or No.— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE	
6	15. DECEDENT'S EDUCATION (Specify only highest grade completed	16	Give kind of wo	ork done during	ATION most of working	16b. KIND OF BU	SINESS/INDUST	/RY	
COMPLETED	Elementary/Secondary (0-12) College	(1-4 or 5+)	Me. Do NOT use	retired.)		****	>		
MP	12	18	STENOGRA	APHER			ERNMEN	T	
	17. FATHER'S NAME (First, Middle, Lest)  ARTHUR SI	NCLAIR			18. MOTHER'S NA EMMA	AME (First, Middle, Maiden	Surname)		
BE	19s. INFORMANT'S NAME (Type/Print)	NCLAIR	T 401 1441 1940			A BEALL  Route Number, City or Tow		4.1	
6	FULTON DIXON		The second second			WHEATON,			
	20s. METHOD OF DISPOSITION 1   ☐ Burisl 2 ☐ Cremation 3 ☐ Removal from	State 20b. P	LACE AND DATE	OF DISPOSIT	ION (Name	DATE 20c. LO	CATION — City	or Town, State	
	4   Donation   6   Other (Specify)   21. SIGNATURE OF FUNGEAL SERVICE DISERSE	A A CEI	OAR HILL		LEKY E AND ADDRESS OF FA		TLAND,	MARYLAND	
	· MOWING	100		FRAN	CIS J. COI	LINS FUNE		ME, INC. SP., MD 20901	
	23. PART I. Enter the diseases, or complete ahock, or heart failure. List only iMMEDIATE CAUSE (Finel disease or condition resulting in death)	ono cause on eacl	h line.				fratory srrest	Approximate interval Batween Onest and Death	
CERTIFICATION	immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Landi O remaind seath of the conditions, and consequence of:  Due to (or as a consequence of):								
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contri	buting to death but	not resulting in	n tha undar	ying cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Ä									
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSE	PITAL:		OTHER:	B. PLACE OF DEATN (C	heck only one)			
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ВУ РН	1 Netural 5 Pending 2 Accident Investigation	a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY	NJURY AT WORK?	28d. DESCRIBE NOW	INJUHY OCCUP	ED	
		<ul> <li>PLACE OF INJURY — building, etc. (Specify)</li> </ul>	At home, ferm, st	lreet, factory,	office	281. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2								
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  CONTROL  30. NAME AND ADDRESS OF PERSON WHO COMPI	, MD			29c. LICENSE NU	008695	<b>&gt;</b> 3	IGNED (Month, Day, Year)	
	GEORGE S. KEN	TON MI	106	20 G	EORGIA	AVE SIL	VER S	2090Z	
	31. DATE FILED (Month, Dey, Year)  WAR 1 4 91	REGISTRAS'S SIGNAT	Mandall.	-70				20902	

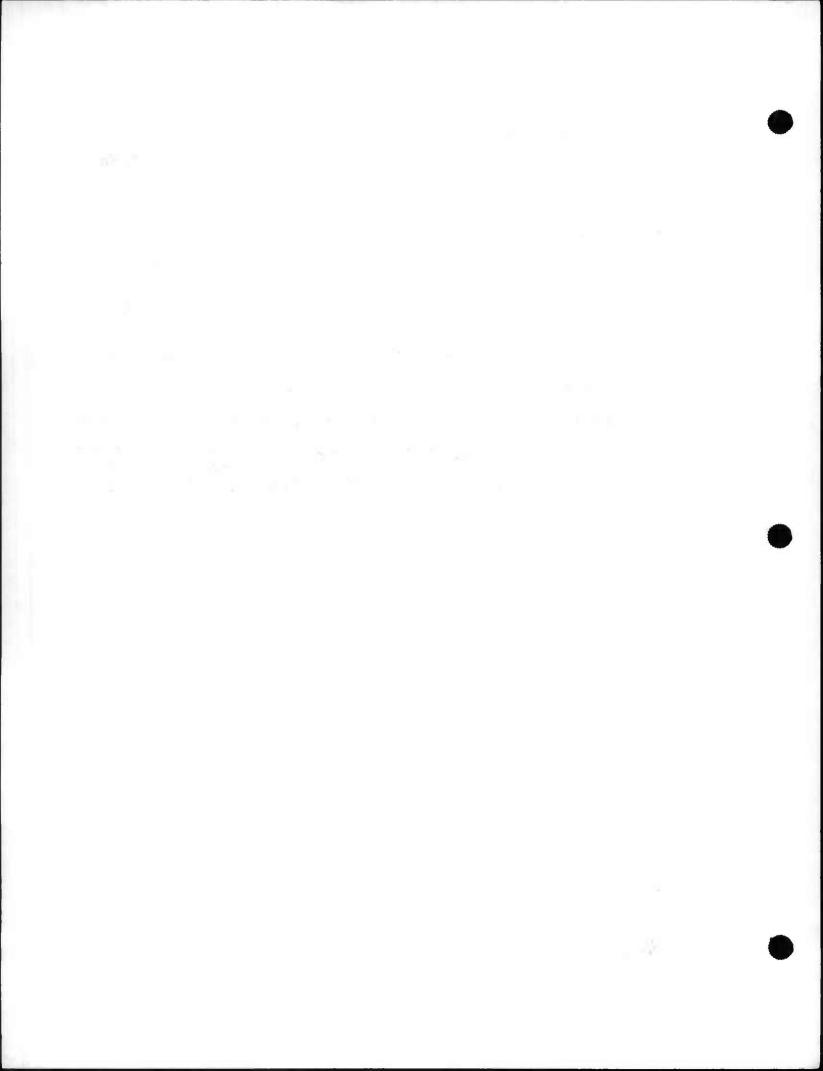


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TAL OR ATTENDING PH	AL DIRECTOR: After this of	If Item 28 is marked
SPITAL OR ATTENDING PA	NERAL DIRECTOR: After this of the 72 hours after death with	NT: If Item 28 is marked
HOSPITAL OR ATTENDING PA	FUNERAL DIRECTOR: After this outhough with	TANT: If Item 28 is marked
THE HOSPITAL OR ATTENDING PA	THE FUNERAL DIRECTOR: After this of within 72 hours after death with	PORTANT: If Item 28 is marked
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24-mours after death, Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use has find within 72 hours after death with the State part, or Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENI REG. NO.	9	08814
	1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	V VF40	3. TIME OF DEATH
	MANOHAR	LAL	SET	T /+	MONTH DA	Y YEAR	15:05 m
	4. SOCIAL SECURITY NUMBER None			UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year) May 3, 19	Cou	THPLACE (State or Foreign ptry)
\ I	9a. FACILITY NAME (If not institution, give st	treet apd number)	// 90	CITY, TOWN OR LOCATION OF E		9c. COUNTY OF	
E E	SHADY GROVE RESIDENCE OF DECEDENT	ADVENTIS	T HOSP	ROCKVILL	- 12	MONT	TOMETY
DIRECTOR	10a. STATE 10b. COUNTY	NTGOME		OWN OR LOCATION  MANN TO W	41		10d. INSIDE CITY LIMITS? 1 1 VES 2 NO
	10e. STREET AND NUMBER	00777	1 CARIN	10f. ZIP CODE	PU	10g. CITIZEN OF	F WHAT COUNTRY?
FUNERAL	23 BURNT	260014	C	208	74	Indi	a.
3	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea		ACE — American Indian, ack, White, atc.
	1 Never Married 2 Married	FORCES? 1 YES		If yes, specify Cuban, Maxk			eck, White, etc.
B	3 Widowed 4 Divorced			X.	.,,	Wh	iite
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S US	UAL OCCUPATION  done during most of working	16b. KIND OF BUS	INESS/INDUSTRY	,
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use n	itired.)			
至	7.2	5+	Scientis	t	Indian	Governm	nent
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden	Surname)	
BE (	Ramrakha Mal Seth	!		Shado	Devi		
TO B	19a. INFORMANT'S NAME (Type/Print)  Arun Seth (son)			nt Woods Ct. G			nd 20874
	20a. METHOD OF DISPOSITION	20	AL DI ACE DE DISPOSITI	ON /Name of company commetons or		CATION — City or	
	1 Burial 2 December 3 Ram 4 Donation 5 Other (Specify)	oval from State	o. Virgini	a Crematory	Arla	naton.	Virginia
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AND ADDRESS OF F			
	Deckent Dfs	Egenel		3901 N. Fairf			
	23. PART I. Enter the diseases, or o			enter the mode of dying, au	ch ae cerdiec or reapl	ratory arreat,	Approximata
	anock, or neart tellure.	Liet only one cause on -					Interval Between
	IMMEDIATE CAUSE (Final	Liet only one cause on	eech line.		1		Interval Between Onset and Death
	IMMEDIATE CAUSE (Final			NEARCH	on		Onset and Death
	IMMEDIATE CAUSE (Final	a. MYOCA		NFARETT	on >		Onset and Death
Z.	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. MYOCH		DARDOURSCU.	IN DIS	CASE	Onset and Death
TION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. MYOCH OUE TO (OR AS b. ARTERIASE	A CONSEQUENCE OF):	PRODUBECU.	IN DIS	CASE	Onset and Death
ICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	B. MYOCH OUE TO (OR AS  D. OUE TO (OR AS	A CONSEQUENCE OF:  CLERATIC  A CONSEQUENCE OF:	(ARDOVASCO.	IN DIS	C PS E	Onset and Death
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L CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	b. MYOCH OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):				Onset and Death
AL.	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	a. MYOCH OUE TO (OR AS b. MRTERIAS ( OUE TO (OR AS c. OUE TO (OR AS d	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  but not resulting in		n Part I. 24a. WAS AN	AUTOPSY 2 MED?	Onset and Death ACUTE  10 YVS +
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AL.	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	a. MYOCH OUE TO (OR AS b. MRTERIAS ( OUE TO (OR AS c. OUE TO (OR AS d	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  but not resulting in		n Part I. 24a. WAS AN	AUTOPSY 2 MED?	Onset and Death AC UTE  10 YVS †  10 YVS †  24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
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AL.	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other aignificent condition  DIN BETES  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. MYOCH  OUE TO (OR AS  b. MTERIAS (  OUE TO (OR AS  d. OUE TO (OR AS  d. OUE TO (OR AS  HOSPITAL:	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	the underlying cause given i 26. PLACE OF DEATH (0	n Part I. 24e. WAS AN PERFOR	AUTOPSY 2 MED?	Onset and Death AC UTE  10 YVS †  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other algnificent condition  DIA B TES  25. WAS CASE REFERRED TO MEDICAL EXAMINET?  14 YES 2 MO  27. MANNER OF DEATH	a. MY CAS  DUE TO (OR AS  DUE TO (OR AS  OUE TO (OR AS  OUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  A consequence of the cons	26. PLACE OF DEATH (0) THER: Nursing Home 5   Residence SF 28c. INJURY AT WORK?	n Part I. 24e. WAS AN PERFOR	AUTOPSY 2 IMED?	Onset and Death  ACUTE  10 YVS +  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AL.	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other aignificent condition  DIA IS ETES  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Natural 5 Pending investigation	a. MYOCAS  DUE TO (OR AS  DUE TO (OR AS  OUE TO (OR AS  OUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  Application 3 DOA TA	26. PLACE OF DEATH (0)  THER:  Nursing Home 5   Residence  FF 28. INJURY AT WORK?  1   YES 2   NO	Part I. 24e. WAS AN PERFOF  1 YES 2  Check only one)  6 Other (Specify)  28d. DESCRIBE HOW I	AUTOPSY 2 IMED?  NO  NJURY OCCURED	Onset and Death  ACUTE  10 YVS +  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other algnificent condition  DIMBETES  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  14 YES 2 MO  27. MANNER OF DEATH  1 Netural 5 Pending	a. MYOCAS  DUE TO (OR AS  DUE TO (OR AS  OUE TO (OR AS  OUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	26. PLACE OF DEATH (0)  THER:  Nursing Home 5   Residence  FF 28. INJURY AT WORK?  1   YES 2   NO	Part I. 24a. WAS AN PERFOF  1 YES 2  Check only one)  6 Other (Specify)  28d. DESCRIBE HOW I	AUTOPSY IMED?  NO  NJURY OCCURED  and Number or Run	Onset and Death  ACUTE  10 YVS +  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other algnificent condition  DIAT B. T. E.  25. WAS CASE REFERRED TO MEDICAL EXAMINATION 14 YES 2 MO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	B. MYOCH DUE TO (OR AS b. MERIAS ( OUE TO (OR AS c. OUE TO (OR AS d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  A CONSEQUENCE OF):  A CO	26. PLACE OF DEATH (0  26. PLACE OF DEATH (0  OTHER:  Nursing Home 5  Residence  PT 28c. INJURY AT WORK?  M 1 YES 2 MO  Net, factory, office	Check only one)  28d. DESCRIBE HOW I  COLLAPS  281. LOCATION (Street City or Fown, State)	AUTOPSY IMED?  NO  NJURY OCCURED and Number or Run	Onset and Death  ACUTE  10 YVS +  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other algnificent condition  DIAT B. T. S.  25. WAS CASE REFERRED TO MEDICAL EXAMINATION 14" YES 2 MO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	B. MYOCAS  DUE TO (OR AS  DUE TO (OR AS  C. OUE TO (OR AS  DUE TO	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  A CONSEQUENCE OF):  A CO	26. PLACE OF DEATH (0  26. PLACE OF DEATH (0  OTHER:  Nursing Home 5  Residence  PY 28c. INJURY AT  WORK?  1  YES 2 MO  Net, factory, office	Check only one)  28d. DESCRIBE HOW I  COLLAPS  281. LOCATION (Street City or Fown, State)	AUTOPSY IMED?  NO  NJURY OCCURED and Number or Run  Harmon as stated.	Onset and Death  ACUTE  10 YVS +  10 YVS +  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other algnificent condition  DIAT B. T. S.  25. WAS CASE REFERRED TO MEDICAL EXAMINATION 14" YES 2 MO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	B. MYOCAS  DUE TO (OR AS  DUE TO (OR AS  C. OUE TO (OR AS  DUE TO	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  A CONSEQUENCE OF):  A CO	26. PLACE OF DEATH (0  26. PLACE OF DEATH (0  OTHER:  Nursing Home 5  Residence  PT 28c. INJURY AT WORK?  M 1 YES 2 MO  Net, factory, office	Check only one)  28d. DESCRIBE HOW I  COLLAPS  281. LOCATION (Street City or Fown, State)	AUTOPSY IMED?  NO  NJURY OCCURED and Number or Run  Harmon as stated.	Onset and Death  ACUTE  10 YVS +  10 YVS +  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other algnificent condition  DIAT B. T. S.  25. WAS CASE REFERRED TO MEDICAL EXAMINATION 14" YES 2 MO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	BUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  OUE TO	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  A CONSEQUENCE OF):  A CO	26. PLACE OF DEATH (0  26. PLACE OF DEATH (0  OTHER:  Nursing Home 5  Residence  PY 28c. INJURY AT  WORK?  1  YES 2 MO  Net, factory, office	Check only one)  24e. WAS AN PERFOR  1 YES 2  Check only one)  6 Other (Specify)  28d. DESCRIBE HOW I City or Town, State)  281. LOCATION (Street City or Town, State)	AUTOPSY IMED?  NO  NJURY OCCURED  And Number or Run  Hanner se stated.  Indid due to the cause	Onset and Death  ACUTE  10 YVS +  10 YVS +  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other algnificent condition  DIM B T ES  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  14 YES 2 MO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined determined 4 Homicide determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  (Check only one) 1 CERTIFIER (Check only one) 1 MEDICAL EXAMINER  28b. SHOULDENING AND TITLE OF CERTIFIER	B. DATE OF INJURY (Morth, Day, Year)  288. PLACE OF INJURY (Morth, Day, Year)  288. PLACE OF INJURY (Morth, Day, Year)  288. PLACE OF INJURY (Morth, Day, Year)  288. PLACE OF INJURY (Morth, Day, Year)  288. PLACE OF INJURY (Morth, Day, Year)  288. PLACE OF INJURY (Morth, Day, Year)  288. PLACE OF INJURY (Morth, Day, Year)  288. PLACE OF INJURY (Morth, Day, Year)	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  A CONSEQUENCE OF):  A CO	28. PLACE OF DEATH (CONTINUED IN MINISTRY MORK?  28. INJURY AT WORK?  M 1 YES 2 NO  set, factory, office  at the time, date and place, and do  In my opinion, death occurred at till  29c. LICENSE N	Check only one)  24e. WAS AN PERFOR  1 YES 2  Check only one)  6 Other (Specify)  28d. DESCRIBE HOW I City or Town, State)  281. LOCATION (Street City or Town, State)	AUTOPSY IMED?  NO  NJURY OCCURED  And Number or Run  Hanner se stated.  Indid due to the cause	Onset and Death  ACUTE  IO YVS +  IO YVS +  IO YVS +  IO YVS +  IO YVS +  IO YVS +  IO YVS -  IO YVS -  IO YVS -  IO YVS -  IO YVS -  IO YVS -  IO YVS -  IO YVS -  IO OR  IN OUTE Number,  IO OR  In Oute Number,  IO OR  In Oute Number,  IO OR  In Oute Number,  IO OR  In Oute Number,  IO OR  In Oute Number,  IO OR  In Oute Number,  IO OUTE Number Number,  IO OUTE Number Number,  IO OUTE Number
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other algnificent condition  DIN B T ES  25. WAS CASE BEFERREO TO MEDICAL EXAMINER?  14 YES 2 MO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER (Check only one) 1 CERTIFIER (Check only one) 1 MEDICAL EXAMINER AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WE	B. DATE OF INJURY (Morth, Day, Year)  288. PLACE OF INJURY (Morth, Day, Year)  288. PLACE OF INJURY (Morth, Day, Year)  288. PLACE OF INJURY (Morth, Day, Year)  288. PLACE OF INJURY (Morth, Day, Year)  288. PLACE OF INJURY (Morth, Day, Year)  288. PLACE OF INJURY (Morth, Day, Year)  288. PLACE OF INJURY (Morth, Day, Year)  288. PLACE OF INJURY (Morth, Day, Year)	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  A CONSEQUENCE OF):  A CO	26. PLACE OF DEATH (I)  THER: Nursing Home 5 Residence  PY 28c. INJURY AT WORK?  I YES 2 MO  Net, factory, office  Set the time, date and place, and defining opinion, death occurred at till  29c. LICENSE N	Check only one)  24e. WAS AN PERFOR  1 YES 2  Check only one)  6 Other (Specify)  28d. DESCRIBE HOW I City or Town, State)  281. LOCATION (Street City or Town, State)	AUTOPSY IMED?  INO  NJURY OCCURED and Number or Run  Autopsy imediate the cause of	Onset and Death  ACUTE  IO YVS +  IO YVS +  IO YVS +  IO YVS +  IO YVS +  IO YVS +  IO YVS -  IO YVS -  IO YVS -  IO YVS -  IO YVS -  IO YVS -  IO YVS -  IO YVS -  IO OR  IN OUTE Number,  IO OR  In Oute Number,  IO OR  In Oute Number,  IO OR  In Oute Number,  IO OR  In Oute Number,  IO OR  In Oute Number,  IO OR  In Oute Number,  IO OUTE Number Number,  IO OUTE Number Number,  IO OUTE Number

32. REGISTRAR'S SIGNATURE
Julia Davidson Randalls

31. DATE FILED (Month, Day, Year)
MAR 13 '91



TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

6

CERTIFICATION	Sequentially list condi if any, leeding to imm cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA
A	PART II. Other signific
2	Terebr
Ä	Cen
-	R
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO
H	27, MANNER OF OEATH
ВУ	1 Natural 5
	3 Suicide 6
TEI	4 Homicide
BE COMPLETED	(Chick only 2 Me
TO BE (	26. MONATURE AND TITL
F	30. NAME AND ADDRESS (

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle		herwood		:	NONTH DEATH 3	9 91	3. TIME OF DEATH 7:35 P M
4. SOCIAL SECURITY NUMBER 214-30-8817			F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. THOURS MIN.	(Month, Day, Year)	6. BIRT Coun	HPLACE (State or Foreign otry) MD
9a. FACILITY NAME (If not institution			b. CITY, TOWN C	OR LOCATION OF DEAT	<u> </u>	9c. COUNTY OF	
Moridian -The	Pines		East	on, MD. 2	1601	Talbo	)t
10s. STATE 10b.	COUNTY	10c. CITY, 1	TOWN OR LOCAT	ION			10d, INSIDE CITY LIMITS?
MD	Talbot		Eastor	ו			1 TYES 2 NO
10e. STREET AND NUMBER 28292 Form	est Landing	Rd.		21601		10g. CITIZEN OF USA	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Marrie  2 Wildowed 4 Divorced	d 12. WAS DECEOENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	If yes, sp	endent of Hispanic ecity Cuban, Maxican, 2X NO Specify:		Spe	CE — American Indian, ck, Whita, atc. Cify: Thite
15. DECEDENT (Specify only highe		18a. DECEDENT'S US	BUAL OCCUPATION MO		16b. KINO OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use I	retired.)	st or working	1		
6th		House	wife		Own	Home	
17. FATHER'S NAME (First, Middle, L					(First, Middle, Maiden		
Julius Asc					lla Hun		
19a. INFORMANT'S NAME (Type/Pri	•			and Number or Rural Ro			WD 2166
	oldsborough						on, MD 2160
20a, METHOD OF DISPOSITION 1 Number 2 Cremation 3	Removal from State	20b. PLACE OF DISPOSIT other place)				CATION — City or 1	Jown, Stata
4 ☐ Donation 5 ☐ Other (Special Street)  21. SIGNATURE OF FUNERAL SER	<del></del>	Woodlawn		rial Par	<u>K</u>	ston	
ZI, SIGNATORE OF POWERAC SEN	TOE LIVENSEE		New	nam Fune	ral Hom	e	
CHOL	R. MERCE	RON	200	S. Harr	ison St	. Easto	on, MD 2160
23. PART I. Enter the disease ahock, or heart f. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	allure. List only one cause o		enter the mo	Aul	ne.	eratory arrest,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	ant	AS A CONSEQUENCE OF):	rote	cand	irosiub	/ dises	e 4B.
PART II. Other significant co	nditions contributing to deel	th but not resulting in	the underlyin	g cause given in P	PERFO	RMED?	Nb. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO
25. WAS CASE REFERRED TO MED	ICAL		26. PI	LACE OF OEATH (Chec	k only one)		
EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/		OTMER: Nursing Hon	ne 5 🗆 Rasidence 6	☐ Other (Specify)		
27, MANNER OF OEATH 1 Natural 5 Pendi	28a. DATE OF INJU (Month, Day, Ye getion	RY 28b. TIME (INJUI	RY WC	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
2 Accident invest 3 Suicide 6 Could 4 Homicide detarn	not be 28e. PLACE OF INJ building, etc. (	URY — At home, farm, sin Specify)	set, factory, offic	in .	28f. LOCATION (Street City or Town, State	and Number or Rura )	l Route Number,
2 MEDICAL E	CONTROL OF THE BEST OF MY A						r(a) and menner as stated,
266. NONATORE AND TITLE OF C	Tour	out to	)	D. O. Z	824	29d. DATE SIGNE	ED (Month, Day, Year)
30, NAME AND ADDRESS OF PER			Folk:				
MAR 25 9	1 Fulia vac	SIGNATURE POPULAR					

FOR STATE REGISTRAR

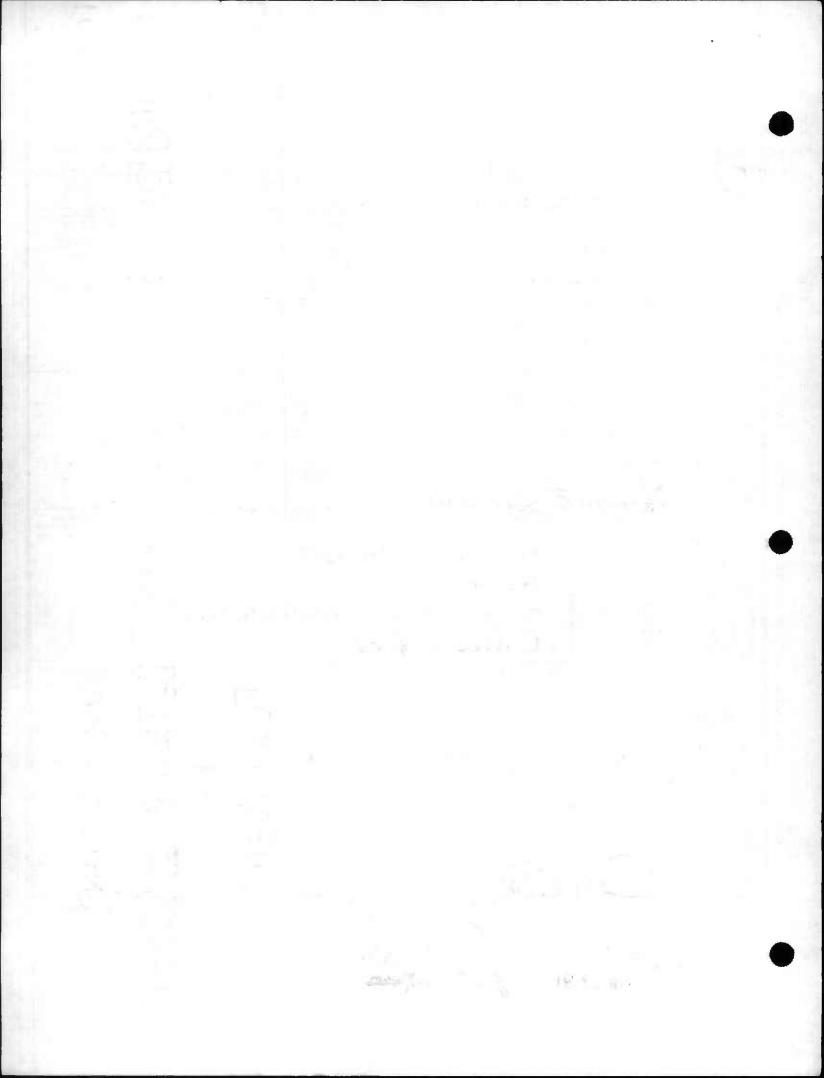
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	CERTIFI	CATE OF	DEALH	REG. NO.					
1	1. DECEDENT'S NAME (First, Middle, Last)  WARY MUELLER SIV	ПТН			2. DATE OF OEATH MONTH DA March 14,	1991 YE	3. TIME OF DEATH 12:30 P. M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. $128-14-4117 \text{ A} \qquad \qquad ^{1 \ \square \text{ M } 2}       $	last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. 8	ountry) Ort Jeff. N.Y.			
DIRECTOR	96. FACILITY NAME (If not institution, give street and number)  Porters RXXXXXXX. Creek Lane RESIDENCE OF DECEDENT		9b. CITY, TOWN O	chaels	ATH	9c. COUNTY OF DEATH Talbot				
B	10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY			
	Maryland Talbot	St	. Michae			1 YES 2 XNO				
FUNERAL	Porters Creek La. RT # 2 Box	3140		ZIP CODE 1663		U.S.A	of what country?			
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 24 IF YES, GIVE WAR OR DATES		If yes, spe		IC ORIGIN? (Specify Yea n, Puerto Rican, etc.) :		RACE — American Indien, Black, White, atc. Specify: White			
COMPLETED	(Specify only highest grade completed)	(Give kind of wille. Do NOT use	JSUAL OCCUPATIO ork done during moderation	N at of working	16b. KIND OF BUS	INESS/INDUST	RY			
MPLE	12 1	House	wife		Home					
	17. FATHER'S NAME (First, Middle, Lest)  Ernest F.W. Mueller				a Chamberl					
) BE	19e. INFORMANT'S NAME (Type/Print)				loute Number, City or Town					
2	Robert O. Smith				chaels, Md					
			of disposition or other place)			rt Jef:	ferson N.Y.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	P	22. NAME AN Harri	son E. L	eonard Fun					
	23. PART I. Enter the diseases, or complications that caused the	death. Do n					s. Md. 21663			
	ahock, or heert fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Resoluting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	ISEQUENCE OF		1 (02/10	E/ \ ) / / OV		1			
	PART II. Other algnificant conditions contributing to death but no	ot reculting in	n the underlying	cause given in	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
: MEDICAL					1 TYES 2	. /	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (Ch	eck only one)					
SIC	EXAMINER?  1 YES 2 NO 1 Inpatient 2 ER/Outpatien	t 3 🗆 DOA	OTHER: 4  Nursing Hom	e 5 Residence	6 Other (Specify)					
BY PHYSICIAN: M	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26b. TIME	E OF 28c. INJ	RIGE	26d. DESCRIBE HOW I	NJURY OCCURE	ED			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — A building, stc. (Specify)	t home, ferm, s	treet, factory, offic		28f. LOCATION (Street and City or Town, State)		iurel Route Number,			
COMPLETED	29e. CERTIFIER  1 CERTIFYING PHYSICIAN: To the best of my knowledge MEDICAL EXAMINER: On the best of examination and						ous (e) end manner se stated.			
BE	29b. SIGNATURE AND TITLE OF CENTIFIER			DIOS	18ER	29d. DATE SIG	GNED (Month Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ANY H. Webb M.D. 607 Dutchned			, Marvla	nd 21601		111			
	31. DATE FLEO (Month, Dey, Year) 32. REGISTRIA'S SIGNATUR		262							

MAR 17'91

Julia Teirlen Bondalle

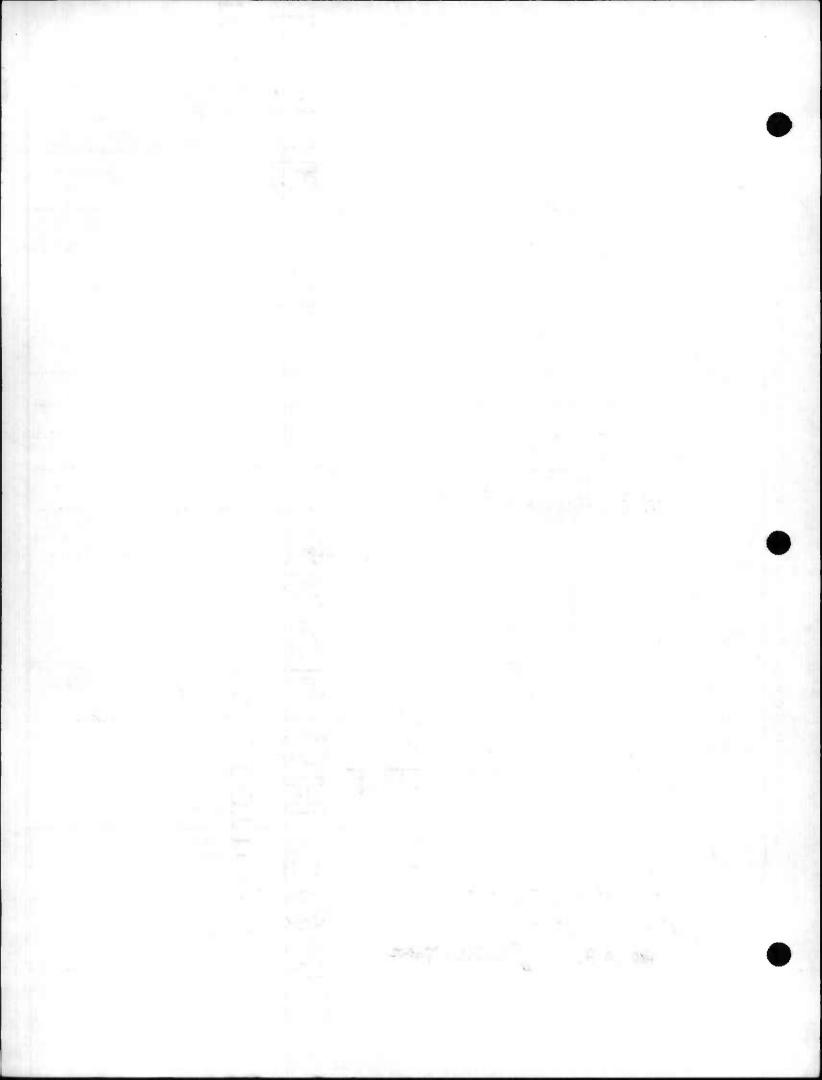
DHMH-16 Rev 1/89



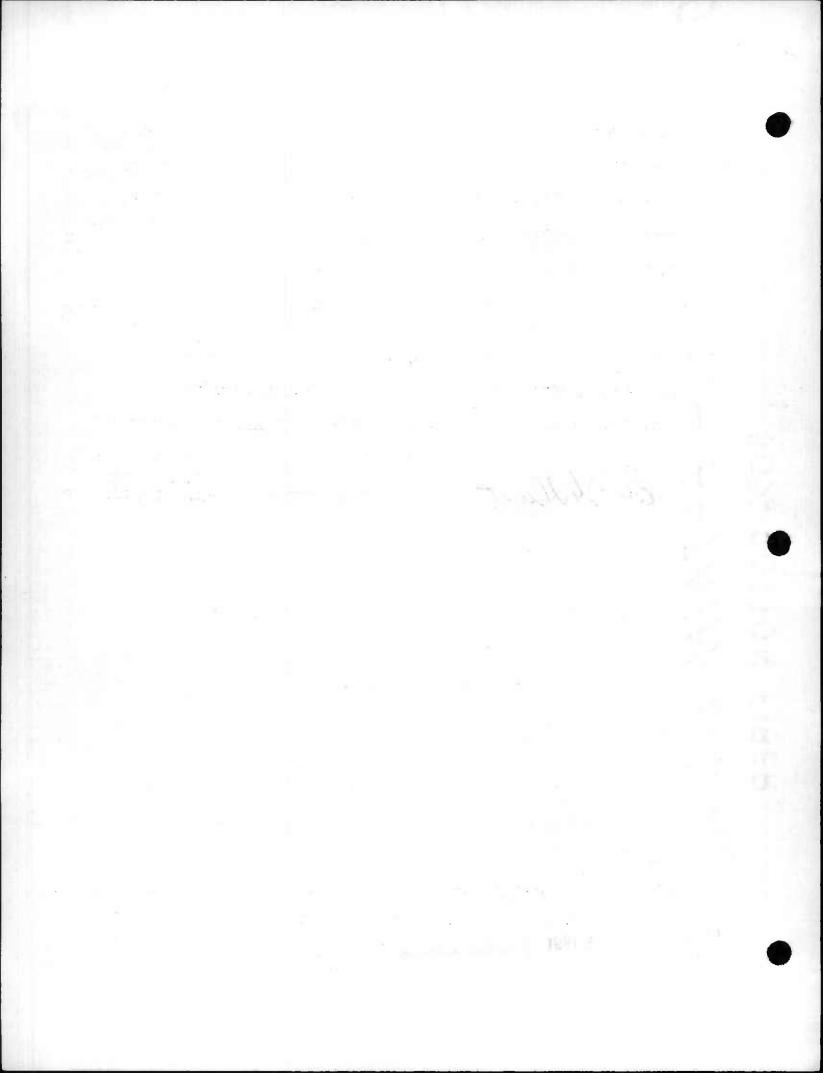
1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFIC	AIE OF	DEATH		REG. NO			
1. DECEDENT'S NAME (Fig. THO)	MAS EDV	VARD SHOR	TALL ,	SR.		77	2. DATE MONTE	OF DEATH MARCH	<b>*</b> 16 1	97579	3. TIME OF DEATN 10:40A M
4. SOCIAL SECURITY NUM	ABER	5. SEX	6. AGE (In yrs.	844	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTN			PLACE (State or Foreign
212-32-0	727	1 M 2 F	83	YRS.						RYLAND	
9e, FACILITY NAME (II not	institution, give a	street and number)		9	b. CITY, TOWN	OR LOCATION OF	DEATN		9c. COUN	TY OF DE	ATN
MEMORI	AL HO	SPITAL			EA	STON			TAI	LBOT	
RESIDENCE OF DE	CEDENT										
MARYLAND	10b. COUNT	ALBOT			TOWN OR LOC RAPPE						10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
10e. STREET AND NUMBE			01. ZIP CODE			10g. CITI2	EN OF W	HAT COUNTRY?			
5	116 0	CEAN GA	TEWAY			2167	13			U.5	
11. MARITAL STATUS	- 2740	12. WAS DECEDEN FORCES? 1				CENDENT OF NISP			or No-	14. RACE Black	- American Indian, White, atc.
1 Never Married 2* 3 Widowed 4 Di	_	IF YES, GIVE V				S 24 4NO Spec		month, attory		Specif	y:
										WH	TE
	CEDENT'S EDU		16a.	. DECEDENT'S US (Give kind of wor	k done during n	TION nost of working	16b	KIND OF BU	SINESS/INDI	USTRY	
Elementary/Secondary		College (1-4 or 5		ille. Do NOT use i	etired.)						
8	5th			FARMER				AGR.	ICUL'	<u>l'URI</u>	3
17. FATNER'S NAME (First,	Middle, Last)					18. MOTNER'S N	AME (First, I	Middle, Malden	Sumame)		
EDWAR	D HOW	ARD SHO	RTALL			MARY	ELI	ZABE	TH SI	LAUC	SHTER
19a. INFORMANT'S NAME	(Type/Print)			19b. MAILING AI	DDRESS (Street	and Number or Rura	/ Route Num	ber, City or Tow	m, State, Zio	Code)	
JAMES H	SHO	RTAT.T.									PPE, MD.2
20a, METHOD OF DISPOS		TANTI	20h Bi	ACE AND DATE O			OAT		CATION —	_	
1 CRBurial 2 Crema 4 Donation 5 Oth	tion 3 🗆 Ren	noval from State	of ceme	tary, crematory or DLAWN	other place)		3-1				ARYLAND
21. SIGNATURE OF FUNE	AL SERVICE LI					AND ADDRESS OF F	TACILITY				AL HOME
M.E.	New	ruprei (	ण ८	F.S.P.	200	S. HAI					
23. PART I. Enter the	diseeses, or	complications the	t caused the	death. Do not	anter the m	node of dving, su	ich aa can	diac or reep	iratory em	est.	Approximate
shock, or heart failure. List only one cause on each line.											
IMMEDIATE CAUSE (Final disease or condition CORONARY APTREY DISEASE (DNGSTANDING)											
resulting in death)	-	. WKON	may 1	174 BEY	PN PN	Section 1			(	IDNO	SHINDING)
		DUE TO	HOTH AS A COM	NSEQUENCE OF):							
Sequentially list cond	litions	b									
If any, leading to imm	nedlete	DUE TO	(OR AS A CO	NSEQUENCE OF):							
cause. Enter UNDERL CAUSE (Disease or in		c									
that initiated events		DUE TO	(OR AS A COP	NSEQUENCE OF):							
reaulting in deeth) LAST											
PART II. Other eignifi	cent condist-	ne contribution to	doub but -	ot reculates to	the real-st-	no course chies t	n Ocat t	24a. WAS AN	LAUTORON	1	WERE ALTERNATIVE TOTAL
Part II. Other eighti	Conditio	contributing to	Jean Dut N	ocresulting In	the underly	und conse divey i	n PART I.	PERFO	RMED?	240.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
								1 TYES	NO NO		COMPLETION OF CAUSE OF DEATH?
											1
						B					NA
25. WAS CASE REFERRED	TO MEDICAL				26.	PLACE OF DEATH (	Check only o	ne)		1	
EXAMINER?		HOSPITAL:	EROutpation		OTHER:	me #   Basidon	8 7 00	e (Onec# )			
27. MANNER OF DEATN		28a. DATE OF		28b. TIME		ome 5 Residence	_	SCRIBE NOW	INJURY OC	URED	
	Pending	(Month, I		INJUI	TY V	WORK?	Lou. De	COLUMN TOWN		JILD	
Z Accident	Investigation					YES 2 NO					
3 Suicide 6	Could not be	28e. PLACE ( building	of INJURY — A atc. (Specify)	At home, farm, str	eet, factory, of	fica		or Town, State		or Rural F	loute Number,
4 Homicide	determined										
29a. CERTIFIER 1 CE	RTIFYINO PHYS	SICIAN: To the best o	f my knowledo	e, death occurred	at the time, de	ite and place, and d	ue to the co	use(a) and ma	nner as stat	ed.	
City or Town, State)  29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									and menner as stated		
					y opinion			piace, a			
296. SIGNATURE AND TIT	OF CERTIFIE	IAO	1-17		-	29c. LICENSE N	UMBER		29d. DATI	E SIGNEO	(Month, Day, Year)
4.4.0	Lyc	NI K	EVIN	7.0K	3438	DBC:	459				
30. NAME AND ADDRESS	OF PERSON W	HO COMPLETED CAL	SE OF DEATN	(ITEM 27) (Type, F	rint)	1-1-11					
606	FICHM	ant ra	NE ,	SASTON	1 MO	21601	1				
31. DATE FILED (Month, D.	sy, Year)	32. REGISTR	AR'S SIGNATU	RE	•	0.5		_			
MAD 1.2	101	6.00	Karley .	Manha							
MAR ]	31	THE STATE OF	1001	- Marie Marie							



		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO		
		1. DECEDENT'S NAME (First, Middle, Las				2	DATE OF DEATH	AY YE	3. TIME OF DEATH
	- 6	LLOYD NORMAN SI	HILLINGBURG				3 12		1 9:24 p w
6	\	4. SOCIAL SECURITY NUMBER 218-16-3572	1 🛣 M 2 🗆 F 7	(In yrs. last birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN	UG. 12,	(	BIRTHPLACE (State or Foreign Country)  W. VA.,
(P	HO.	99. FACILITY NAME (If not institution, give GARRETT COUNTY - N		ITAL		LNAD	Н	9c. COUNTY GARRI	
Pages	DIRECTO	10a, STATE 10b, COU			Y, TOWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?
permit. P	AL DI	MARYLAND GA	ARRETT	SW	VANTON	ZIP CODE		10a CITIZEN	1 YES 2 X NO
is is	FUNERA	RT. 3 BOX 284	A			21561		USA	
AND 21203-3146 the hospital or attending physician. detached for use as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	3 2 NO	If yes, spe	endent of Hispanic lefty Cuben, Mexican, F 2 X NO Specify:		or No — 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
203- r attend use as	ETED	15. DECEDENT'S E (Specify only highest gr		18a, DECEDENT'S (Give kind of life, Do NOT u	USUAL OCCUPATIO work done during mos	N at of working	16b. KIND OF BU	SINESS/INDUST	RY
D 217	7	Elementary/Secondary (0-12)	College (1-4 or 5+)	WELDE			MINI	NG	
2 5 6 5 T	BAL	17. FATHER'S NAME (First, Middle, Lest) CHARLES EMORY	SHILLINGBURG			18. MOTHER'S NAME BESSIE	(First, Middle, Maiden		
MARY retained to 5 should	TO B	19a. INFORMANT'S NAME (Type/Print)  RAY E. SHILLING!	RITRG	19b. MAILING		nd Number or Rural Rou	ARK, MAR		
		20a METHOD OF DISPOSITION 1 Aburtel 2 Cremation 3 R	20	0b. PLACE OF DISPO	SITION (Name of cem	netery, crematory or	20c. LC	CATION — City	or Town, State
Page 6 may if director, pa		4 Donation 5 Other (Specify)		DEER PARK		D ADDRESS OF FACIL			MARYLAND
SALT death. e funera		· Colut)4	1/1 4	00167			P	O. BOX	MD. 21550
filled in by 1		23. PART I. Entar the diseases, shock, or heart failure immediate CAUSE (Final disease or condition	re. List only ona cause on	asch lina.		de of dying, such a	as cerdiac or resp	iratory srrest	Onset and Death
146, ted within 25 completely file fal, cremation.		resulting in death)	e. Ventricul DUE TO (OR AS	A CONSEQUENCE O					Sudden
131		Sequentially list conditions,	- L Ischemic	Heart Di					Unknown
OX ate be ysician prior t	CAT	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	Arterioso	clerotic	Cardio-v	ascular D	isease		Unknown
o.O. ending Hygiel	DC I	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	)F):				
that the dear the att the att the att the att the att the att the and Menta		PART II. Other significant condit	iona contributing to death	but not resulting	in the underlying	cause given in Pa	rt i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO
equires en sign of Healt	ME	Esophageal s	tricture requ	iiring di	latation	S	_ 1  YES :		COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
De Pas	2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Check	only one)		
	PHYSIC	TOYES 2 NO	1 ☐ Inpatient 2 12 ER/Ou  28a. DATE OF INJURN			6 G Residence 5	Other (Specify)	IN ILIEN OCCUR	En
PHY:	ВУ	1 X Natural 6 Pending 2 Accident Investigation	(Month, Day, Year)	) IN	M 1 Y	RK7 'ES 2 NO	81. LOCATION (Street		
SI SI SI SI SI SI SI SI SI SI SI SI SI S		3 Suicide 5 Could not 4 Homicide determined	building, etc. (So	pecify)	street, inclory, office	·	City or Town, State		tural House Number,
	3	mont only	INER: On the best of my kno						suse(s) end manner ee stated.
물 물 물	BE	250. SKHATIJAE AND TITLE OF CENT	Link	Lh	9)	29c, LICENSE HUMBE D 05658	EM .		ch 15, 1991
6633	5	30. MAME AND ADDRESS OF PERSON							
	12	Herbert H. Lei	32 REGISTRAR'S SIG	NATIOE		s, Oaklan	d, Maryla	and 21	550
	10	11. DATE FILED (Month, Day, You) 19	191 Julia Davids	on Randuse					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE OF MARYLAND 1 - REGISTRAR	/ DEPARTMI			MENTAL HYGIENI REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last)			DUATIT	2. DATE OF DEATH		3. TIME OF DEATN	
.)	CHARLES WESLEY SCHAEFFER				March 15,		1:15 P M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	6. 9	IRTHPLACE (State or Foreign	
- 16	233-18-6112 1≅M2□F 88	YRS. MONT	THE DAYS	HOURS MIN.	Sept 4, 19		. Va.	
	9a. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF DEATH		
OR	Teets Personal Care Home	R	t. 5	0akland		Garre	tt	
5	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY	10c. CITY. TO	WN OR LOCATI	ON			16d, INSIDE CITY	
DIRECTOR	W. Va. Grant	Gorma					LIMITS?	
	10e. STREET AND NUMBER	COLING		ZIP CODE		10g. CITIZEN (	OF WHAT COUNTRY?	
ER/	Rt. 3 Box 201		26	720		USA		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.				IC ORIGIN? (Specify Yes	or No- 14. F	ACE — American Indian,	
	1 Never Married 2 Merried FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES	∆NO		city Cuban, Mexical 2 X NO Specify	n, Puarto Rican, etc.)		Black, White, etc.	
) BY							White	
COMPLETED	(Specify only highest grade completed)	(Give kind of work of life. Do NOT use retir	lone during mos	N It of working	16b. KIND OF BUS	INESS/INDUSTF	IA	
1 1	Elementary/Secondary (0-12) College (1-4 or 5 +)	Salesman	,		Insura	nco		
MIC	17. FATHER'S NAME (First, Middle, Last)	Daresman		16 MOTHER'S NA	ME (First, Middle, Maiden			
	John Randolph Schaeffer					filler		
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	RESS (Street ar		Toute Number, City or Town		)	
2	Mrs. Gertrude Schaeffer	Rt. 3 B	ox 201	Gorma	nia, W. Va	. 2672	0	
	20g, METHOD OF DISPOSITION 20b. PLA	CE OF DISPOSITION	N (Name of cem	etery, crematory or	20c. LO	CATION — City of	or Town, State	
		Storm Ce	emeter	у	Mt.	Storm,	W. Va.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	D ADDRESS OF FA	P. C	. Box	243	
	Columny Level MO	0167	Durst	Funeral	Home - Oak			
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, pr heart failure. List only one cause on sech immediate CAUSE (Finel disease or condition resulting in death)  Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to death but meaning in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatian  27. MANNER OF DEATN  1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined  28. DATE OF INJURY Abuilding, etc. (Specify) one)  29. SIGNATURE D TITLE OF CERTIFIER  1 D.O.	A 3 DOA 4 DOA 1 DO	26. PL HER: Nursing Hom 28c. INJ WO 1 U y the time, date	ACE OF OEATH (Ch	PERFOR  1 YES 2  Bock only one)  8 X Other (Specify) P  28d. OESCRIBE NOW II  28f. LOCATION (Street a City or Town, State)  to the cause(a) and mer time, data and place, an	ersonal Number or R  and Number or R  ther as stated. d due to the case	ural Route Number,	
9	30. N UE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATN	(ITEM 27) (Type, Print	1)	Н37231		Hal	10, 1771	
10	John T. Turski, III, D.O., P	.O.Box 6	7. Fri	endsvill	e. MD 2153	1		
12	31. DATE FILED (Month, Dey, Year)  MAR 1 8 1991  Sulia Bandon	RE						

1281 A C

TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. To THE FAMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be attended to use as the burla-transit permit. Pages 1, 2, 3 should be attended at the state Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL	HYGIENE REG. NO.			0002
	1. DECEDENT'S NAME (First, Middle, Last)	Y A. SM	TTH			2. DATE O	OF DEATH DAY		3.	TIME OF DEATH
	215-08-6212	1 D M 2 X F		ONTHS DAYS	IF UNDER 24 HRS. HOURII MIN.		F BIRTH Day, Year) 2-28		Country)	Cornia
5	9e. FACILITY NAME (If not institution, give street Liberty Medica.  RESIDENCE OF DECEDENT		9	Balti	MORE	OF DEATH Sc. COUNTY OF DEATH Baltimore				
DIRECTOR	10e, STATE 10b. COUNTY	imore		nown on Locat						d. INSIDE CITY LIMITS? YES 2 NO
LONEHAL	2601 Roslyn Aye	ONUE		. 2	1216			I	ISA	T COUNTRY?
5	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	V.S. ARMED	If yes, sp	ENDENT OF HISPAN city Cuban, Maxica 2 NO Specifi	n, Puerto R		or No— 14.	Black, W Specify:	American Indian, Thite, etc.  This te	
COMPLEIED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use r	k done during mo		16b.	KINO OF BUSI	NESS/INDUST		ni ve
	AT CATHED TO MARKE (Time Middle Land		Disabl	ed.			N/			
	17. FATHER'S NAME (First, Middle, Last) William Briggs	Cmi + h			France					
H	19a. INFORMANT'S NAME (Type/Print)	SMITEU	19b. MAILING A	OORESS (Street a	rrance				de)	
2	William Smith		813 T	vler A	venue.	Ann	iloge	s. MI	) 2	1403
	20a. METHOD OF DISPOSITION		. PLACE AND DATE O	F DISPOSITION		OATE		ATION — City		
	1   Burlal 2   Cremation 3   Ramoval from State   of cemetary, crematory or other place   A   Donation 5   Other (Specify)   Baltimore,									MD
	21. SIGNATURE OF FUNERAL SERVICE LICES	1111		Hard	esty Fi idgelv	uner				s. MD
CENTIFICATION	shock, or heat filure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	Morely	ARY	Arz	RES	7		Interval Between Onset and Daath
BI PHISICIAN: MEDICAL CE	PART II. Other algnificant conditions	contributing to death b	ut not resulting in	the underlyin	ceuse given in	Part I.	24s. WAS AN APPERFORM	MED?	AA CI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO
Ž	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (C)	eck only on	n1			_
2		HOSPITAL:		THER:	e 5 🗆 Residence					
į ا	27. MANNER OF BEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c, INJ			CRIBE HOW IN	LJURY OCCUR	EO	
	1 Natural 5 Pending 2 Accident Investigation	(moral, pay, real)	INJUI		YES 2 NO		- (3)			0
_	2 Accident 3 Sulcide 6 Could not be detarmined  26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  27. Accident City or Town, Sta								Rural Rou	te Number,
COMPLETED	CONSTRUCTION OF THE PARTY OF TH	AN: To the best of my know							euse(s) e	nd manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	TW			29c, LICENSE NU	MBER		29d. DATE \$	ZS	lonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Type, P	e Dic	INE	LN	(	BAL	70	mD_
	MAR 2 1 1	32. REGISTRAR'S SIAN	Mason-Rande							

MARS I 1891 John Committee

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	CERTIFI	CALE	F DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)  RUBY W. STINE				2. DATE OF OEATH MONTH DA	YEA				
			F UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) Jan. 28, 1	Co	RTHPLACE (State or Foreign Sounty)			
	9e. FACILITY NAME (If not institution, give atreet and number) Cente		9b. CITY, TOV	N OR LOCATION OF OR		9c. COUNTY O				
FUNERAL DIRECTOR	Pleasant Living Convalesce		Eds	rewater		e Arundel				
Ä	10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?			
ā	Maryland Anne Arundel	An	napol	is		1 YES 2 XNO				
M	10e. STREET AND NUMBER			101. ZIP COOE			OF WHAT COUNTRY?			
ij	7033 Bembe Beach Road			21403			S.A.			
BY FUI	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 📉 NO	If yes	DECENDENT OF HISPAN, specify Cuban, Mexica YES 2 NO Specify		ACE — American Indien, Black, White, etc. Specify: White				
	16. OECEDENT'S EDUCATION 16	Ba. OECEOENT'S U	ISUAL OCCUP	ATION	16b. KINO OF BUS	•				
E	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 8 +)	(Give kind of wi	ork done during retired.)	most of working						
릴	7	Home	maker		Hom	e				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				ME (First, Middle, Maiden					
BE C	William Ward			Sarah	H. Ward					
10	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Str	et end Number or Rural i	Route Number, City or Tow	n, State, Zip Code	21403			
F	Nancy Jimenez	703	3 Ben	be Beach	Road. A	nnapo	Lis. MD			
	20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Removal from State	LACE OF DISPOS	TION (Name o	cemetery, cremetory or	20c. LO	CATION - City o	or Town, State			
	Donation 5 Other (Specify)	dar Bl	uff	emetery		napoli	s. MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			E ANO ADDRESS OF FA		7	07.407			
	Taylor Funeral Chapel 2140									
	23. PART I. Enter the diseases, or complications that caused to shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition	he death. Do no	enter the	mode of dying, auc	FAILU	iratory arreat,	Approximate Interval Between Onset and Death			
	resulting in death)	Contraction of the		Jenier	mu	14				
_	H AS	(10	j:							
ō	Sequentially list conditions, if any, leading to immediate	ONSEQUENCE OF	):							
PA	cause. Enter UNDERLYING									
Ĕ	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
ERI	resulting in death) LAST									
EDICAL CERTIFICATION	PART II. Other algorificant conditions contributing to death but	not resulting in	the under	vina cause aiven in	Part I. 24s, WAS AN	ALITOPSV	24b. WERE AUTOPSY FINDINGS			
SA	ADDM. Severe non	inh 1	ass	- dista	PERFOI	PMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE			
ă	nould all decap	i de	0000	0001200	1 TES	NO	OF DEATH?			
Σ	the fire	1701					1 NES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			BI ACE OF CEASURE	nest anti-nest					
PHYSICIAN:	EXAMINER? HOSPITAL:		OTHER:	I. PLACE OF GEATH (Ch						
148	1 YES 2 NO 1 Inpution 2 ER/Output	28b. TIME	-	Home 5 Residence	8 U Other (Specify) 28d, OESCRIBE HOW	N HIEV OCCUPE	0			
	1 Natural 6 Pending (Month, Day, Year)	INJI	JRY	WORK?	280. OESCRIBE NOW	NOONT OCCORE				
ВУ	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY —	At home, farm, a			281, LOCATION (Street	and Number or Ri	ural Route Number			
8	4 Homicide determined building, etc. (Specify	)			City or Town, State					
	29a. CERTIFIER									
COMPLETED	(Check only CEHTIFTING PHYSICIAN: To the best of my knowled						ISA(S) and manner as stated			
TO BE	Sob. SIGNATURE AND TITLE OF CERTIFIED			29c. LICENSE NU	1438	≥ 32 ≥ 32	11419 (Month, Pay, Year)			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT MULT ALL J. LA LE NITA	H (ITEM 27) (Type,	Printiplio	GLEY A	VE, #120	, Am	mpoluma			
	MAR 1 8 1991 Julia Puri dan Para Pagastra NE.		1	,		21401				

MILLS TOWN STORY 

DIRECTOR

FUNERAL

BY

COMPLETED

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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	DHTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc
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	ATT	ECTO S aft	n 28
DISTOR OF WITHE COURS, 1.0. BOX 301.00	L OR	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the in within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	Hen
	PITAL	ERAL 0 72	T. H
	HOS	FUN	TAN
	巢	学生	P

MEDICAL

PHYSICIAN:

MAR 2 0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE DAY OSON PANDLE

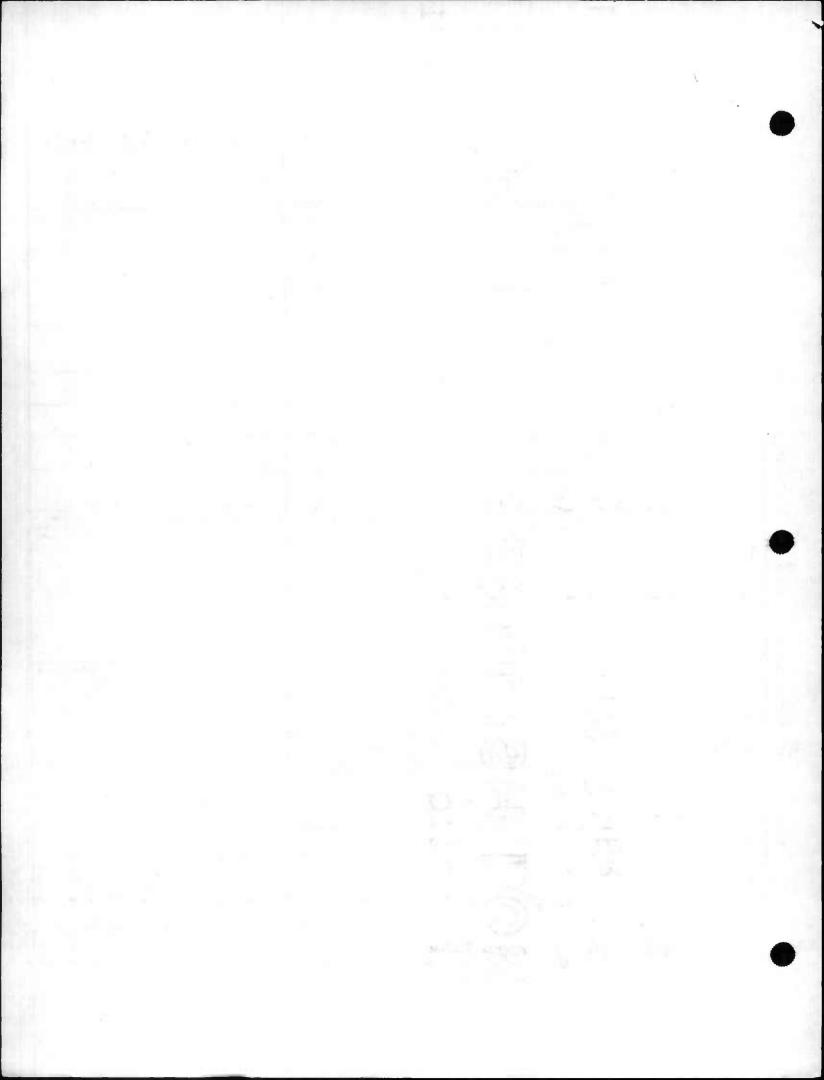
08822 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR JOSEPH Edward SIMPSON SR. 1991 March 17 10:00p M IF UNDER 1 YEAR 7, DATE OF BIRTH (Month, Day, Yea 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 X M 2 - F 215-26-6630 25,1933 Md 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH Memorial Hospital Cumber land Allegany RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10d. INSIDE CITY LIMITS? Md. Allegany Cumberland 1 X YES 2 | NO 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21502 318 Columbia St. U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ri

1X YES 2 NO Specify: 1 Never Married 2 Married White 3 Widowed 4 Divorced Korean 16a. DECEDENT'S USUAL OCCUPATION

\*\*Think kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Laborer Railroad 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Walter Bell Simpson Nettie Iser 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Rose Anna Simpson 318 Columbia St. Cumberland. Md. 20a. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20a. METHOD OF DISPOSITION

1 Description | Disposition | Hillicrest Burial Park 3/21/91 Cumberland, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Silcox-Merritt Funeral Service alle 404 Decatur St. Cumberland, Md. 21502 es, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, **Approximate** shock, or heert fellure. List only one interval Betwe **Onset and Death** IMMEDIATE CAUSE (Fine) Kes) diseese or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) wil CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 244. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 🗆 Residence 8 🗆 Other (Specify) 4 - Nurr 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and man 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c, LICENSE NUMBER 9 8 D 23371

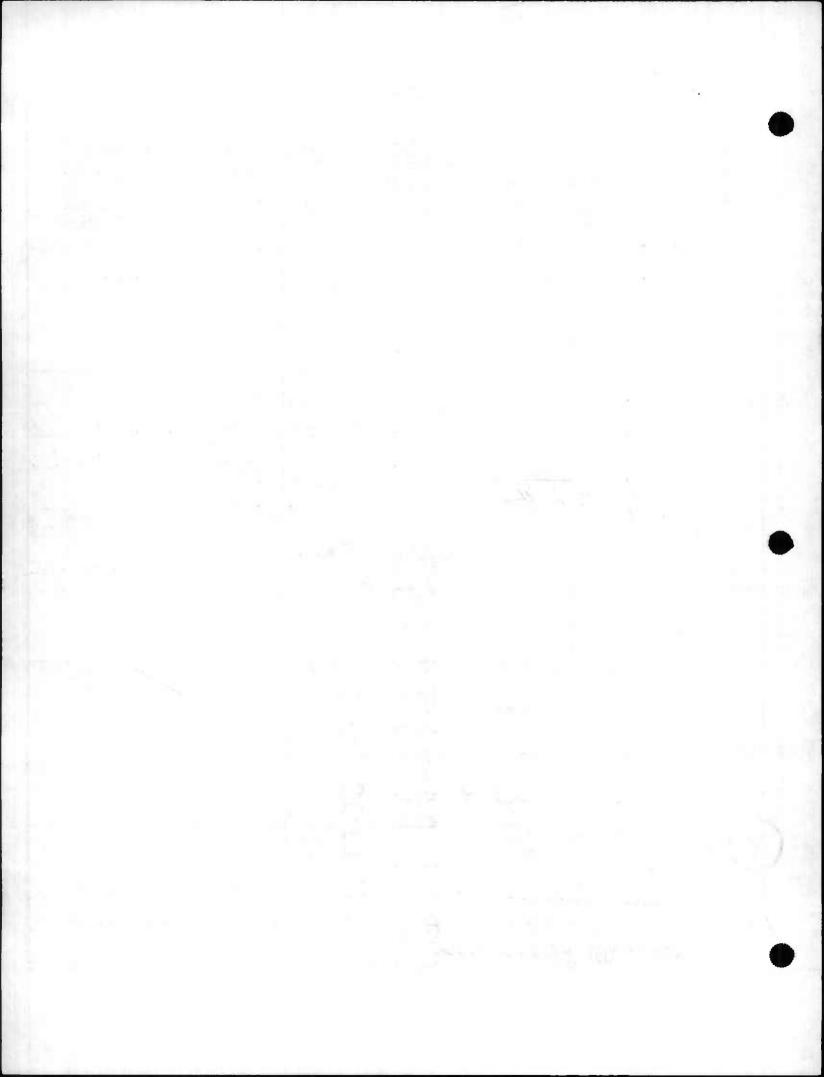
Qamar Zaman-Memorial Hospital Medical Building-Cumberland, MD



FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	* REGISTRAR		CERTI	FICATE	OF DEAL	IH	REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last) JUANITA ROBY	SHAWEN					2. DATE OF DEATH	ř <u>4</u> 19	991ª	3. TIME OF DEATH 7:50 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday	IF UNDER 1	YEAR IF UNDER	24 MDE	7. DATE OF BIRTH			IPLACE (State or Foreign	
	234-62-4896	1 M 2 XF	79 YRS.		DAYS HOURS	MIN.	(Month, Day, Year) Jan. 23, 19	912	Countr		
	9s. FACILITY NAME (If not institution, give	9b. CITY, T	TOWN OR LOCATIO				NTY OF D				
OR	SACRED HEART HO	SPITAL		CUMBI	ERLAND,	MARY	LAND	AL	LEGA	NY	
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	· v	140.0	TY, TOWN OR	LOCATION					44 4 10000 0000	
DIRECTOR	W. Va. Hamp	·		mney	LOCATION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	10e. STREET AND NUMBER			10f. ZIP CODI	E		10g. CIT	IZEN OF V	VHAT COUNTRY?		
FUNERAL	240 N. High Stre	et			26757	7			U.S.	. A .	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED				C ORIGIN? (Specify Ye	s or No—	14. RACE	E — American Indien, k, White, etc.	
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 THO	1 (	YES 2X NO	Specify:	, Puerto Rican, etc.)		Speci		
	15. DECEDENT'S ED	ICATION	16a. DECEDENT	e liellal occ	MIDATION		16b. KIND OF BI	(CINECO/INI	DUCTON		
COMPLETED	(Specify only highest grad	e completed)	(Give kind o	work done du	ring most of working	ng	IOD. KIND OF BO	JSINESS/INI	DUSTRI		
쁘ㅣ	Elementary/Secondary (0-12)	College (1-4 or 5	+)								
를		4	Teach	er			Educat	ion			
ō	17. FATHER'S NAME (First, Middle, Lest)				16. MOT	HER'S NAM	E (First, Middle, Maide	n Sumame)			
	Glenn W. Roby				Ste	ella	Tman				
BE	19e. INFORMANT'S NAME (Type/Print)		10h MARI	G ADDRESS /			oute Number, City or To	Ctoto 7	n Corfol		
2	Contraction of the Contraction o			are-account.							
	Ralph E. Shawen						Romney				
	20e. METHOD OF DISPOSITION 1   Burlet 2 □ Cremation 3 □ Rer		20b, PLACE ANO DA	TE OF DISPO	SITION (Name		OATE 20c. L	OCATION -	City or To	own, State	
- 4	4 Donatton 5 Other (Specify)	novali from State	Branch Mt	Ceme	eterv		3-17-91 Three Churches, W.V.				
- 11	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	_   Dranen m	22. N	AME AND ADDRE	SS OF FACI	ILITY	inico	Ond	CHCB, W.VIII	
110					Miller Funeral Home						
	Romney, W. Va. 26757										
	23. PART /. Enter this diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
	shock, or heart feliure. List only one ceuse on sech line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  e										
		DUE TO	(OR AS A CONSEQUENCE	OF):						)10 men	
-	_	C	1.								
CERTIFICATION	Sequentially list conditions,	b. DUE TO	(OR AS A CONSEQUENCE	OF):							
A	If sny, leading to immediate										
2	CAUSE (Disease or Injury										
Ë	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
E	resulting in death) LAST										
	PART II. Other significent condition	no contribution to	death hut not reculate	- I- 45	terbalen andere	-t I- F	Nat 1 at 1110	N AUTOPSY	12.		
EDICAL	PART II. Other significent condition	ms contributing to	destin but not recultin	g in the und	enying cause	given in r		PRMED?	1	AVAILABLE PRIOR TO	
2							1 □ YES	2 (IJMO		COMPLETION OF CAUSE OF DEATH?	
H										1 YES 2 NO	
Σ							-		100	1 1 1 1 2 2 1 1 1 1 1	
Z					-						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF D	DEATH (Chec	ck only one)				
S	1 TYES 2 THO		☐ ER/Outpatient 3 ☐ DOA			esidence 6	Other (Specify)				
Ŧ	27. MANNER OF DEATH	26e. DATE O		IME OF	28c. INJURY AT		26d. OEŞCRIBE HOW	INJURY O	CURED		
	1 Natural 5 Pending	(Month, I	Day, Year)	NJURY M	WORK7	¬NO I					
ВУ	2 Accident Investigation							10 100	-		
0	3 Suicide 6 Could not be	building	OF INJURY — At home, farm, etc. (Specify)	i, street, tactor	гу, оптісе	- 1	26f. LOCATION (Stree City or Town, Stal	( end Numbi (e)	or Hursi	Houte Number,	
Ë	4 Homicide determined										
COMPLETED	290. CERTIFIER	SICIAN: To the heat o	f my knowledge, death occi	and at the time	a deta and alass	and due t	a the severals and m		et and		
AP.	ana)										
Ö	2 MEDICAL EXAMIP	EH: On the besis of	examination end/or investiga	nion, in my op	inion, death occu	ired at the 1	lime, date end place,	end due 10 1	ine ceuse(	s) end manner as stated.	
	295. SIGNATURE AND TITLE OF CENTRY	EN /			29c. LIC	ENSE NUM	BER	29d. DA	TE SIGNED	(Month, Day, Year)	
BE	11 1	2 0/	en.	KA		0	153,	<b>•</b>	>/	1191	
5	20 NAME AND ODDOGO OF REPORT OF	NO COMPLETED TO	DE DE DEATH STEEL AT	2000	~		4 3 4		5/1	11/1/	
_	30. NAME AND ADDRESS OF PERSON W		ISE OF DEATH (ITEM 27) (7)	pe, Print)					1	1	
	H-13. 1-4	ORES	724	JE	TON	DR	u	M BE	no	AND	
	31. DATE FILED (Month, Day, Yber)	32. REGISTR	AR'S SIGNATURE								
	I MAK Z U 1991 4	osa Davidson	-yander								



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11:30

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DHMH-16 Rev 1/89

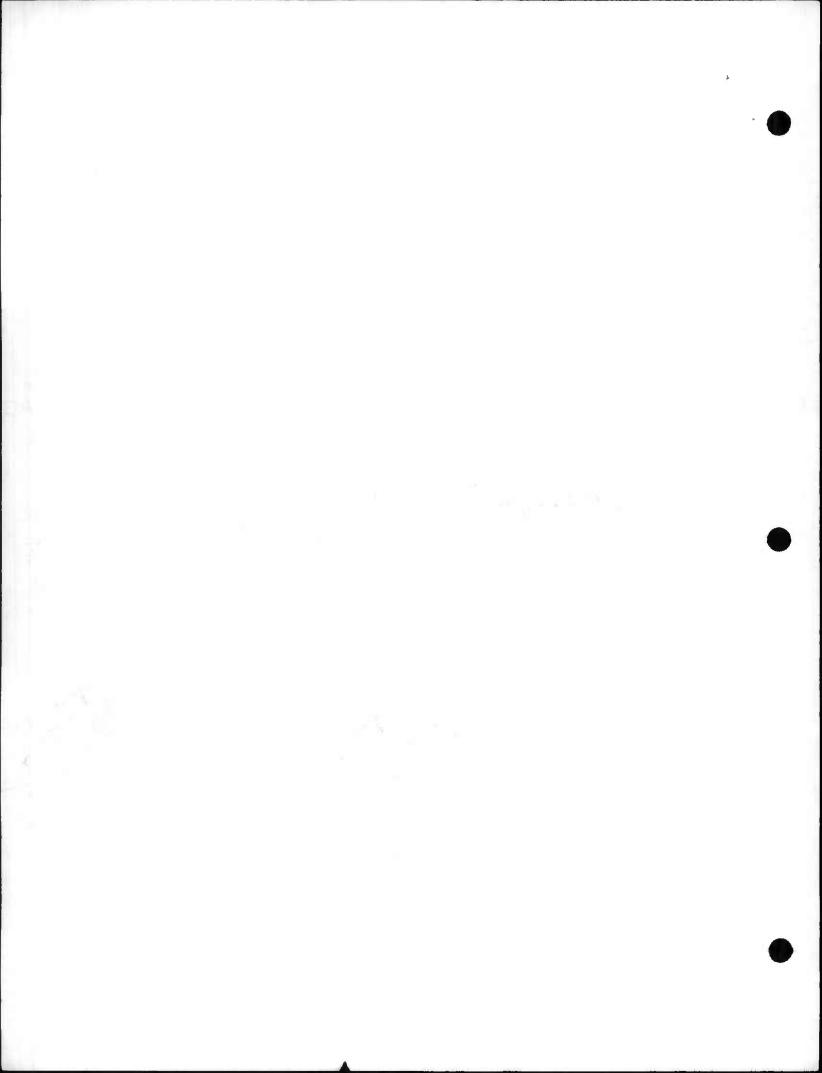
2. DATE OF DEATH

20

1991

BALTIMORE, MARYLAND 21203-3146	INCIAN. The law requires that the death certificate be executed within 2-cours after death. Page 6 may be retained by the hospital or attending physician.	Fernicale has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should support to the site and Mental Huntene prior to hurial cremation or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After the centificate has been signed by the attending physician and completely filled in by the funeral winners after death, with Charles have not build contained to removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR		_	7. DATE OF BIRTH	1	8. BIRTH	IPLACE (State or Foreign
	578-42-6931	1 😿 M 2 🗌 F	59	YRS.	ONTHS DAYS	HOURS	MIN.	12/2/19	32	WASHINGTON, DC	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOW	OR LOCAT	ON OF OR	ATH	9c. CO	UNTY OF D	EATH
E I	8536 BRICKYARD RO	AD			POTO	MAC			M	ONTGO	MERY
5	RESIDENCE OF DECEDENT										
DIRECTOR	MARYLAND MONTG				pe. City, town or location POTOMAC						10d. INSIDE CITY LIMITS?  1 YES 2 NO
	10e. STREET AND NUMBER					of. ZIP COD	E		10g. CI	TIZEN OF V	WHAT COUNTRY?
FUNERAL	8536 BRICKYARD RO					2085			U.S.A.		
2	11. MARITAL STATUS  1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARI	MED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Sp If yes, specify Cuben, Mexican, Puerto Rican,			n, Puerto Rican, atc.		E — American Indian, k, Whita, etc.	
To a Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify:									Speci	WHITE	
	15. DECEDENT'S EDU (Specify only highest grade		CEDENT'S U	ISUAL OCCUPA	TION	ina	16b. KIND OF	BUSINESS/II	NDUSTRY		
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5	life.		ork done during retired.)	TRUST OF WORK	ny	_			
M		5+		I	AWYER			I	AW		
8	17. FATHER'S NAME (First, Middle, Last)					16. MOT		ME (First, Middle, Ma			
BE	ABE SHEFFERMAN  19a. INFORMANT'S NAME (Type/Print)			444 B40 4	200500 (0)			Route Number, City or		7-0-11	
임	ROSEMARIE SHEFFER	MAN (WIF	11000					POTOMAC,			20854
	200, METHOD OF DISPOSITION	1	20b. PLACE	OF DISPOSI	TION (Name of	i			LOCATION -		
	1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	ADAS	I SRAE	L CONG	REGAT	TON	CEM. W	ASHIN	GTON,	D.C.
	21, SIGNATURE OF FUNDIAL SERVICE LIC	ENSEE	0		22 NAME	AND ADDR	ESS OF EA	CILITY	ODTAL	CHAT	PELS, INC.
	Make	J. M	110								
	23. PART i. Enter the diseases, or complications that caused the daeth. Do not anter the mode of dying, such as cardiac or respiratory arrest,   Approximate										
	shock, or heert tallure. List only one ceuse pri each line.  Interval Between Onset and Daeth										
ľ	disease pr condition										
ľ	resulting in death)  a. Due to (on as a consequence op:										
Z	Consensation line considerate		Metar	stat	re 12	ena	R C	ances			- year
읽	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF)	):						0
걸	csuse. Enter UNDERLYING CAUSE (Disease or injury	c	(OR AS A CONSEC	DUENCE OF							
CERTIFICATION	that initiated events resulting in death) LAST		(		,						
<u> </u>		d		-							
4	PART II. Other algnificant condition	s contributing to	death but not r	esulting in	tha underly	ing cause	given in	Part I. 24a. WA	AN AUTOPS	Y 24k	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
CIAN: MEDICAL								1 _ YE	8 2 X NO		OF DEATH?
ME			_								1 YES 2 NO
ÿ											
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:			neck only one)			
PHYS	1 TYES 2 XNO			□ DOA	4 - Nursing H		Residence	6 Other (Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE Of (Month, I		28b. TIME INJU	JRY	NJURY AT WORK?	Пио	26d. DEŞCRIBE H	OW INJURY C	CCURED	
B	2 Accident Investigation	28e, PLACE (	OF INJURY — At ho	me, farm, st				281. LOCATION (S	net and Numi	her or Rural	Boute Number
	3 Suicide 6 Could not be 4 Homicide determined		atc. (Specify)	mo, retti, et	rest, factory, o			City or Town,		JOI OF THUMB	route runnon,
9	29a. CERTIFIER 1 Y CERTIFYING PHYS	ICIAN: To the heat o	f my knowledge de	oth course	d at the time d	ete and also	o and du	to the sever(s) on		detect	
Solutions of City or Yown, State)  City or Yown, State)  City or Yown, State)  City or Yown, State)  City or Yown, State)  City or Yown, State)  City or Yown, State)  City or Yown, State)  City or Yown, State)  City or Yown, State)											a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	11	1	1/		29c. LIC	CENSE NU	MBER			D (Month, Day, Year)
38 0		010	muth			D3:	3293		•	2/21/	1991
욘	30. NAME AND ADDRESS OF PERSON WH					344	1114.0	UTNOBON	DC 20	015	
	FREDERICK P. SMITH, M.D., 5401 WESTERN AVE., NW, WASHINGTON, DC 20015										
	FEB 25 91	Julia,	Davidson A	ande 02							



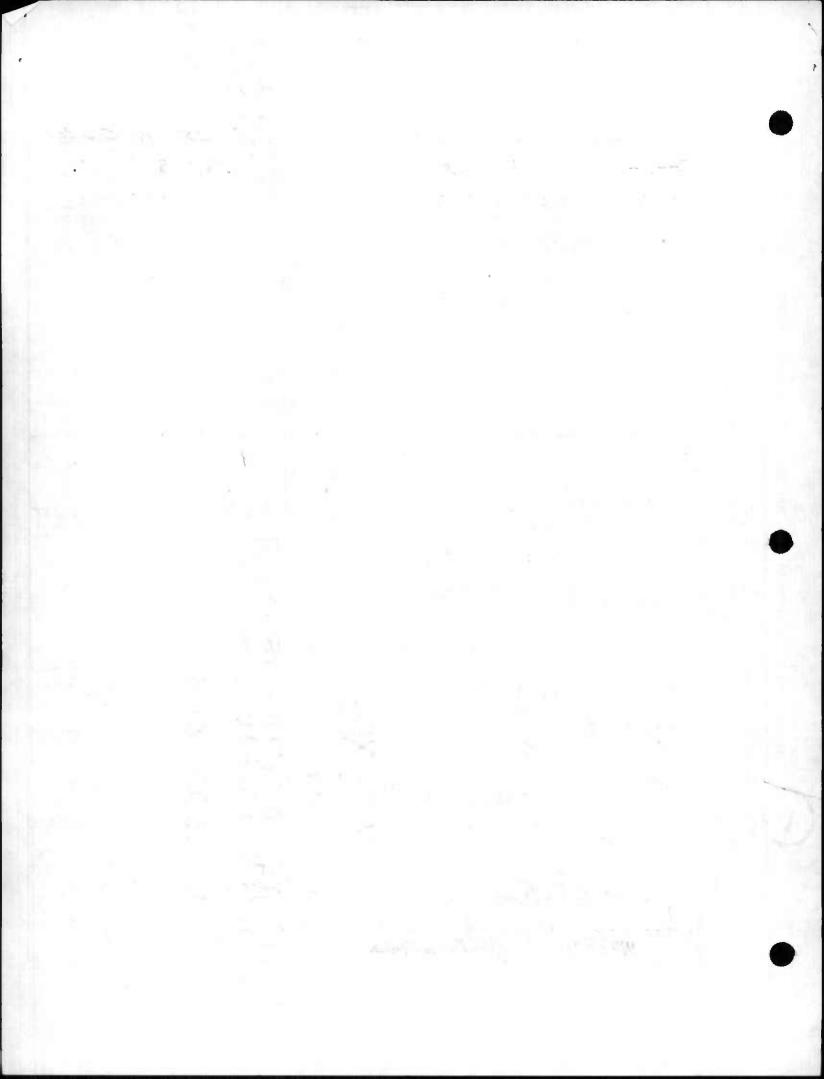
or attend	r use as		
TO THE HOSPITAL PARTICIANS. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as		nce.
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retained	5 should		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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É	DIRE	hour	Item
SPITA	NERAL	thin 72	NT: IF
AE HO	HE FU	ed wit	DRITAL
10 11	10	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMP

1. OECEOENT'S NAME (First, Middle, Last)  4. SOCIAL SECURITY NUMBER	B.	(		11			_			7	
-1(E)		_	mi	B Smith			2. DATE OF DEATH			3. TIME OF DEATH	
213-72-7894	1 🗌 M 2 💢 F	8. AGE (In yrs. les		IF UNDER	DAYS		AIPN.	7. DATE OF BIRTH (Month, Day, Year) Nov. 29	1955	RTHPLACE (State or Foreign unitry)  M.d.	
99. FACILITY NAME (# not institution, give a Washington Con RESIDENCE OF DECEDENT	unty Hos	pital		На	ger	stow:		тн	Wash:	ington	
	ington		Ha Ha	town o	sto	wn				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
800 Pennsylvania Ave.			101. ZIP CODE 21740			1 70	U.S.				
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 1		- 11	yes, spe	ENDENT OF Healty Cuben, I	dexicen,	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	В	ACE — American Indien, leck, White, etc.	
15. DECEDENT'S EQU. (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+	) (G	CEDENT'S L live kind of wi Do NOT use	retired.)	turing mo	at of working		16b, KINO OF BU	SINESS/INDUSTR		
17. FATHER'S NAME (First, Middle, Last) Ralph Beckett			V V V ()		,,,,,	16. MOTHER		E (First, Middle, Meiden		T. H.	
19e. INFORMANT'S NAME (Type/Print)  Cynthia Sheva:	rd	19		ADDRESS		nd Number or	Rural Ro	oute Number, City or Tow		1740	
20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		20b. PLACE of cemetary	AND DATE	OF DISPO	SITION		a. c	DATE 20c. LO	CATION - City o		
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE C	ans		2	4 W	.Betl	nel	St. Marylar			
23. PART I. Enter the disease, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one caus	caused the dese on each line	F	ot enter						Approximate interval Betwee Onset and Dec	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	· Ma	OR AS A CONSE	2115125 25			üle	4			days	
PART II. Other significent condition  Multiple Facil  Chacklung	d. The contributing to	desth but not						Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATHS? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Lance of the second		OTHER		ACE OF DEA	TH (Chec	ck only one)			
1 MYES 2 NO  27. MANNER OF DEATH  1 Nettrel 8 Pending Investigation	28a, DATE OF	Impatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)    28a. DATE OF INJURY (Month, Day, Year)   28b. TIME OF INJURY AT WORK?   28d. DESCRIBE HOW INJURY OCCURED WORK?   3   9   9   9   1   1   YES 2   NO   Car drave off 6   6   6   1   1   1   1   1   1   1						froad.			
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	28e. PLACE OF INITURY — At home, farm, street, factory, office building, etc. (Specify)						281. LOCATION (Street and Number or Fural Poute Number, City or Town, State). 2800 JoHeron Blyd Hospoths			
29e. CERTIFIER	BICIAN: To the bast of	my knowledge, d						to the ceuse(e) and me		J	
(Check only one)  1 CENTIFYING PHYSICAL EXAMIN	ER: On the basis of ex	camination end/or	Investigation	n, in my o	pinion, d	leath occured	at the t	time, date and place, e	nd due to the cau	se(e) and manner se state	

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

MAR 25

'91



BOX 68760, BALTIMORE, MARYLAND 21215-0020	NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cert	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur led within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	le mark

STATE OF MARYLAND / DEPARTMENT OF HEALTH	AND MENTAL HYGIENE
CERTIFICATE OF DEAT	TH REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT O		MENTAL HYGIE!	41.	08826
1. DECEDENT'S NAME (First, Adddle, Last	Mae S.	cadder	7	2. DATE OF DEATH	711	AR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  214~09-4529  9a. FACILITY NAME (It not institution, give	1 □ M 2 🖄 F 78	YRS.	EAR IF UNDER 24 HRS.  AYB HOURS MIN.  WWN OR LOCATION OF DE	Dec. 24,1	912 1	BIRTHPLACE (State for Foreign
Washington Coun			erstown	AIH	Was hi	ngton
10a. STATE 10b. COUN	m hington	Hagers				10d. INSIDE CITY LIMITS? 1 YES 2   NO
100. STREET AND NUMBER 65 Manor Dr.			101. ZIP CODE 21740		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN U. FORCES? 1 TYES :	2 NO If y	B OECENOENT OF HISPAN Hs, specify Cuben, Maxical YES 2 NO Specify	n, Puerto Rican, atc.)	es or No 14.	RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION 16 completed) Coffege (1-4 or 5+)	Se. DECEDENT'S USUAL OCCI. (Give kind of work done duri life. Do NOT use retired.)  Maid	JPATION ng most of working	16b. KIND OF BI	USINESS/INDUST	RY
17. FATHER'S NAME (First, Middle, Last) Clarence Rudy				ME (First, Middle, Meide Reynolds	n Sumame)	
190. INFORMANT'S NAME (Type/Print) Anna B. Martin		Rt. 1 Box	treet and Number or Rural F 348A Hager		wn, State, Zip Coo 21740	(6)
20a, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	Bed	LACE AND DATE OF DISPOS netary, crematory or other plac QUEL CLEER C	emetery	3-20-91 B	eaver (	
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE La	- Da	vis Funeral 3 Box 78	Home	a MD 2	1783
23. PART I. Enter the diseases, or shock, or heert fellure immediate CAUSE (Finsi disease or condition resulting in death)	s. Aug. M	onsequence of:	replied	James or res	fundamental fundam	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CO					
PART II. Other significant condition	one contributing to death but	not resulting in the unde	riying couse given in		AN AUTOPSY DRMED? 21 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	26. PLACE OF DEATH (Ch	eck only one)		
1 ☐ YES 2 【NO DEATH  1 ☐ Natural 5 ☐ Pending	1 Seellent 2 ☐ ER/Outpati 28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 26	G. INJURY AT WORK?	6 ☐ Other (Specify)  26d. DESCRIBE HOW	INJURY OCCUR	ED
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	26s. PLACE OF INJURY	At home, farm, street, factory		261. LOCATION (Stree City or Town, State	et and Number or i	Burel Route Number,
Coneck Only	/SICIAN: To the best of my knowled NER: On the basis of axamination a	-				euse(a) and manner as stated.
29b. SIGNATURE IND TITLE OF CERTIF	IER	TOUR T	29c LICENSE NUI	MBER 4/	29d. DATE S	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	VHO COMPLETEO CAPSE OF DEAT	MAITEM 27) (Type, Priles)	Plausla	of Hans	15 for	50 A 21700
31. DATE FILED (Month, Dey, Year)  MAR ( ) 'Q ]	32. REGISTRAR'S SIGNAT			1	1	111

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N OF VITAL RECORDS, P.O. BOX 13146,

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

VA-SAN-

31. DATE FILED (Month, Day, Year) MAR 20

DATTA

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TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Las	Schure	r Franci	ls SC	HURG		2. DATE OF DEATH	19	Č I	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-16-4585		6. AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year	)	8. BIRTH Count	HPLACE (State or Foreign
a. FACILITY NAME (II not institution, give	Disal High	way		96. CITY, TOWN O	OR LOCATION OF DI		9c. CO	UNTY OF D	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUR	ПУ	7	10c. CITY	, TOWN OR LOCAT	TION				10d. INSIDE CITY
	hington		Ha	gerstow	n			- 7	1 X YES 2 NO
0e. STREET AND NUMBER				101	ZIP COOE		10g. Cf		WHAT COUNTRY?
111 Winter Stre	et 12. WAS DECEDENT	THE WILL SAME	450	40 440 050	21740		<u> </u>	US.	
Never Married 2 Married    Never Married 2 Married     Widowed 4 Divorced		YES 2 X NO		If yes, sp		NIC ORIGIN? (Specify an, Puerto Rican, etc. y:		Spec	E — American Indian, k, While, atc. it:
15. DECEDENT'S EI		16a. DEC	EDENT'S U	USUAL OCCUPATION	ON	16b. KIND OF	BUSINESS/IR	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ite
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)			ork done during mo retired.)	st of working				
8	0	ŀ	nouse	wife					
7. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Mai			
Tildon Ullery		1 400		4500500 W		Ellen Do			
Margaret Divelb	iss					Hagerst			1740
On. METHOD OF DISPOSITION		20b. PLACE C	OF DISPOSI		metery, cremetory or		LOCATION -		
S Burial 2 ☐ Cremation 3 ☐ Re ☐ Donation 8 ☐ Other (Specify) _	emoval from State	Cedar		m Memor	ial Park	H	agerst	own,	Maryland
1. SIGNATURE OF FUNERAL SERVICE	LICENSEE	-	-29		ND ADDRESS OF FA				775
		2212-	1		CH FUNER		· ·		2/1 017/
23. PART I. Enter the disesses, D	r complications that	caused the dea	sth. Dp n	415 E	. Wilson	Blvd.,			, Md. 2174
shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition				415 E	. Wilson	Blvd.,			Interval Betwee
shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition	e. List only one caus		C	415 E	. Wilson	Blvd.,			Approximate Interval Betwee Onset and Dec
ehock, or heert fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one caus	se on each line.	C	415 E	. Wilson	Blvd.,			Approximate Interval Betwe
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a	se on each line.	UENCE OF	415 E  the enter the mo	. Wilson	Blvd.,			Approximate Interval Betwee Onset and Dec
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32. REGISTRAR'S SIGNAFURE

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30. NAME AND ADD

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RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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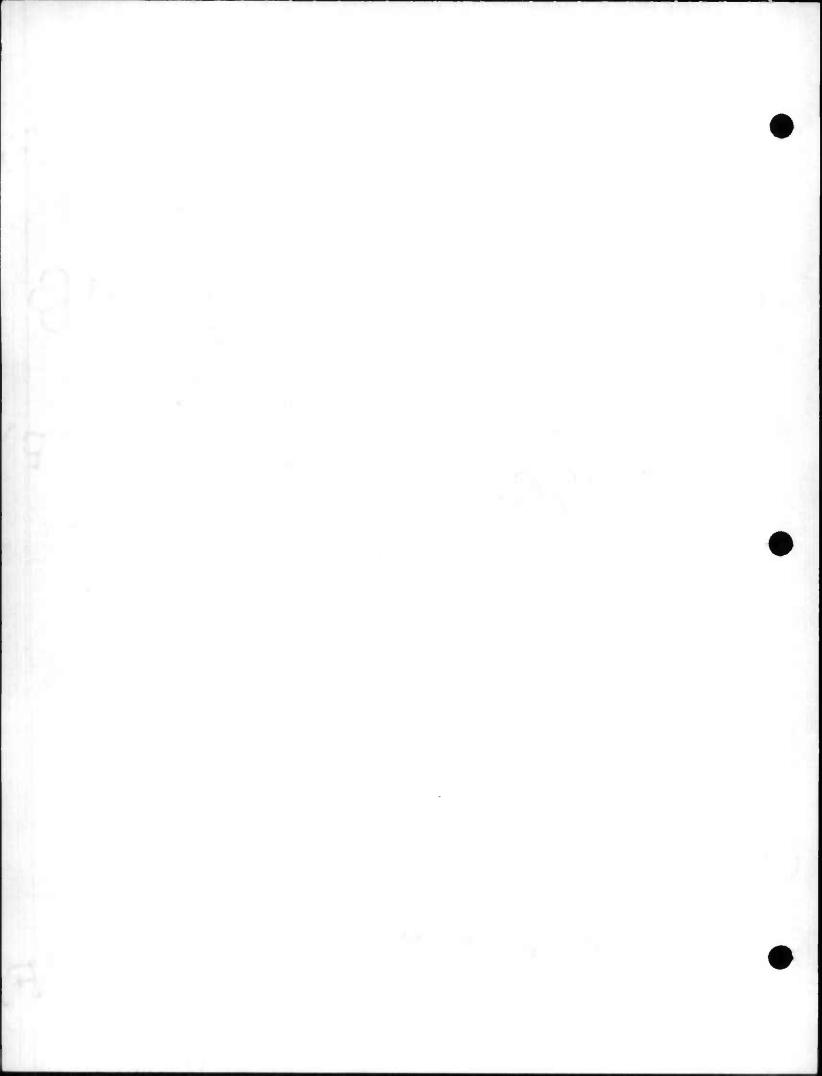
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PPS

08828 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH DAY YEAR SIX Charles Clinton March 22, 1991 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 4 SOCIAL SECURITY NUMBER 5 SEY IF UNDER 1 YEAR IF UNDER 24 HRS. Jan. 27, DAYS HOURS 74 1917 214-09-9111 1x√M 2 □ F YRS Maryland 9c, COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street end number) 9h CITY TOWN OR LOCATION OF DEATH Washington Washington County Hospital Hagerstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 YES 2 1 NO 10g. CITIZEN OF WHAT COUNTRY? 10a. STREET AND NUMBER 10f. ZIP CODE 1629 Sherman Avenue 21740 U.S.A. 14. RACE — American Indien, Black, White, atc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Never Married 2 Merried IF YES, DIVE WAR OR DATES SpecMy: white 1 TYES 2 X NO Specify 3 X Widowed 4 Divorced 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) Flementary/Secondary (0-12) College (1-4 or 5+) 0 - 9Sheet metal worker aircraft 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) D. Frank Six Oma Trovinger 19b. MAILINO ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 19a. INFORMANT'S NAME (Type/Print) 508 Fairview Avenue, Waynesboro, PA 17268 Mr. Thomas Miller 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 2 Cremation 3 Removal from State Hagerstown, Maryland 4 Donation 5 Other (Specify) Rest Haven Cemetery 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 20 415 East Wilson Blvd., Hagerstown, MD 21740 23. PART I, Enter the diseases, or completions that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest, shock, or heart fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition 4 QUMON19 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, **OUE TO (OR AS A CONSEQUENCE OF)** if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 | YES 2 | NO ng Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 27 MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 1 Netural 5 Pending М 1 YES 2 NO ВУ 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and me 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 4000041 5

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	CANTENDING PHYSICIAN: The law requires that the death certificate be executed within Aurs after death. Page 6 may be retained by the hose	LINTELTARY After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach the start death with the State Dept. of Reath and Mental Hygiene prior to burial, cremation, or removal.	Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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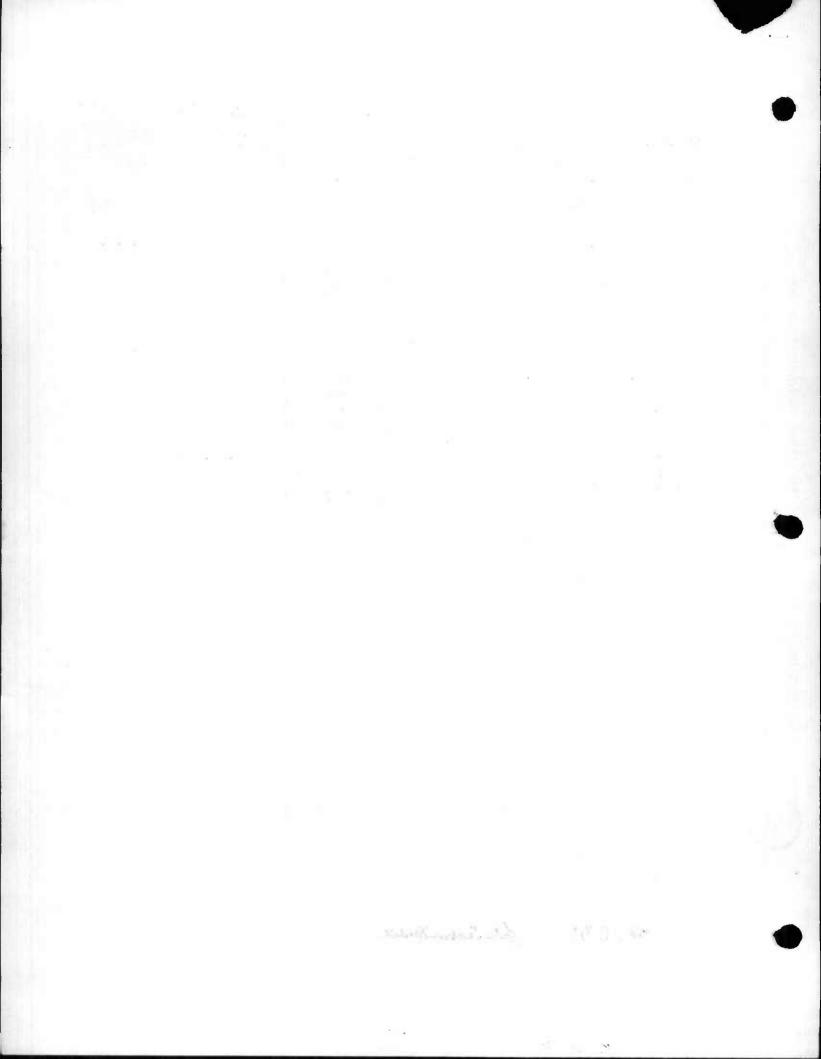
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31. DATE FILED (Month, Day, Year)
MAR 2 0 '91

	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH CATE OF DEAT		TAL HYGIENI REG. NO.	E .	. 00023
		OBERT	STEVENS,	SR.	2. D	Mar. 16,04	1991 YE	3. TIME OF DEATH 1:50PM
	4. SOCIAL SECURITY NUMBER 217–28–6927	1 - MALE		IF UNDER 1 YEAR IF UNDER ONTHS DAYS HOURS	24 HRS. 7. D.	ATE OF BIRTH 2011.24.731	a. B MA	RYLAND
OR	99. FACILITY NAME (If not institution, give 12004 MAIN ST.	atreet and number)		LIBERTYTOW			FREDE	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  100 CTATE  100 COUNTY	EDERICK	1ºC PBE	RYYTOWNON				10d. INSTRECTITY LIMITES  1 YES 2 NO
ERAL	102 20654 AND NUMBER ST.		3	101. ZIP CODE	21762		10g. CITIZEN	OF WHAT GOUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed Ms Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES SIVE WAR OR	S 2 NO	13. WAS DECENDENT O	n Maxican Pus			RACE — American Indian, Black, White, atc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)		16a. DECEDENT'S U: (Give kind of wo. iffe. Do NOT use OWNER-OF	rk done during most of workin retired.)	g	166. KIND OF BUS	BURNER	
BE CON	17. FATHER'S NAME (First, Middle, Last) GEORGE N. STEVEN	S, SR.				rsi, Middle, Melden S ELIZABET		
TO B	198. INFORMANT'S NAME (Type/Print) ANN R. STEVENS		19b. MAILING A 1 2004 N	DDRESS (Street and Number	or Rural Route I	Number, City or Town		MD 21762
	20a. METHOD OF DISPOSITION BU 1   Burial 2   Cremation 3   Rei 4   Donation 8   Other (Specify)	RIAL 2	ST. PETER	NON (Name of cometery, creme R'S CEMETERY	natory or	LI		OWN, MD
	21. SIGNATURE OF FUNERAL SERVICE L	O. Spril	ler		BERTYT	OWN, MD		ER & SONS
	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition reaulting in death)	se y &	each line.	Co/o				Approximats Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	bDUE TO (OR AS	A CONSEQUENCE OF):					
RTIFIC	CAUSE (Diseess or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	ons contributing to deeth	but not resulting in	the underlying ceuse g	given in Part	I. 24a, WAS AN. PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF D				
PHYS	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Propetlent 2 ER/Or 28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	RY WORK?	28d.	Other (Specify) DESCRIBE HOW IF	JURY OCCURE	SD .
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a PLACE OF INJU	RY — At home, farm, atroecily)	1 1 163 2	281.	LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,
COMPLET	onel -	SICIAN: To the best of my known						use(e) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF GERMAN			29c, LICE	ENSE NUMBER			RNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F	Print)				/

32. REGISTRAR'S SIGNATURE

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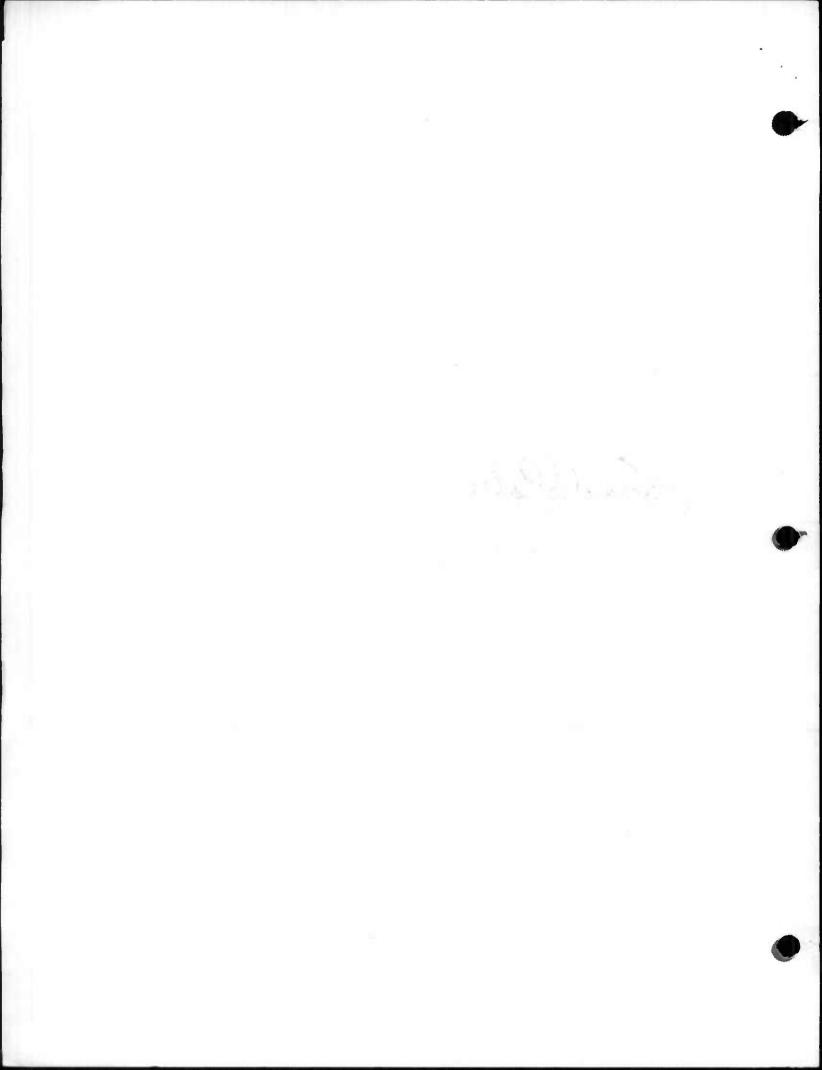


BALTIMORE, MARYLAND 21203-3146

SION OF VITAL RECORDS, P.O. BOX 13146,

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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTN CERTIFIC				GIENE G. NO.		
	1. OECEDENT'S NAME (First, Middle, Lest) WILLARD NORRIS SA	UNDERS				2. DATE OF DE MONTH MARCH	DAY	VEAR	TIME OF DEATH 2:10 A M
	214-07-8916	1X M 2 □ F 69	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, SEPT 17	7, 1921	Country) MARY	
TOR	9a. FACILITY NAME (If not institution, give stree  114 SECOND STREET  RESIDENCE OF DECEMENT		96	SECRET	ARY	ATH		RCHEST	
DIRECTOR	10a. STATE 10b. COUNTY	IESTER		OWN OR LOCAT	ON		<del></del>		od. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	100. STREET AND NUMBER 114 SECOND STREET			101.	ZIP CODE 21664		16g. CI1	US.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Olvorced	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	endent of Hispan city Cuban, Mexica 2 2 NO Specify	n, Puerto Rican,		14. RACE — Black, W Specify:	- American Indian, vhita, etc. WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work ille. Do NOT use re TILE SET	done during mod stired.)			OF BUSINESS/IN		•
BE CON	17. FATHER'S NAME (First, Middle, Last) WILLARD AMOS SAUND	ERS				WILLOU	JGHBY		
10	19s. INFORMANT'S NAME (Type/Print) LOUISE SAUNDERS		P. O.	BOX 74	, SECRET	ARY, MI	21664		
	20e. METHOD OF DISPOSITION  1X Burlel 2 Cremetlon 3 Remov  4 Donellon 5 Sether (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIGHT	EA	PLACE OF DISPOSITE other place) ST NEW MA	RKET CE		CILITY	20c. LOCATION — EAST NEV		
	23. PART   Enter the diseases, or co shock, or heart fallure. It	st only one cause on ea	sch ilna.	EAST enter the mo	NEW MARK de of dying, suc	KET, MD		rrest,	Approximata interval Between Onset and Death
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	that initiated events resulting in death) LAST  PART II. Other significant conditions		ut not resulting in	the underlyin	j cause given in		WAS AN AUTOPSY		/ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						_ 10	YES 2 NO	0	OMPLETION OF CAUSE IF DEATH?  YES 2 NO
SICIA		HOSPITAL:		THER:	ACE OF DEATH (Ch		clfy)		
ВУ РН	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WO	URY AT RK? 'ES 2 NO	26d. DESCRIBI	E NOW INJURY O	CCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		et, factory, offic		28f. LOCATION City or Tow	(Street and Numb m, State)	er or Rural Rou	rte Number,
COMPLETED	(Check only	IAN: To the best of my know: On the basis of examination							and manner as stated.
TO BE C	39. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OE	ATH OTEM 27 Garage	riest)	29c. LICENSE NU	388	1	3-19	Aonth, Day, Year)
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OWISION OF VITAL RECORDS, P.O. BOX 13146,	GAL OF INTENDING PHYSICIAN: The law requires that the death certificate be executed within
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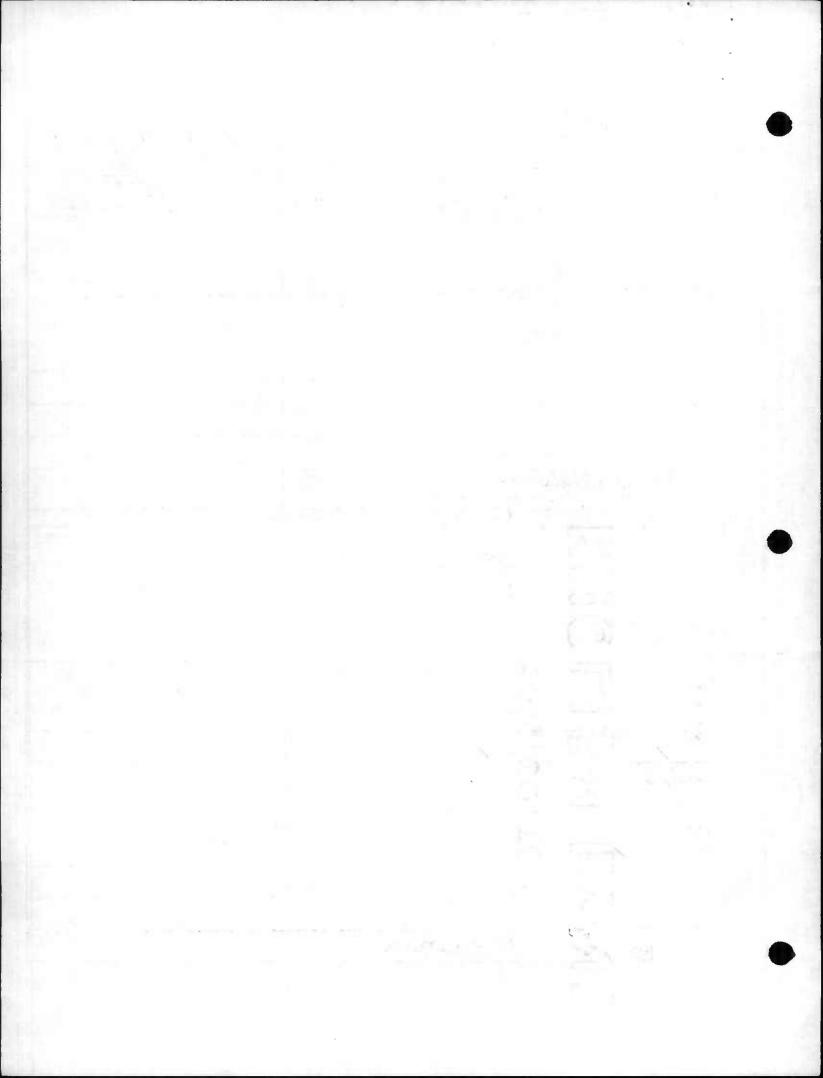
	1. DECEDENT'S NAME (First, Middle, La ELSIE W. 4. SOCIAL SECURITY NUMBER	EBB SHAI'F	E (In yrs. lest birthdey)	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	2. DATE OF D MONTH 0.3 7. DATE OF B (Month, Day	16 9 IRTN 8.	BIRTHPLACE (State or Foreign
DIRECTOR	9a. FACILITY NAME (If not institution, gi  PESIDENCE OF DECEDENT  10a. STATE  10b. COL	1 NURSIN	g Home	nb. CITY, TOWN OR LOCATION OF LA PIATO	_	9c. COUNTY	of DEATH CS
FUNERAL DI	10e. STREET AND NUMBER P.O. Box 5	harles		a Plata 101. ZIP CODE 206	46	10g. CITIZEI	1 XYES 2 NO
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	13. WAS DECENDENT OF NISP It yes, specify Cuban, Mexi 1 YES 2 TYNO Spe	can, Puarto Rican		RACE — American Indian, Black, White, stc.
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BE COMPL	17. FATHER'S NAME (First, Middle, 'est)  WILL MAYE  19e. INFORMANT'S NAME (Type/Print)	BBhaffe	20		NAME (First, Middle	B Malden Sumame	en)
5	JAMES O. S  20s. METHOD OF DISPOSITION  X Paurial 2 Cremetton 3 F		SAME	CAS #10  TON (Name of cemetery, cremetory of		20c. LOCATION — Cit	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		LAKÉ VIEW	MEMORIAL P. 22. NAME AND ADDRESS OF		LIKESVIL	LE, MARYLAN
		or complications that ceure. List only one cause or	sed the deeth. Do not n each line.	Aseha t enter the mode of dying, as	r+	or respiratory arres	Interval Between
z	ahock, or heart fellu IMMEDIATE CAUSE (Final diseese or condition resulting in death)	re. List only one cause or	eed the deeth. Do not neach line.	Ascha tenter the mode of dyling, as	rt puch as cardiac	or reapiratory arres	Interval Batw
ERTIFICATION	ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition	a. DUE TO (OR A	n each line.	lui s	rt puch as cardiac	or reapiratory arres	Interval Batw
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SICIAN: MEDICAL CE	ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR A DUE TO (OR A d	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  A CONSEQUENCE OF):	the underlying cause given  26. PLACE OF DEATN (	In Part I. 24a	WAS AN AUTOPSY PERFORMED?  YES 2 NO	24b. WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
ED BY PHYSICIAN: MEDICAL CE	ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condi	b. DUE TO (OR A  c. DUE TO (OR A  d. DUE TO (OR A  d. LIONE TO (OR A	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  The but not resulting in  Contraction 3 DOA  Pry 28b, Time 1  NJUFY — At home, term, store	26. PLACE OF DEATN ( Nursing Nome 5   Residence OF 28c. INJURY AT WORK? M 1   YES 2   NO	In Part I. 24e  1 [ Check only one)  e 6   Other (Sp 28d, DESCRIE	WAS AN AUTOPSY PERFORMED?  YES 2 NO	24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUR OF DEATH?  1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL CE	ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 ANO  27. MANNER OF DEATH  1 Natural 5 Pending Investigati 3 Suicide 8 Could not determine  29a. CERTIFIER (Check only	B. DUE TO (OR A  DUE TO (OR A	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  The but not resulting in  Dutpatient 3 DOA  RY  28b. Time inJur  URY — At home, term, strr  poorly)	26. PLACE OF DEATN ( Nursing Nome 5   Residence OF 28c. INJURY AT WORK? M 1   YES 2   NO	In Part I. 24a  1 [ Check only one)  6 [ Other (Sp 28d, DESCRIE 28t, LOCATIO City or to	WAS AN AUTOPSY PERFORMED?  YES 2 NO  OCITY)  BE NOW INJURY OCCUR  N (Street and Number or win, State)	24b. WERE AUTOPSY FINDII AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATHY 1 YES 2 NO  RED
ED BY PHYSICIAN: MEDICAL CE	ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 ANO  27. MANNER OF DEATH  1 Natural 5 Pending Investigati 3 Suicide 8 Could not determine  29a. CERTIFIER (Check only	BUE TO (OR A  b. DUE TO (OR A  c. DUE TO (OR A  d. DUE TO	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  The but not resulting in  Dutpatient 3 DOA  RY  28b. Time INJURY — At home, farm, strespecify)  The consequence of the contract of the contr	26. PLACE OF DEATH (  26. PLACE OF DEATH (  OF Nursing Nome 5   Residence  OF 28c. INJURY AT WORKY  M   YES 2   NO  eet, factory, offica  at the time, data and place, and of in my opinion, death occurred at the time, data and place, and of in my opinion, death occurred at the time, data and place, and of in my opinion, death occurred at the time, data and place, and of in my opinion, death occurred at the time, data and place, and of in my opinion, death occurred at the time, data and place, and of in my opinion, death occurred at the time, data and place, and of in my opinion, death occurred at the time, data and place, and of in my opinion, death occurred at the time, data and place, and of in my opinion, death occurred at the time, data and place, and of in my opinion.	In Part I. 24a  1 [ Check only one)  e 6 [ Other (Sp 28d. DESCRIE  28t. LOCATIO City or To	. WAS AN AUTORSY PERFORMED?  YES 2/S NO  OCITY)  BE NOW INJURY OCCUR  N (Street and Number or wrn, State)  and manner as stated place, and due to the complete.	246. WERE AUTOPSY PINDI AMALABLE PRIOR TO COMPLETION OF CAUR OF DEATH?  1 YES 2 NO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO THE HISPITAL ON A REPURSE PHY CLAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospits	TO THE FUREFAL DIRECTOR ASSESSMENT CARD FOR THE STRONG BY the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE Thomas Ga	STATE OF MARYLA	ND / DEPARTM	ENT OF HEALTH ANI ATE OF DEATH	MENTAL HYGIE	NE o.	. 00002
1. DECEDENT'S NAME (First, Middle, Last) Thom as	Gardner / Smith	Th		2. DATE OF OEATH MONTH	DAY Y	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 268-09-7985		yrs. lest birthday) IF I	JNDER 1 YEAR IF UNDER 24 HRS THS DAYS HOURS MIN	Mineth Cont Mand	1 0	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give s  SOUTHAM MONAY IN  RESIDENCE OF DECEDENT			CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH
Maryland Char.	Y		wh or location			10d. INSIDE CITY LIMITS? 1 YES 2 NO
1202 Woodley Road			101. ZIP CODE 20601		10g. CITIZEI	N OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2XXNO	13. WAS DECENDENT OF HIS If yee, specify Cuban, Mei 1 YES 2 NO Sp	rican, Puerto Rican, etc.)		Black, White, atc.  Specify:
15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret Salesman	done during most of working lred.)	ALITOM	usiness/inous Otive	
17. FATHER'S NAME (First, Middle, Lest) Thomas G. Smith,	Sr.			NAME (First, Middle, Meld ilable		
Wm. Z. Haskell		P. O. Bo	ORESS (Street and Number or Pu DX 1050, Uppe	r Marlboro	, Md. 2	0772
20a. METHOD OF DISPOSITION 1 Grant 2 Comment on 3 Grant 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL STRV CE ALL	novel from State	place and oate of emplay, complety or ntt Cremat	DISPOSITION (Name ther place) COTY  22. NAME AND AODRESS OF HUNTT FUNCTOR	3-14 Wa.		y or Town, State Maryland
disease or condition resulting in death)  Sequentielly list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	B. Sudden OUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	Chestra	swee Do	son	
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
PART II. Other significant condition	ne contributing to death bu	ut not resulting in ti	ne underlying ceuse given		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	o	26. PLACE OF DEATH	(Check only one)		
1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpetient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WORK?	28d. OEŞCRIBE HOY	W INJURY OCCU	REO
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stree	10 120 10 110	281. LOCATION (Stree City or Town, Sta	et and Number or ite)	Rural Route Number,
(order only	SICIAN: To the best of my knowle					
29b. SIGNATURE AND TITLE OF CERTIFIE  MANUAL WAY.  30. NAME AND ADDRESS OF PERSON WI	By am	ATU (ITEM 27) (See Cris	29c. LICENSE	62	▶ 3	SIGNED (Month, Day, Year)
to the state of th	John LLILD GAGGE OF DE	(II Lm &I) (IVPU, PTII	n/	2 marts		



BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN		06633		
	1. DECEOENT'S NAME (First, Middle, Lest) Lisa Ma	arie		adowski		2. DATE OF DEATH DO NOTH D		3. TIME OF DEATH		
	219-92-2680	□ M 2 XXF	in yrs. lest birthday) 25 yrs.	F UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Ybar) 4-1-1965		BIRTHPLACE (State or Foreign Country) Maryland		
OR	99. FACILITY NAME (If not institution, give stree 2926 Michelle Drive				or Location of Di hester	EATH	9c. COUNTY Carro	of OEATH 11 County		
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY  Maryland Carro	o11		y, town or Loc ncheste				10d. INSIDE CITY LIMITS?  1 Y YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2926 Michelle Dr:	ive			101. ZIP CODE 21102			of what country?		
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes,	ECENDENT OF HISPAI apecify Cuben, Mexico ES 2 NO Specif		e or No— 14.	RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCAI (Specify only highest grade co	FION mpleted) College (1-4 or 5+)	life. Do NOT u	work done during a se retired.)	nost of working	Anima: Veter:	L	FRY		
S	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meider	Surname)			
BE	Vernon Ray Amsp	acher				Forrester				
2	190. INFORMANT'S NAME (Typo/Print) Vernon R. Amspacher					Route Number, City or Tox				
			b. PLACE AND DAT			nchester,	Mary La CATION — City	ind 21102		
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removi	of from State	cemetary cremator	or other place)	ch Cemete	ry 3/21/91	Nanov	er, Penna.		
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME	AND ADDRESS OF FA	CILITY		CI, I CIIIIA.		
	If Suite	Eckhardt Funeral Chapel 3296 Charmil Drive, Manchester,								
CERTIFICATION	shock, or heart feilure. List IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O	PF):	word	of Roed		Interval Between Onset and Death		
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions	contributing to deeth b	out not resulting	In the underly	ing ceuse given in		RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ.						_		1 ☐ YES 2 🙀 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	neck only one)				
S		HOSPITAL:	patient 3 🗆 DOA	OTHER:	ome 5 K Residence	8 Other (Specify)				
PH	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		JURY	INJURY AT WORK?	28d. DESCRIBE HOW		RED		
B⊀	1 Natural 5 Pending 2 Accident Investigation		91found:	146	YES 2 NO	Subject				
	Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	Hon		mice	281. LOCATION (Street City or Town, State 2926 Mi	9)			
COMPLETED	ana)	AN: To the best of my know On the basic of examination						cause(e) end manner ee stated.		
BE	SON SIGNATURE AND TITLE OF CERTIFIER	alle	M		O . C . N			IGNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF MERSON WHO  MARIO F. GOLVE	JR- MD	111 Pen	n Stree	t Baltimo	ore,Maryla	nd 2120	)1		
	31. DATE FILED (Month, Days Year)	32. DECISTRAD'S SIGN	NATURAL PROPERTY							

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Subject of the same

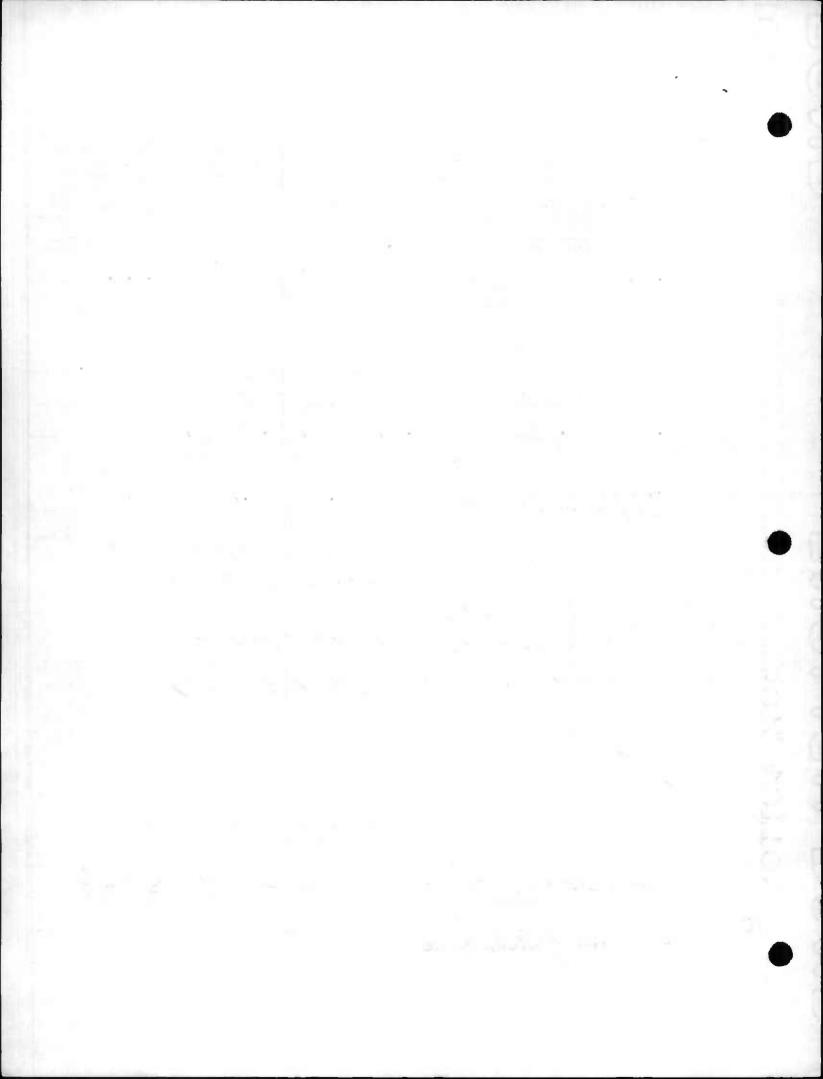
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1									
3-5	1. OECEDENT'S NAME (First, Middle, Last)	LEE	0.01	mp.c		Month March 13,	1001	YEAR 3. 1	TIME OF DEATH
	ROBERT 4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	TERS	IF UNDER 24 HRS.	7. DATE OF BIRTH			12:20 CE (State or Fore
			1 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	- 1.	Country)	CE (State of Pore
	234-40-2891 9a. FACILITY NAME (If not institution, give st	AX	1 110	ah CITY TOWA	OR LOCATION OF DE	7/31/29	./29 WV		
				Cumbe	an a	Allegany			
? I	Memorial Hospit	aı		I_Cumbe	Lianu		AJ	Legan	У
7 N	106. STATE 10b. COUNTY	,	10c. CI1	TY, TOWN OR LOC	ATION			10d	LIMITS?
		EGANY	ΓM	SAVA					YES 2 N
٧	10e. STREET AND NUMBER			1	OI. ZIP CODE		110,000	EN OF WHAT	
FUNER	RT. 1, BOX 8C				21545			S.A.	
- 1	1 Never Merried ZV Merried	12. WAS OECEOENT EVER	2 NO	If yes, I	specify Cuben, Mexica		or No—	Black, Wi	American Indier nita, etc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR TOR D	DATES	1 🗆 YE	Specify	<i>r</i> :		Specify:	WHITE
	15. DECEDENT'S EDUC (Specify only highest grade			B USUAL OCCUPAT		16b. KIND OF BUS	INESS/INDU	STRY	
٠ <u>.</u>	Elementary/Secondery (0-12)	College (1-4 or 5+)	ilfe. Do NOT u	work done during raise retired.)	nost or wonang				
COMPLET	11		LIN	VEMAN		POTOMA	EDI	IS ON	CO.
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden	1000		
H	FRANK SO	OWERS				RGINIA De			
0	190. INFORMANT'S NAME (Type/Print)	COMED				Plante Number, City or Tow			_
	MRS. ROBERT L.  20a. METHOD OF DISPOSITION					SAVAGE			
- 1	1 Surial 2 Cremation 3 Remo	oval from State 0	Rest La	v or other place)		3/16 MAI			- Little
- 11-	21. SIGNATURE OF FUNERAL BERVICE LIC		ICSC DO		AND ADDRESS OF FA				L HOM
- 1	- Y Marilan	In so	viser.	/ 60 W	. MAIN	ST., FRO			
	IMMEDIATE CALISE /Final	List pnly one cause on		E	VEFF	CHAINE	OP	1/4)	Interval Be Onset and
H	resulting in death)	a. Due to (or as	A CONSEQUENCE	OF):	100	Tille.	1 -	1	
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	if any, leading to immediate		A CONSEQUENCE O						
RTIFICATION	CAUSE (Disease or injury	c. DUF TO (OR AS	A CONSEQUENCE O	nen /					
Ē	thet initiated events resulting in death) LAST				100	001-			
00 11	- ceaning in again rieg i	(-1+1	/	c/1		7730			
EH I		6. C/T!			PCI				
빙	PART II. Other aignificant condition	d. Is contributing to death	but not resulting				AUTOPSY	AM	ULABLE PRIOR
빙		d. The contributing to death	but not resulting			Part I. 24a. WAS AN	AUTOPSY	CO	<b>JUABLE PRIOR 1</b>
MEDICAL CE		d. The contributing to death	but not resulting			Part I. 24a. WAS AN PERFOI	AUTOPSY	CO OF	MPLETION OF C DEATH?
MEDICAL CE	PART II. Other eignificant condition	d. The contributing to death	but not resulting	in the undarty	ing cause given in	Part I. 24a. WAS AN PERFOI	AUTOPSY	CO OF	RE AUTOPSY FIN NILABLE PRIOR T MPLETION OF CA DEATH? YES 2 N
MEDICAL CE	PART II. Other algoriticant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	FT	in the underly	PLACE OF DEATH (C)	Part I. 24a. WAS AN PERFO!  1  YES 2	AUTOPSY	CO OF	ILABLE PRIOR T MPLETION OF CI DEATH?
MEDICAL CE	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO	HOSPITAL: 1 Elemphitient 2 = ER/Out	ripetient 3 DOA	28. OTHER:	PLACE OF DEATH (C)	Part I. 24a. WAS AN PERFO!  1 YES 2  seck only one)  6 Other (Specify)	AUTOPSY MED? NO	AM CO OF 1 [	MPLETION OF CO DEATH?
PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL:	ripetient 3 DOA	28. OTHER: 4 Nursing H ME OF JSC. I	PLACE OF DEATH (C)	Part I. 24a. WAS AN PERFO!  1  YES 2	AUTOPSY MED? NO	AM CO OF 1 [	MPLETION OF CO DEATH?
BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 E-Implifient 2 = ER/Ou  28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY	ripetient 3 DOA 28b. Til	28. OTHER: 4   Nursing H	PLACE OF DEATH (C) ome 5 Residence NJURY AT VORK?  YES 2 NO	Part I. 24a. WAS AN PERFO!  1  YES 2  Peck only one)  6  Other (Specify)  28d. OESCRIBE HOW (  28f. LOCATION (Street	AUTOPSY IMED? NO  NJURY OCC	AM CO OF 1 [	NLABLE PRIOR I MPLETION OF C DEATH? YES 2 N
ED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	HOSPITAL: 1 Denotitient 2 ER/Our 28e. DATE OF INJURY (Month, Day, Year)	ripetient 3 DOA 28b. Til	28. OTHER: 4   Nursing H	PLACE OF DEATH (C) ome 5 Residence NJURY AT VORK?  YES 2 NO	Part I. 24a. WAS AN PERFOI 1 YES 2 seck only one)  6 Other (Specify)  28d. OESCRIBE HOW I	AUTOPSY IMED? NO  NJURY OCC	AM CO OF 1 [	NLABLE PRIOR 1 MPLETION OF C DEATH? YES 2 N
ED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER 1 SETTIEVING DAYS!	HOSPITAL:  1 Limplifient 2 ER/Ov  28e. DATO F INJURY (Month, Day, Year)  28e. PLACE OF INJUR building, etc. (Sp	ripetient 3 DOA 28b. Till RY — At home, farm,	28. OTHER: 4   Nursing H ME OF JURY M 1   , street, factory, of	PLACE OF DEATH (C/	Part I. 24a. WAS AN PERFO!  1 YES 2  Deck only one)  6 Other (Specify)  28d. OESCRIBE HOW (City or Town, State)	AUTOPSY IMEO7 NO NJURY OCC	URED OF Flural Floure	NLABLE PRIOR I MPLETION OF C DEATH? YES 2 N
ED BY PHYSICIAN: MEDICAL CE	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 E-Implifient 2 = ER/Ou  28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY	tipetient 3 DOA  28b. Til (N)  RY — At home, farm, ecify)	28. OTHER: 4 Nursing Homeof JURY M 1 street, factory, of	PLACE OF DEATH (C/	Part I. 24a. WAS AN PERFOI 1 YES 2  Peck only one)  6 Other (Specify)  28d. OESCRIBE HOW (Street City or Town, State)  to the cause(e) end ma	AUTOPSY IMMED? NO NJURY OCC	AMICO OF 1 [	ILLABLE PRIOR 1 MPLETION OF CI DEATH?  YES 2 N
COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Denpitient 2 ER/Our  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJUR building, etc. (Sp  ICIAN: To the best of my kno  ER: On the base of axaminati	tipetient 3 DOA  28b. Til (N)  RY — At home, farm, ecify)	28. OTHER: 4 Nursing Homeof JURY M 1 street, factory, of	PLACE OF DEATH (C/	Part I. 24a. WAS AN PERFOR 1   YES 2  Peck only one)  6   Other (Specify)  28d. OESCRIBE HOW (  28f. LOCATION (Street City or Town, State)  to the cause(s) and may time, date and place, at	AUTOPSY MED? NO NJURY OCC and Number of	URED  OP Flural Route  of a couse(e) en	ILLABLE PRIOR 1 MPLETION OF CI DEATH?  YES 2 N
BE COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL:  1 Denpitient 2 ER/Our  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJUR building, etc. (Sp  ICIAN: To the best of my kno  ER: On the base of axaminati	tipetient 3 DOA  28b. Til (N)  RY — At home, farm, ecify)	28. OTHER: 4 Nursing Homeof JURY M 1 street, factory, of	PLACE OF DEATH (C)  Ome 5 Residence NJURY AT WORK?  YES 2 NO  Note and piece, and due , death occurred at the	Part I. 24a. WAS AN PERFOI 1 VES 2  Deck only one)  6 Other (Specify)  28d. OESCRIBE HOW (City or Town, State)  9 to the cause(e) end may other, date end place, etc.	AUTOPSY MED? NO NJURY OCC and Number of	URED  OP Flural Route  of a couse(e) en	ILLABLE PRIOR I MPLETION OF CI DEATH?  YES 2 N  N  Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL:  1 Dimplifient 2 ER/Our  28e. DATE OF INJURY  28e. PLACE OF INJURY building, etc. (Sp.  ICIAN: To the best of my kno ER: On the basis of axaminati	repetient 3 DOA  28b. Till  RY — At home, farm, eccity)  wiedge, death occur lon and/or investigat	28. OTHER:  OTHER: 4   Nursing H.  ME OF   28c. I.  JURY M 1   1   1   1   1   1   1   1   1   1	PLACE OF DEATH (C)  Ome 5 Residence NJURY AT WORK?  YES 2 NO  No eath occured at the	Part I. 24a. WAS AN PERFOI 1 VES 2  Deck only one)  6 Other (Specify)  28d. OESCRIBE HOW (City or Town, State)  to the cause(e) end may time, date end place, or time, date end place, or time, date end place, or time.	AUTOPSY MED? NO NJURY OCC and Number of	URED  OP Flural Route  of a couse(e) en	ILLABLE PRIOR I MPLETION OF C DEATH?  YES 2 N  N  Number,
TO BE COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural   5 Pending Investigation   6 Could not be determined   7 CAPPER   7	HOSPITAL:  1 E-Implifient 2 ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Sp  ICIAN: To the best of my kno  ER: On the basis of axaminsti	repetient 3 DOA  28b. Till  RY — At home, farm, eccity)  wiedge, death occur lon and/or investigat	28. OTHER:  OTHER: 4   Nursing H.  ME OF   28c. I.  JURY M 1   1   1   1   1   1   1   1   1   1	PLACE OF DEATH (C)  Ome 5 Residence NJURY AT WORK?  YES 2 NO  No eath occured at the	Part I. 24a. WAS AN PERFOI 1 VES 2  Deck only one)  6 Other (Specify)  28d. OESCRIBE HOW (City or Town, State)  to the cause(e) end may time, date end place, or time, date end place, or time, date end place, or time.	AUTOPSY MED? NO NJURY OCC and Number of	URED  OP Flural Route  of a couse(e) en	MLABLE PRIOR IMPLETION OF C DEATH?  YES 2 N

HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

PIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

S. SEX

NAOMI SNYDER

4. SOCIAL SECURITY NUMBER

MAR 1 9 1991

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AL	The law
OF VII	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
ā	TAL OR
	4

	4. SOCIAL SECURITY NUMB 214 07 0021		5. SEX	6. AGE (in	yra. last birthday) 89 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF I	9 02		BIRTHPLA Country)	AND
	FROSTBURG"		TTY HOSP	ITAL			STBU	OR LOCATI	ON OF DE			ac COUNTY	OF DEAT	
6	RESIDENCE OF DEC	EDENT				rku.	3100	KG				ALLE	ANT	
DIRECTOR	MD MD	106. COUNTY	EGANY			ORRIG	SANV	ILLE					-	d, INSIDE CITY LIMITS? X YES 2 \( \square\) NO
IERAL	P O BOX 9	7						21524				USA		T COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 3 N Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2/1 NO		if yes, sp			HC ORIGIN? (S n, Puerto Rica y:		or No— 14	Black, W Specify:	American Indian, hite, etc.
ETEO	(Specify only	EDENT'S EDU highest grade	CATION completed)	-1	16a. DECEDENT'S (Give kind of life, Do NOT o	work done			ng	18b. KJP	O OF BUS	NESS/INDUS	TRY	
	Elementary/Secondary (0	-12)	College (1-4 or 5	+)		ORER				TIR	E MA	NUFACT	URIN	G
COMPL	17. FATHER'S NAME (First, M.				18. MOT		ME (First, Midd	le, Maiden	Surname)					
	CLARENCE						RIET V							
2	19s. INFORMANT'S NAME (7)		ce		100 S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Route Number,			ode)	
	HARRIET		LFE	20b 1	PLACE OF DISPO					ILLE,		CATION — CH	- T	Panta
-1	1 (A Buriel 2 Cremetio	n 3 🗆 Hem	oval from State	55	PETER	AND	PAII	I S	3/	18/91	CIII	MBERLA		
ı	21. SIGNATURE OF FUNEFIA		hin On	A	· I E I E I	1A7	KVE.	Y H.	ZEI	GLER F HYNDM	UNER	AL HOM	IE .	
	23. PART I. Enter the dishock, or his shock,	eart fallure.	List only one car	nel	the deeth. Do ch line.	not enter								Approximate Interval Betwee Onset and Dea
ERTIFICATION	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate NG iry	(DR AS A C	CONSEQUENCE (	F):	^ '								
N: MEDICAL CE	PART II. Other significance Confliction Callage	e ·	Ren		t not resulting	Cir		of course			a. WAS AN PERFOR	MED?	AM CO OF	ERE AUTOPSY FINDING ALLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 ND
CIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		LACE OF E	EATH (Ch	eck only one)				
	1 TYES 2 NO		1 (3) Inpatient 2			4 🗆 Nu	rsing Hon		esidence	6 Other (S				
BY PHYSI		Pending Investigation	28a. DATE Of (Month, i	Day, Ybar)	28b. Ti	М	1 🗆	JURY AT ORK? YES 2 [	□ NO	284. DESCR	BE HOW I	NJURY OCCU	RED	
	3 Suitcide 6 Could not be building, stc. (Specify) - At home, term, street, factory, office 28th, LDCATION (Street and Number or Rural Route Number, building, stc. (Specify)										e Number,			
COMPLETE	and any		ICIAN: To the best of											nd manner as stated,
H	296. SIGNATURE AND TITLE	OF CERTIFIE	SLA	and	ellur t	7 0	-	29c. LIC	ENSE NUI	MBER 464		29d. DATE (	BIGNED (M	onth, Day, Year)
2	DR. S. LAL.		HIR. 48				OSTE	BURG.	MD.	2153	32			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

NAOMI C. SNYDER

2. DATE OF DEATH MONTH

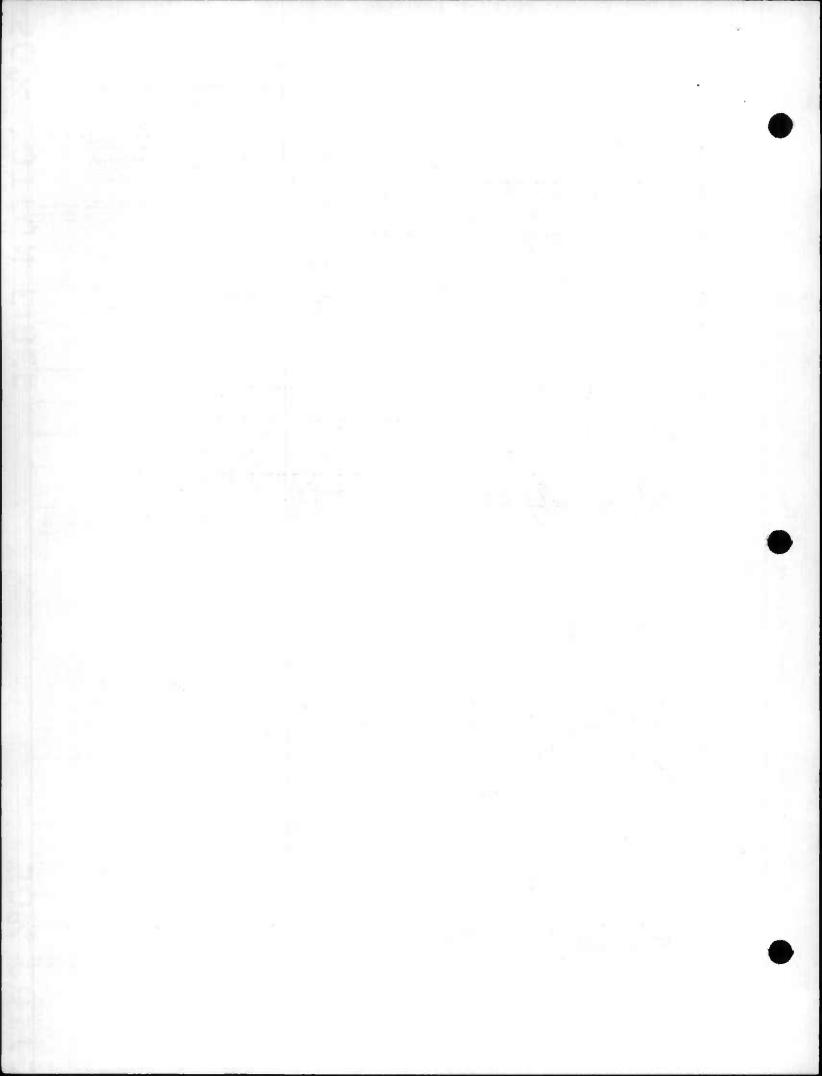
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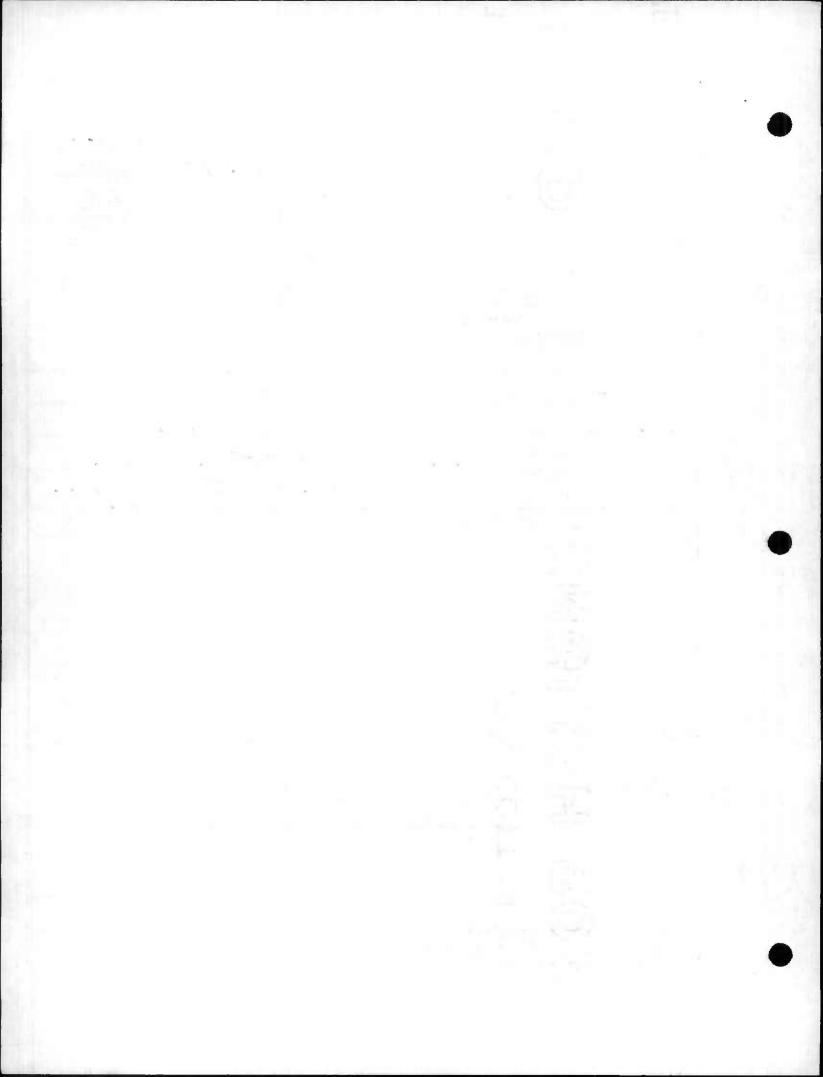
3. TIME OF DEATH

6:45 Pm



THE INCIDITY. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-10.  THE HUNGAL DIRECTOR: After this certificate has been signed by the attending physician and completely.  WINDERTOR: After the state object of Health and Mertal Hygher prior to burial, commanding the property. It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the	DALI INONE, MANI LAND	rours after death. Page 6 may be retained by the hosp	d in by the funeral director, page 5 should be detached or removal.	medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, F.O. BOX 887.00,	ID THE WISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	THE FLINEDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	T.	STATE OF N		/ DEPAF ERTIF					MENTAL	HYGIENI REG. NO.	E 9		18836
	1. DECEDENT'S NAME (First,		Willie	Mer	ril	Sm	ith			2. DATE OF	DA	-0	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMB	FB	5. SEX	6. AGE (In yrs. la	ast birthday)	IF UNDER		IF UNDER		7. DATE OF	$\overline{}$	9		2 A.M. M  LACE (State or Foreign
	462-10	17. 11	M 2 D F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec.	17,19		Loui	siana
E	90. FACILITY NAME (If not in 404)	Abing	in Drive	A 5. 11	1.	96. CITY		Abin	on of DE	ATH		9c. COUI	Ha.	xford
DIRECTOR	RESIDENCE OF DEC	EDENT 10b. COUNTY	7	you al		Y, TOWN	OR LOCAT	100					H	od. INSIDE CITY
	Maryland		Marford			bing		1927					100	LIMITS?
FUNERAL	100. STREET AND NUMBER 4040 Abingir	n Drive	2					. ZIP COD	E				USA	AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W WWII —	X YES 2 MR OR DATES	RMED NO		If yes, sp	ecity Cuba		n, Puerto Ric	(Specify Yee en, etc.)	or No—	14. RACE Black, Specify: White	
COMPLETED		EDENT'S EDUC y highest grade i-12)			Give kind of le. Do NOT u Mach	work done rsp retired.)	during mo	ON st of working	ng .		Maryl		DUSTRY	
BE CON	17. FATHER'S NAME (First, M William	-	Smith	E I I I I				16. MOT			idle, Meiden Lount	Surname)		
10	190. INFORMANT'S NAME (I										Camp.		2101	7
	20a. METHOD OF DISPOSIT  1	ION on 3 🗆 Remo	oval from State	20b. PLAC	E AND DAT	E OF DISF	POSITION	(Name		DATE	20c. LO	CATION —	ter,	n, State
	21. SIGNATURE OF FUNERAL		ENSEE DO	mos	TIT	22. H	NAME AN	d K.	MCCC	omas	III F	uner	al Ho	me, P.A. 21009
	23. PART i. Enter the d ahock, or h iMMEDIATE CAUSE (Fir disease or condition resulting in death)	eert fellure. I	List only one cau	se on each lir	lerst	te C	- 0000						2000	Approximate Interval Between Onset and Death
ATION	Sequentielly list condit if any, leading to imme ceuse. Enter UNDERLY	diete	DUE TO	(OR AS A CONS	EOUENCE (	OF):								
CERTIFICATION	CAUSE (Disease or injuthst initiated events resulting in deeth) LAS		DUE TO	(OR AS A CONS	EOUENCE C	OF):								
MEDICAL	PART II. Other significe		a contributing to		resulting	in the u	nderlyin	g cause	given in		PERFOR	MED?		WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 MO
SICIA	25. WAS CASE REFERRED T EXAMINER? 1 X YES 2 NO	O MEDICAL	HOSPITAL:	FR/Outpatient	3 □ DOA	OTHE	R:			6 Other			-	
BY PHYSICIAN:	27. MANNER OF DEATH	Pending Investigation	28a. DATE OF (Month, D	INJURY	28b. TH	-	28c. IN.	ORK?	NO		RIBE HOW I	NJURY OC	CURED	
	0 0 0 0 1111	Could not be determined	28e. PLACE C building,	of INJURY — At I etc. (Specify)	home, ferm,	street, fac	ctory, offic				TOWN, State)		r or Rural Ro	ute Number,
COMPLETED	Consoli Orny		CIAN: To the best of R: On the basic of e											end menner as stated.
BE	296. SIGNATURE AND TITLE	A. C.	chung.	A Mea	/	m	in	29c. LIC	ENSE NUN	ABER 194		29d. DAT	E SIGNED	Month, Day, Year)
2	30. NAME AND ADDRESS O	RD	J. COL	FER,	MD	e, Print) 2	.013	Z	the	Che	neh !	Rd.	21	034
	MAR 1 9 '9	1 (1)	32. REGISTRA	idson-Par	dell									



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F. G. Arthes, 31. DATE FILED (Month, Gay, Year) MAR 1 3

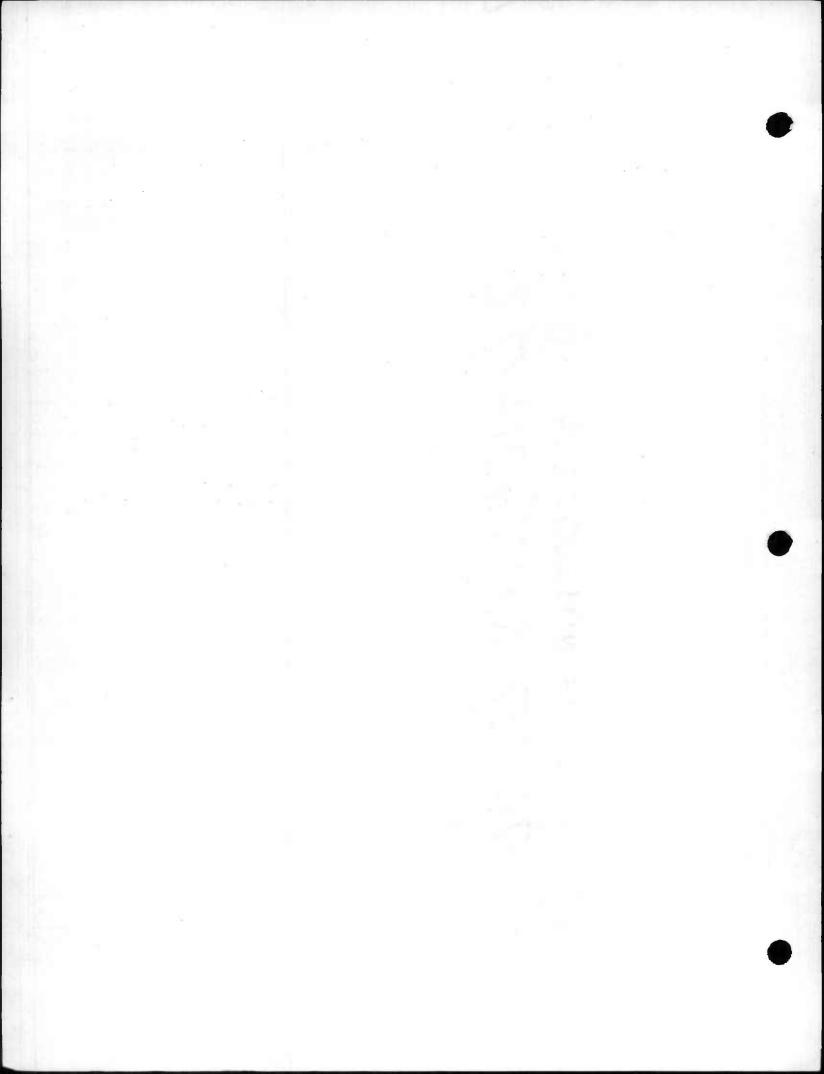
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

12. REGISTRAR & SIGNATURE MONDELLS

1. DECEDENT'S NAME (First, Middle	I nat)		CE	RTIF	ICATI	E OF	DEAT	Н	2. DATE OF E	EG. NO.			g Trace	OF DEATN
I. DECEDENT S NAME (First, MICOI)		eph Sci	hoenste	in					MONTH	DA		YEAR		
4. SOCIAL SECURITY NUMBER	5, SE)		. AGE (In yrs. lesi		IF UNDER	R 1 YEAR	IF UNDER	24 HRS	7. DATE OF B		)9	91 a Bigth		State or Foreign
224 00 4765	1 X	M 2   F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	DEC.7,	( Mac)		Count	GERM	
096-09-4765			00		9h CITY	Y TOWN C	R LOCATIO	ON OF DI		190	9c. COUN			ANI
Wicomico					02.000	Salisbury Wicomico						>		
RESIDENCE OF DECEDE	COUNTY			T 40 . 00	v ======									
	WICO	MTCO		10c. CITY, TOWN OR LOCATION SALISBURY								LIM	BIDE CITY	
MARYLAND  100. STREET AND NUMBER	WICO	.1100			OULL									S 2 📉 NO
	tip cm	DOAD				101	ZIP CODE		1		10g. CITE		WHAT COL	JNTRY7
RT 2, BOX 104								180					ISA	
11. MARITAL STATUS  1 Never Married 2 Marrie  3 Widowed 4 Divorced	Never Married 2 Married FORCES7 1 YES 2					If yes, sp		n, Mexica	NIC ORIGIN? (Sp an, Puerto Ricari fy:		or No-	14. RACI Bleci Spec	k, White, ( ://y:	rican Indian, etc. VHITE
15. DECEDENT	S EDUCATION		16a. DE	CEDENT'S	USUAL O	CCUPATIO	)N		18b. KIN	D OF BUS	SINESS/IND	USTRY		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  8 YEARS  4 YEARS  16a. DECEDENT'S USUAL OCCUPATION ((Give kind of work done during most of working life. Do NOT use retired.)  TIN SMITH  16. MOTNER'S NAME (First, Middle, Last)  16b. KIND OF (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF (16b.														
8 YEARS	1	YEARS		TIN	SMIT	CH			5	HEE	r MET	AL		
17. FATHER'S NAME (First, Middle, L.	est)						16. MOTE	IER'S NA	AME (First, Middle	, Malden	Surname)			
OTTO		SCHO	DENSTEI	N			EL	IZAE	BETH		UI	NKNO	WN	
19a. INFORMANT'S NAME (Type/Prin	nt)		191	b. MAILING	ADDRES	S (Street a	nd Number	or Rural	Route Number, C	ity or Tow	n, Statu, Zip	Code)		
DIANE ADAMOVIC	HTER	R	T 2,	BOX	104	,WES'	T RE	, SALI	SBUR	Y, MI	21	801		
20e. METHOD OF DISPOSITION 3/11/91 1 Burlel 2 Toremation 3 Removel from State 4 Donestion 5 Other (Specify) 20e. LOCAT							CATION							
21. SIGNATURE OF PURERAL SERVICE LICENSSE 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME, PA									21	801				
23 PART I. Enter the disease shock, or heart for IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b  d	DUE TO (CA)  DUE TO (CA)  DUE TO (CA)	er each line de er each line er ebral er as a consecutorios er as	. Vas ouence o ouence o ouence o	cula fosis fosis	ar Ac			ch ee cerdlac	or respi	iratory en	eat,	In	pproximate terval Batwe- nset and Das
PART II. Other eignificant con	nditiona cont	ributing to d	eeth but not r	resulting	in the u	nderlyin	g cause g	given in		PERFOR		248	COMPLE OF DEAT	UTOPSY FINDING ILE PRIOR TO ETHON OF CAUSE TH?
25. WAS CASE REFERRED TO MED	ICAL					26. PI	ACE OF D	EATN (C)	heck only one)					
EXAMINER?		PITAL:	ER/Outnation: 2	I DOA	OTHE	R:				an#A				
1 ☐ YES 2 ☐ NO					IE OF JURY	26c. INJ			a 6 Other (Specify)  28d. DESCRIBE NOW INJURY OCCURED					
2 Accident Investi 3 Suicide 6 Could 4 Homicide daterm	not be	6e. PLACE OF building, et	INJURY At ho c. (Specify)	ome, ferm,	atreet, fee				281. LOCATIO City or To	N (Street : wn, State)		or Rural	Route Nun	nber,
29a. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, dasth occured at the time, date and place, and due to the cause(e) and manner as														
(Check only								red at the	e time, date and	place, er	nd due to th	ne cause(	a) and ma	nner as stated.

1622 A Ocean Pines, Berlin, Md. 21811



	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTA			MENTAL HYGII	( )	1 00000
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH
	MAUDIE SAM	PLE				MARCH	11 1991	2140 M
			s. last birthday)   IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	218.16-9440 1 9e. FACILITY NAME (If not institution, give street	□ M 2 DXF 69	YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year,	9c, COUNTY	md.
OR	PENINSULA GENERAL	•		SALISBU		AIN	WICO	
DIRECTOR	10s. STATE 10b. COUNTY	•	10c. CITY, T	OWN OR LOCAT	ION D			10d. INSIDE CITY
	Maryland Wicon	nico	1005	Powha	aton Bl	vd Sa	lisbur	y limits? 1 □xes 2 □ NO
FUNERAL	100. STREET AND NUMBER	D2 3		101	ZIP CODE		USA	OF WHAT COUNTRY?
N	1005 Powhaton	DIVO.	ADMED	T 49 MMS DEC	21801	IIC ORIGIN? (Specify		RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2	NO	If yes, spi		n, Puerto Rican, etc.)		Black, White, etc.
) BY	3 Widowed 4 Divorced							Black
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted)	<ul> <li>DECEDENT'S US (Give kind of work life. Do NOT use n</li> </ul>	done during mo		16b, KIND OF	BUSINESS/INDUS	TRY
7	Elementary/Secondary (0-12) Elementary	College (1-4 or 5+)	1.1	urant		Fo	od	
OM	17. FATNER'S NAME (First, Middle, Last)		11000	ul all c	16. MOTNER'S NA	ME (First, Middle, Mail	den Sumame)	
BEC	Joseph	Sample			Edit	h Downi	ng	
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DRESS (Street a		Route Number, City, or	Town, State, Zip Co	de) Ma 27.907
۴	Melvin Sar							
	2ta_METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State 20b. PL	ACE OF DISPOSITI	en Aci	netery, crematory or	20c. S	alisbu	ry, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME AN	D ADDRESS OF FA	CILITY		
	> Keith E, WH	harton		Whar	ton Fun	eral Ho	me-Acc	omac, Va.
	23. PART I. Enter the diseases, or con ahock, or heart fellure. Lis			enter the mo	de of dying, suc	h aa cardlec or re	spiratory arrest	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	1	,					Onset and Death
	reaulting in deeth) e	DUE TO (OR AS A CO						
_				Du Aus	duel a	1.4=		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CO		,		- 1		
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	drown	1 dow	dur.				
띮	thet initiated events resulting in death) LAST	DUE TO (OR AS A CO			- A	1 - 1		1
Ä	d	Jaguanu.	, all	uni	hussia )	comy		
AL O	PART II. Other algolificant conditions of	contributing to death but	not resulting in	the underlyin	g ceuse given in		AN AUTOPSY	24b, WERE AUTOPSY FINDINGS
MEDICA							FORMED? S 2   NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
MEC						_		1 TYES 2 NO
ä								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)		
YSI	1 Tes 2 No 1	☐ Inpatiant 2 ☐ ER/Outpatie	ent 3 DOA 4	☐ Nursing Nor		6 Other (Specify)		
	27. MANNER OF DEATH  1  Mitural 8 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (	TY WC	URY AT PRK? (ES 2 NO	28d. DEŞCRIBE NO	W INJURY OCCUP	RED
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY —	At home, farm, stre					Rural Route Number,
回	4 Nomicide 8 Could not be determined	building, etc. (Specify)				City or Town, S	tate)	
J.	298. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledg	ge, death occurred	at the time, data	and place, and dua	to the cause(a) and	manner as stated.	
COMPLETED	one)							cause(a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)
) BE	1 thuch A Du	of V			7082	11	1 3	11/5/
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	1 (ITEM 27) (Type, P	rint)	20046	54	v C-1	5 5 vay ms 2 189
6	31. DATE FILED (Month, Day, Year)	32 PEGISTRAB'S SIGNATU	Danda 00	3 0/	K/G	s · uu	Sell	5,007
·V	MAR 13'91	June Dunason	-Mailanna					

31. DATE FILED (Month, Day, Year)
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	FOR STATE REGISTRAR	STATE OF N			RTMENT OF		MENTAL HYGIE REG. N				
	Floir Vinginia Chank						2. DATE OF DEATH MONTH	DAY 1	3. TIME OF DEATH		
	Elsie Virginia Shorb  4. SOCIAL SECURITY NUMBER   5. SEX   6. AGE (in vrs. lest				IF UNDER 1 YEAR	IF UNDER 24 HRS.	3 15 91 7. DATE OF BIRTH 8. B		BIRTHPLACE (State or Foreign		
	213-12-7784	1 🗆 M 2 🗡 F	1 □ M 2 F 84 YRS.			NTHE DAYS HOURS MIN.		06	iaryland		
DIRECTOR	98. FACILITY NAME (If not institution, give a Carroll County Ge		Westm:	on Location of DE Inster	EATH	ec. county of DEATH Carroll					
E	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY		
Ha	Maryland Carroll				Manche	ester			1 YES 2 NO		
FUNERAL	3166 New Street				10	21102			N OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  2 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2  IF YES, GIVE WAR OR DATES				If yes, a	CENDENT OF HISPAN pecify Cuban, Mexica S 2 NO Specify	n, Puerto Rican, etc.)	NY? (Specify Yea or No— 14. RACE — American In Black, White, atc. Specify: Whit			
	16. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF	BUSINESS/INDUS			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 5th grade	College (1-4 or 5	· Mo.	Do NOT u	work done during in se retired.) tress	ost of working	Lees S	ewing F	actory		
	17. FATHER'S NAME (First, Middle, Lest) George Markle  18. MOTHER'S NAME (First, Middle, Malden Surname) Lillie Smith										
TO BE	196. INFORMANT'S NAME (TyperPrint)  Janet Patterson  196. MAILING ADDRESS (Street and Number of Flural Pourse Number, City or Town, State, Zip Code)  3284 Charmill Drive, Manchester, Md. 21102										
	29a. METHOD OF DISPOSITION 10 Burlial 2 Cremetion 3 Removed from State 20b. PLACE OF DISPOSITION (Name of cometary, cremetory or Infiliation of Commetter) 10 Burlial 2 Cremetion 3 Removed from State 11 Burlial 2 Cremetion 5 Other (Specify) 11 Burlial 2 Cremetion 5 Other (Specify) 12 Burlial 2 Cremetion 3 Removed from State 12 Burlial 2 Cremetion 5 Other (Specify) 13 Burlial 2 Cremetion 5 Other (Specify) 14 Burlial 2 Cremetion 5 Other (Specify) 15 Burlial 2 Cremetion 5 Other (Specify) 16 Burlial 2 Cremetion 5 Other (Specify) 17 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 19 Burlial 2 Cremetion 5 Other (Specify) 19 Burlial 2 Cremetion 5 Other (Specify) 10 Burlial 2 Cremetion 5 Other (Specify) 10 Burlial 2 Cremetion 5 Other (Specify) 10 Burlial 2 Cremetion 5 Other (Specify) 10 Burlial 2 Cremetion 5 Other (Specify) 10 Burlial 2 Cremetion 5 Other (Specify) 10 Burlial 2 Cremetion 5 Other (Specify) 10 Burlial 2 Cremetion 5 Other (Specify) 11 Burlial 2 Cremetion 5 Other (Specify) 12 Burlial 2 Cremetion 5 Other (Specify) 13 Burlial 2 Cremetion 5 Other (Specify) 14 Burlial 2 Cremetion 5 Other (Specify) 15 Burlial 2 Cremetion 5 Other (Specify) 16 Burlial 2 Cremetion 5 Other (Specify) 17 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify) 18 Burlial 2 Cremetion 5 Other (Specify)										
	22. NAME AND ADDRESS OF FACILITY Eline Funeral Home 934 S. Main Street, Hampstead, Md. 21074										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory arrest, shock, or heert fellure. List only one cause on each line.  Approximate interval Between										
	IMMEDIATE CAUSE (Finel										
	diseese or condition resulting in death)	mi	10CARS	IAL IN	SFARCTI	ON	I DAYS				
Z	Sequentially list conditions,  If any leading to immediate  B. HELD SCLEPPTIC CORONARY JEART DISERSE YEARS  DUE TO (OR AS A CONSEQUENCE OF):										
CATIC	cause. Enter UNDERLYING CAUSE (Disease or Injury										
ERTIFICATION	that Initiated events resulting in desth) LAST  d.										
2	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS										
<u>র</u>	VENTRIC: ULBR DVIRWTHM, R										
MEDICA	CONCESTIVE HEART FRILURE										
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one)										
S	EXAMINER?  1 YES 2 MO  HOSPITAL:  1 OTHER:  4 Nursing Home 5 Residence 6 Other (Specify)										
0	27. MANNER OF DEATH  1 Netural 6 Pending	IANNER OF DEATH  28a. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF 28c. INJURY AT WORK?  WORK?  M 1 YES 2 NO						W INJURY OCCU	JURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined							nd Number or Rural Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	ALCOHOLD STATE OF THE STATE OF									
-	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)										
O BE	Muce S Heroes & Wh Do 1663 > 3/15/91										
I F	30. NAME AND ADDRESS OF IMPROON WI	4D COMPLETED CALL	SE OF DEATH AITE	M 273 (Tm	a Brinti C	1011011-	-1				

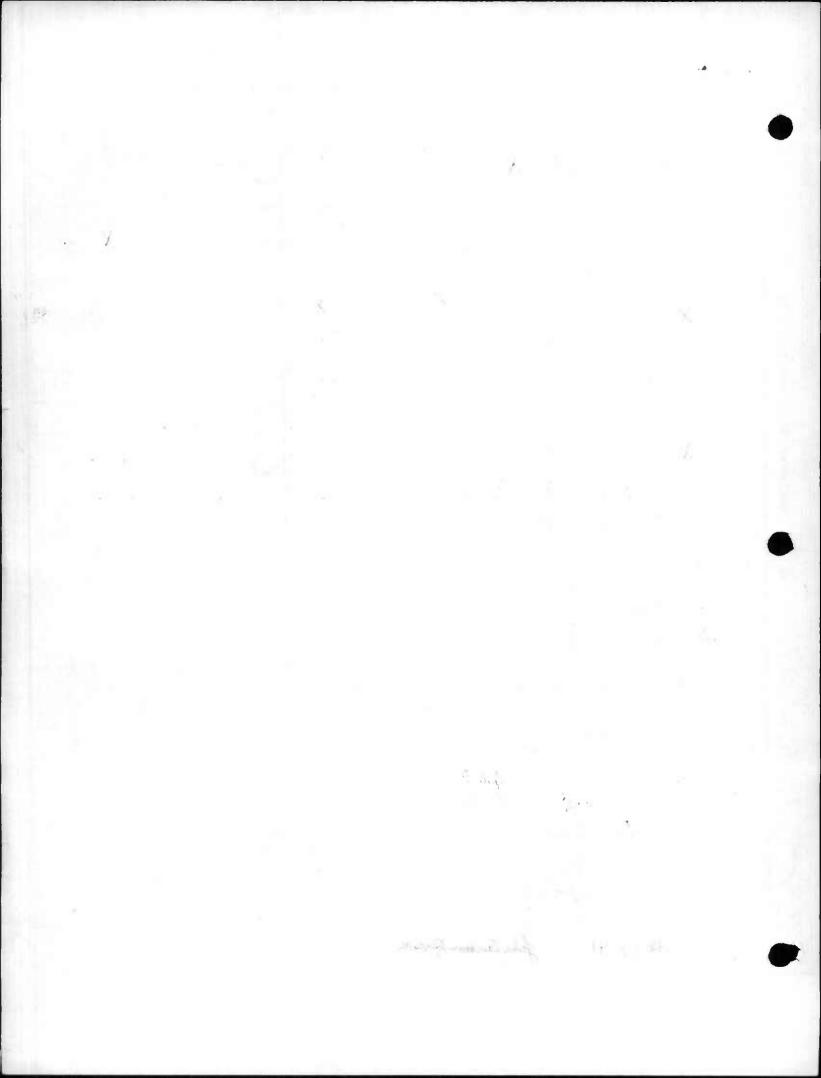
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PITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital o	UNECAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for		ad
the h	detac		and them 28 is marked or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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A	8	men 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	=
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	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.								
	1. DECEDENT'S NAME (First, Middle, Las George C. Sci				2. DATE OF DEATH ON US 16	3. TIME OF DEATH 3:00 P M			
OR	4. SOCIAL SECURITY NUMBER 219-18-4878	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	(14-44 0-16-4			8. BIRTHPLACE (State or Foreign Country) Maryland		
	9a. FACILITY NAME (If not institution, give 3228 Mt. Zion Ro		96. СІТУ, ТОЖИ С Ирре	PCO	ATH	e death Cimore			
DIRECTOR	10a. STATE 10b. COUP Maryland Ba	10c. CIT	v, town on Locat			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	3228 Mt. Zion F		101	21155		10g. CITIZEN C	OF WHAT COUNTRY?		
Ma ∫	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IN U.S. ARMED 2 NO DATES	If yes, sp	ENDENT OF HISPANI ocity Cuban, Maxican 2 NO Specify:		a or No- 14. RACE — American Indien, Black, Whita, etc.  Specify: White			
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementery/Secondary (0-12) 12th grade	(Give kind of a life. Do NOT us	usual occupation work done during more retired.)	on at of working	166. KIND OF BUS	City			
BE CON	17. FATHER'S NAME (First, Middle, Last) George J. Schnat	oel			18. MOTHER'S NAM Elsie	ME (First, Middle, Meiden : Bock	Surneme)		
10	Mrs. Jeanie P. (		1133	Long Val	ley Road		ster, Md. 21157		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donetion 5 Other (Specify)	emovat from Stata	carroll C	remation	Service	s Ham	r Town, Stata Maryland		
	21. SIGNATURE OF BUNERAL SERVICE	W. Elis	e		. Main S		Funeral pstead,	l Home , Md. 21074	
	23. PART I. Enter the diseases, o shock, or heert feilur IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. ACUTE	each line.	114	de of dying, such	n ss cardiac or respi	ratory arreat,	Approximate Interval Between Onset and Death	
ATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION									
¥	PERFORMED?							24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDIC	1   YES 2   NO OF DEATH								
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 1 NO  1 Inputlent 2 ER/Outpatient 3 DOA  4 Nursing Home 5 Residence 8 Dther (Specify)								
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28b. TIN	JURY WO	URY AT PRICE 2 NO	28d, DESCRIBE HOW INJURY OCCURED				
_	3 Suicide 8 Could not 4 Homicida detarmined		IY — At home, ferm, ecify)	atreet, factory, offic	•	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.								
TO BE (	29b. SIGNATURE AND TITLE OF CERTIF			29c. LICENSE NUM			NEO (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)  R. RICCI IID 312 DAUTO BUTS. FINKSBURG, IND 21048  31. DATE FILED (Month, Dey, Year)  32. REGISTRAT'S SIGNATURE								
	3/ MAR 18'9		Leviden Par	delle				DHMH-16 Rev 1/89	

DIRECTOR

FUNERAL

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CERTIFICATION

MEDICAL

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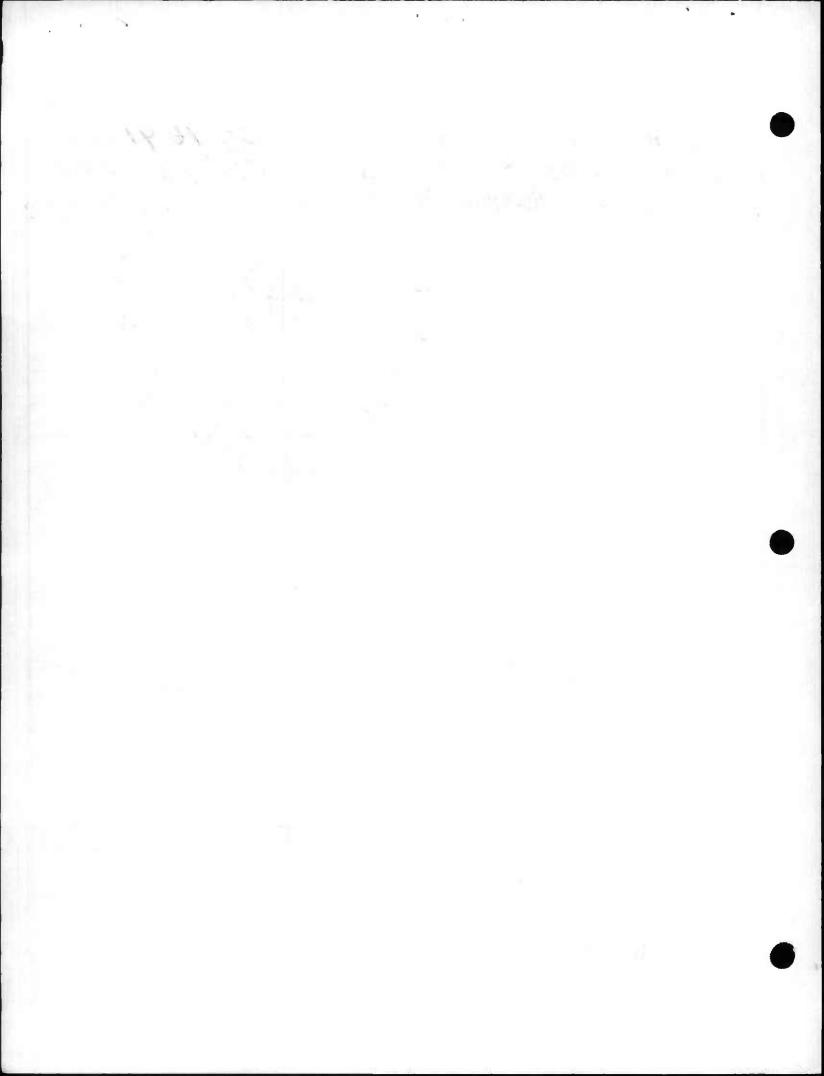
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1 -CERTIFICATE OF DEATH REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH YEAR Tor man or Man 2120 PM 5. SEX 4. SOCIAL SECURITY NUMBER B. AGE (In vrs. leat birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 70 039-01-9956 DAYS HOURS 1 X M 2 □ F YRS 12-12-20 Rhode Island 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Rockville Shady Grove Hospital Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE Maryland Montgomery Potomac YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 20854 United States 9112 Falls Chapel Way 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 25 Married IF YES, GIVE WAR OR DATES SpecMy: White 3 Widowed 4 Divorced 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+) Manager of Government Account, Medical X Ray 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Gussie Gurnick Sam Torman 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9112 Falls Chapel Way, Potomac, MD. 20854 Elaine Torman (WIFE) 20a. METHOD OF DIFFOSITION
1X Burlal 2 Commation 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 1X Burial 2 G mation 3 Ramoval from State
4 Donation M Other (Specify) Lincoln Park Warwick, Rhode Island 21. SIGNATURE OF FUNE AL SERVICE LICENSEE Danzansky-Goldberg Memorial Chapels 1170 Rockville Pike, Rockville, MD. 20852 Jake 23. PART I. Inter the dischese, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heet fallure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition METASTATIC Room 4 mo Conground reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO atient 2 ER/Outpatient 3 DOA ne 6 🗆 Residence 6 🗆 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 26c. INJURY AT WORK? 1 Natural 5 Pending м 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be 4 Homicide determined 1 SecentifyING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296 SIGNATURE AND TITLE OF CERT 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3/16/91 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 120cm, le 14808 PHYSIAM S BOCCIA 31. DATE FILED (Moreth, Day, Year)
MAR 1 8 91 MO 32. REBISTRAR'S SIGNATURE Fundale.

		1 - FOR STATE OF MARYL REGISTRAR	AND / DEPARTMENT CERTIFICATION	NT OF HEALTH AND MEN TE OF DEATH	TAL HYGIENE REG. NO.	91 08842
		1. DECEDENT'S NAME (First, Middle, Lest)	16		ATE OF DEATH	3. TIME OF DEATH
(1	10			//	ATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)
18	7	2 (2 - (3 9575) M 2 A F  9a. FACILITY NAME (II not institution, give street and number)	GA YRS.	TY, TOWN DR LOCATION OF DEATH	V24/00	OUNTY OF DEATH
2, 3	Стоя	GRASHINGTON ADVENTIS	THOSP.	TAKOMA PARK		MONTGONER
Pages 1	DIRECT	10a. STATE 10b. COUNTY	10c. CITY, TOW	N OR LOCATION		10d. INSIDE CITY LIMITS?
permit. P		MARYLAND MONTGOMERY  10e. STREET AND NUMBER	BUR'	TONSVILLE  101. ZIP CODE	10g.	1  YES 2 NO
13i	FUNERAL	14300 BEAKER COURT		20866		VIET NAM
-3146 Iding physician. s the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 M Widowed 4 Divorced	ZXXNO	3. WAS DECENOENT OF HISPANIC OF If yes, specify Cuban, Maxican, Pur 1 YES 2 ND Specify:		14. RACE — American Indian, Black, Whita, etc. Specify: ORIENTAL
21203 al or atter for use a	LETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)		ne during most of working d.)	16b. KIND OF BUSINESS	
AND 2 the hospital detached fo	once.	6 17. FATHER'S NAME (First, Middle, Lest)	I HOMEMAK		irst, Middle, Maiden Surnan	10)
2 2	# III	THANH VI CHOI		THI TUYER		
MARY retained 5 should	TO TO	19a. INFORMANT'S NAME (Type/Print)  KHUONG DU TANG (SON)		ESS (Street and Number or Rural Route  AKER COURT BURT		
may be	must be			(Name of cemetery, cremetory or		V — City or Town, State
Alo direct		6 Donation 5 □ Other (Specify) □ G/ 21. SIGNATURE OF FUNERAL PRVICE UCENSEE	ATE OF HEAV	EN CEMETERY 22. NAME AND ADDRESS OF FACILITY		SPRING, MARYLAND
BALTI ter death. P the funeral wal.	examiner	mulail of Br	la	FRANCIS J. COLLI	INS FUNERAL	HOME, INC.
in 2 ours after the filled in by the attorn, or remov	the medical	23. PART I. Enter the diseases, or complications that cause shock, or heart fellure. List only one cause on immediate CAUSE (Final disease or condition resulting in death)		ter the mode of dying, such ea	cardlec or reapiratory	Approximete interval Between Onset and Death
ed with	event,	DUE TO (OR AS	A CONSEQUENCE OF)	Mmm		
execut an and o	y, or other traumatic	Sequentially list conditions, If any, leading to immediate	A CONSEQUENCE OF	un di da	116	
BOX ficate be physicia	other tra	cause. Enter UNDERLYING	A CONFEQUENCE OF:	M CPUCO		
P. O. ath certi	er of	resulting in death) LAST	sur,	wu my	MI	
the de	를그	PART II. Other significant conditions contributing to ceath	but not repulting in the	upderlying course given in part	I. 24s. WAS AN AUTO PERFORMED!	
- RECORE  law requires that as been signed by Pent. of Health an	MEDICA	Moral Two Ne pr	The state of	Michel	1 🗆 YES 2 🖫 🚧	
RECOR w requires the been signed of, of Health	400	was nummer				1 □ AER 5 □ NO
	ed, or item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ОТІ	26. PLACE OF DEATH (Check of HER:	nly one)	
SICIA Certific	5 ×	1 YES 2 AO  27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	Nursing Home 5 G Residence 6 G  28c. INJURY AT WORK?	Other (Specify)  I. OEŞCRIBE HOW INJURY	/ OCCURED
ON O DING PHY After this death wit	B M	1 Netural 5 Pending 2 Accident Investigation	RY — At home, farm, street,	1 YES 2 NO	LOCATION (Street and Mr.	umber on Sharel Smith Marshar
STEEN STEEN	28 I	3 Sulcide 8 Could not be determined building, etc. (Sp.	ecify)	ractory, ornea	City or Town, State)	imber or Rural Route Number,
DIVI	틀	CERTIFYING PHYSICIAN: To the best of my kno				\
THE HOSPITAL THE FUNERAL	CO	2 MEDICAL EXAMINER: On the basis of examinat	ible and/or investigation, in r	my opinion, death occured at the time		to the cause(a) and manner as stated.  DATE SIGNEO (Month, Day, Year)
10000000000000000000000000000000000000	2 8	The much	UM	M 20149	E F	3/16/91
4	1 =	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Print)			
/		31. DATE FILED (MONTH, Day, Year)  MAR 1 8 91  Guille David	MATURE Andello			



1 - FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

			4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthd	Ve R	1 VEAR	IF UNDER 24 HRS.	MONTH  VM ON CO		8. BIRTHPLACE (State
(.	P		218-12-8892	1 🔯 M 2 🗆 F	71 YR	MONTHS	DAYS	HOURS MIN.	10/9		North Car
c	the burial-transit permit. Pages 1, 2, 3 could	TOR	90. FACILITY NAME (If not institution, give that FOR) Men RESIDENCE OF DECEDENT	. 1 1/	spital	1/	VRE	de (	Trace	1 1/	OR FORD
Dane		DIRECTOR	Maryland Cec		10c.	Perr					10d. INSIDE LIMITST
neit para		FUNERAL	Franklin Road				101	21903			EN OF WHAT COUNTI S.A.
215-0020 attending physician		BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 I	YES 2 NO	1.0	If yes, spe	ENOENT OF HISP/ ecity Cuben, Mexic 2 NO Spec	an, Puerto Rice	pecify Yes or No-	14. RACE — American Black, White, etc. Specify: White
17 Jo R	2	COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		Ille. Do NO	of work done of use retired.)	during mo			GOVT.	USTRY
A P	* **	BE COM	17. FATHER'S NAME (First, Middle, Last) Harley Lee To	lliver				Dot	ame (First, Midd cothy B	le, Melden Surname) Slevins	
be retained by	ě	2	Anna Tolliver		906	6 Reyno	olds	Ave.	Prince	ton, W VA	24740
LIIMORE, ath. Page 6 may be	ner must		20e. METHOD OF DISPOSITION  1 M Burlel 2 Cremation 3 Ren  4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI		of cametary, crems BeI AI	Lr Memo	oria	1 GArder	ns3/26	BelAir ral Home	Maryland
after death. Page	2 20		Kirsten	A ling	laskee		Aber	deen, Ma	aryland	21001-3	3399
within 24 nours	the attending physician and completely filled in by th Mental Hygiene prior to burial, cremation, or removalury, or other traumatic event, the medical		23. PART I. Enter the diseases, or shock, or heart feilure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)			MO NOT SHEET	T.	Canal	don	Spiral	est, Approinterv Onsel
P.O. BOX 6871 ath certificate be executed		CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b CODE TO GO	AS A CONSEQUENCE	may rale	gtl	under		yjacas	// E
RECO.	or. of Health and Menta 3 shows any injury,	: MEDICAL C	PART II. Other algnificant condition	na contributing to de	eth but not réduit	ling in the u	nderlyin	g ceuse given i		e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTON AWAILABLE P COMPLETION OF DEATH? 1 YES 2
The la	h the State Dept d, or Item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	R:	LACE OF DEATH (			
O € }	1 2 B	BY PHYS	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 El	JURY 286	TIME OF INJURY	28c. IN.	Ne 5 Residence PURY AT DRK? YES 2 NO	7	pecify) IBE HOW INJURY OC	CURED
ATTENDING	after d	0	3 Suicide 6 Could not be 4 Homicide determined	25e. PLACE OF II building, stc	NJURY — At home, fe . (Specify)	arm, street, fac	ctory, offic			ON (Street end Number lown, State)	or Rural Route Number,
HOSPITAL DR	2 C =	COMPLET	(Check only	SICIAN: To the best of my			•				
본	TO THE FUNER be filed within IMPORTANT:	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIC	Ffe	<u></u>	M	2	290.	666	29d. DAT	E SUBPLED (Appellin, Day)
							_			/	-
			31. DATE FILED (MORITH, Day Your) MAR 25 91	Julia Davi	signature Idson-Randa	22					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH MONTH DAY March 22

YEAR

8. BIRTHPLACE (State or Foreign Country) North Carolina

> 10d. INSIDE CITY LIMITS? 1-YES 2 NO

14. RACE — American Indian, Black, White, etc.

Approximate Interval Between Onset and Desth

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 - YES 2 - NO

10g. CITIZEN OF WHAT COUNTRY? U.S.A.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	
0	

	- 11	C4/100 /11	-
		4. SOCIAL SECURITY NUMBER	5. SEX
P		310-07-1313	
permit. Pages 1, 2, 3 should	.	9a. FACILITY NAME (If not institution, give s	Me
2,	2	AMA HTUNAL	1110
Sg S	i i	10e. STATE 10b. COUNT	
2	FUNERAL DIRECTOR	MD Burl	oon
E :	4 [	10e. STREET AND NUMBER	
usit .		314 Burke st	reet
D20 physician. burial-transit	5	11. MARITAL STATUS	12. WAS DEC
ing phy		1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, G
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	BE COMPLETED BY	15. DECEDENT'S EDU	CATION
or affe	-	(Specify only highest grade	completed)
the hospital of detached for once.	2	Elementary/Secondary (0-12)	College (1-4
AN detach	5	17. FATHER'S NAME (First, Middle, Last)	
at be the	Ö	Albert C. You	ıng
retained to 5 should notified	ñ	19a. INFORMANT'S NAME (Type/Print)	
E, MAR y be retained bage 5 should be notified	2	Barbara Monte	gomery
Page page		20a. METHOD OF DISPOSITION	
ector, p		1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from Sta
Page al dir		21. SIGNATURE OF TURBINAL SERVICE LI	CENSEE
AL RECORDS, P.O. BOX 68760, BALTIMORE, P. O. BOX 68760, BALTIMORE, B. law requires that the death certificate be executed within 24 hours after death. Page 6 may be has been signed by the attending physician and completely filled in by the funeral director, page Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 23 shows any Injury, or other traumatic event, the medical examiner must be recovered.		Dat!	1111
hours after od in by th or remove medical		23. PART I. Enter the diseeses, or	
houn houn		ahock, or heert falfure.  IMMEDIATE CAUSE (Final	CONTRACTOR DO
lin 24 leh fil nation		disease or condition reaulting in death)	PAN
P.O. BOX 68760, and certificate be executed within 24 intending physician and completely filled thygiene prior to burial, cremation, or other traumatic event, the		•	DU
ond co	<u>z</u>	Sequentially list conditions,	b
So the se of the		if any, leading to immediate cause. Enter UNDERLYING	DU
BC cate physic e pri	<u> </u>	CAUSE (Disease or Injury	C. DI
P.O. E		that initiated events resulting in death) LAST	
atten mtal h			d
RECORDS, requires that the deal seen signed by the ath of Health and Menta shows any injury.	AN: MEDICAL CERTIFICATION	PART II. Other significant condition	na contributi
that that any any	를 		
Heal Heal	Ų I		
L R law rec as beer bept. of	ž		
AL The law te Dept		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	
VIT.	PHYSICI	1 TES 2 NO	HOSPITA Inpetian
NSICI Is cer ith th	E	27. MANNER OF DEATH	28a. DA
NG PHYS ther this of eath with		1 Natural 5 Pending 2 Accident Investigation	
TSION TTENDIN	ا ۾	3 Suicide 6 Could not be	28e. PL bu
DIVISION OF VIT. HOSPITAL OR ATTENDING PHYSICIAN: THE FUNEAL DIRECTOR, After this certificate within 72 hours after death with the State TANT. If them 28 is marked, or liter	COMPLETED BY	A STATES TO STATES	
DIV TAL OR A AL DIREC 72 hours 11 ttem	4	(Check only 1 CERTIFYING PHYS	
HOSPITA FUNERA within 7	ģ I	arrey 2 MEDICAL EXAMIN	ER: On the bea
DIVISION OF VITA THE HOSPITAL OR ATTENDING PHYSICIAN: The THE KINERAL DIRECTOR. After this certificate in filled within 72 hours after death with the Sifate D PORTANT: If Item 28 is marked, or Item	H H	200 SIGNATURE AND TITLE OF CENTIFIE	47
O THE e filed	<u> </u>	15 m 12/1	2m 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAR		CERTIFIC	ALE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) Edna M	Turn	er		2. DATE OF DEATH DA	9-9	3. TIME OF DEATH  2 15. A M
4. SOCIAL SECURITY NUMBER 510 -09-9575	5. SEX 6. A		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year)	15 00	RTHPLACE (State or Foreign puntry)
9a. FACILITY NAME (If not institution, give s  AMA ATUMAE) RESIDENCE OF DECEDENT	medica		Annapol	'S	9c. COUNTÝ O Anne	
MD 106. STATE 106. COUNT Buri		100	Scott			10d. INSIDE CITY LIMITS?  1 YES # NO
100. STREET AND NUMBER 314 Burke sti	reet		101. ZIP CODE 66701		USA	DF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 1 NO Speci	an, Puerto Rican, atc.)		NACE — American Indian, Black, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in	done during most of working attred.)	16b. KIND OF BUS	tology	
17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden		
Albert C. You	ıng			ta Kelley		
19a. INFORMANT'S NAME (Type/Print)	70m0kii	19b. MAILINO AC	CONCERN Street and Number or Rura			·
Barbara Montg		20b. PLACE AND DATE O	Greystone C		CATION - City o	
1 Burial Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	of cemetary, crematory or	other place)	Bal	timore	
21. SIGNATURE OF FURNIAL SERVICE LI	CENSEE	ricuro ure	Hardesty F 12 Ridgely	uneral Ho	me, P	. A .
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	cer			
PART II. Other significant condition	na contributing to dee	th but not resulting in	the underlying ceuse given i	n Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)		
1 VES 2 NO	HOSPITAL:		THER:  Nursing Home 5 Residence	6 Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJI (Month, Day, N			28d. DEŞCRIBE HOW I	NJURY OCCURE	D
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN- building, etc.	JURY — At home, farm, stre (Specify)	et, factory, office	281. LOCATION (Street City or Town, State)		ural Route Number,
and 2 MEDICAL EXAMIN	ER: On the beals of exami		at the time, data and place, and do			use(a) and manner as stated.
2001 SIGNATURE AND TITLE OF CHATTER	Jan Mi		29c. LICENSE N	UMBER 1945	29d. DATE SIO	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type, P	schas Privs	Auranta	MI	>
31. DATE FILEO (Month, Day, Year) MAR 2 () 1991	32. REDISTRAR'S			,		

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25. WAS CASE REFERRED TO MEDICAL

5 Pending

1 YES 2 NO

27. MANNER OF DEATH

1 Natural

2 Accident

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DIVISION OF VITAL RECORDS, P.O. DOA	as that the death certificate be executed within a
7	death
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5	COUNTY
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH THOMAS R. JACKSON, SR. D3 A SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. (Month, Day, Year) - 32-1028 1 M 2 - F DAYS HOURS 57 MIN. YRS. 3 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ANNE ARUNDEL ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY ANNE ARUNDEL SEVERNA PARK MARYLAND 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 21146 U.S.A. 20 HOYLE DRIVE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES 3 Wildowed 4 X X Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) LABORER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) ELEANOR DAY JAMES JACKSON, SR. 194. INFDRMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20 HOYLE DR. SEVERNA PARK, MD. ORESSA COATES 20e. METHOD OF DISPOSITION
1 ※ Muriet 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State CARPENTER HILL CEMETERY ROUND BAY, 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 8 2 1 WEST Nee REESE & SONS MORTUARY, -arr 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory strest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine) diseese or condition\_ DUE TO (DR AS A CONSEQUENCE OF): resulting in deeth) CA TO (ON AS A CONSEQUENCE OF): Sequentielly liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a, WAS AN AUTOPSY 1 YES 2 NO

28e, PLACE OF INJURY — At home, 1erm, street, factory, office building, etc. (Specify) 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month: Day Year)

OTHER:

М

28c. INJURY AT WORK?

pul

1 YES 2 NO

28b. TIME OF

INJURY

26. PLACE OF DEATH (Check only one)

rme 5 - Residence 8 - Other (Specify)

284 DESCRIBE HOW INJURY OCCURED

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

HOSPITAL:

1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA

28e. DATE OF INJURY

Landon Myndala

2000

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

BLACK

Specify:

21146

MD.

Approximete

24b. WERE AUTOPSY FINDINGS

t | YES 2 | NO

MILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH?

Interval Between

Onset and Death

STD. ANNAPOLIS,

1 YES 2 ND

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		HELEN S		WER	`		3	15 0	1515
		4. SOCIAL SECURITY NUMBER  220-56-0465			IF UNDER I YEAR	#F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	(	Country)
2, 3 should	OR	St. ASNES HOS		<u> </u>	(1)	HMORE		9c. COUNTY	
Pages 1, 2	DIRECTOR	10a. STATE 10b. COUNTY	<i>emore</i>	200	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 YNO
permit.	ERAL D	10e. STREET AND NUMBER	hoice Lar		Balimo 101	ZIP CODE		200	OF WHAT COUNTRY?
103-5140 attending physician. se as the burial-transit	BY FUNE		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ABMED	If yes, sp		IC ORIGIN? (Specify Yen, Puarto Rican, etc.)	00	RACE — American Indian, Black, White, etc. Specify:
8 2	ETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		life. Do NOT use	ork done during mo	at of working	166. KIND OF BU	siness/indust	
by the hospital be detached to at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest)  Jacob Seitz				18. MOTNER'S NA Annie	ME (First, Middle, Maider		
retained 5 should notified	TO BI	19a. INFORMANT'S NAME (Typo/Print) Elizabeth Litchs	eld	19b. MAILING /			Poute Number, City or To		n D 21090
6 may be ector, page		20e. METHOD OF DISPOSITION 1	vel from State 20b.	PLACE OF DISPOSI other place), . Step	hans E	piscopa	1 Cem.	Crown	sville, MD
death. Page e funeral direction		21. SIGNATURE OF FUNERAL SERVICE LICE			Hard	esty Fu	neral Ho	ome, P	.A. brills,MD
thin 4.7 viours after etely filled in by the smattion, or removal nt, the medical		23. PART I. Enter the disease, or co shock, or heart failure. L iMMEDIATE CAUSE (Final disease or condition resulting in death)		ch iine.				piretory erreat	Approximata interval Batwee Onset and Dear
to certificate be executed within ending physician and completely il Hygiene prior to burial, cremat or other traumatic event,	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SEPSIS	CONSEQUENCE OF	):				
w requires that the death been signed by the atte or. of Health and Mental 3 shows any injury.	MEDICAL	PART II. Other algnificant conditions	contributing to death bu	it not resulting in	the underlyin	g cause given in	Part I. 24a, WAS A PERF(	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2
VITAL F IAN: The law rifficate has by the State Dept.	3	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 2000	HOSPITAL:	2 0 000	OTHER:	LACE OF DEATN (C	neck only one)  6  Other (Specify)		
OF V HYSICIA his certif with the	PHYS	27. MANNER OF DEATN  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO	28d, DESCRIBE NOW	INJURY OCCUP	RED
SION TENDING TOR: After after deatl	0	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide detarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	treet, factory, offi	ce	281. LOCATION (Stree City or Town, Stat		Rural Route Number,
<b>₹</b>	MPLE	(Critick Drilly	CIAN: To the best of my knowl						:euse(a) and manner as stated.
THE HOSPITAL THE FUNERAL flod within 72 if	BE	296. SIGNATURE AND TITLE OF CERTIFIER	-1	Q		29c. LICENSE NU			IGNED (Month, Day, Year)
5 5 8 E	2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED AUSE OF DE	ATN (ITEM 27) (Type	Print)				7-

30. NAME AND ADDRESS OF PERSON WHO COMPLETED ALSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

whia Navidson Randall

GERALD

31. DATE FILED (Month, Day, Year)

MAR 1 9 1991

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

91 08846 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATN 3. TIME OF DEATN 15 7. DATE OF BIRTH (Month, Day, Your) IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) mD OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hmore Baltimore 10d. INSIDE CITY 1 TYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? SA CENDENT OF NISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. pecify Cuban, Mexican, Puarto Rican, etc.) S 2 (NO Specify: hite 16b. KIND OF BUSINESS/INDUSTRY Household 18. MOTNER'S NAME (First, Middle, Maiden Surname) Annie Reum and Number or Rural Route Number, City or Town, State, Zip Code) neade Road Linthicum MD 21090 20c, LOCATION - City or Town, Stata Episcopal Crownsville, MD Cem. AND ADDRESS OF FACILITY desty Funeral Home, P.A. Annapolis Road, Gambrills, MD node of dying, such as cerdiac or respiretory errest, Approximate interval Batwee **Onset and Death** ALLURE NEUMONIA EMPHYSEMA 24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE ing cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 TES 20 NO PLACE OF DEATN (Check only one) rme 5 - Residence 6 - Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

900 CATON AVE BALT.

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13146,	avacathed within
, P.O. BOX 13146,	nartificate he
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DIVISION	OR STTTEINING BLACKINIAN: The last sequippe that doots continue he monitor within

30. NAME AND ADDRESS OF PERSON

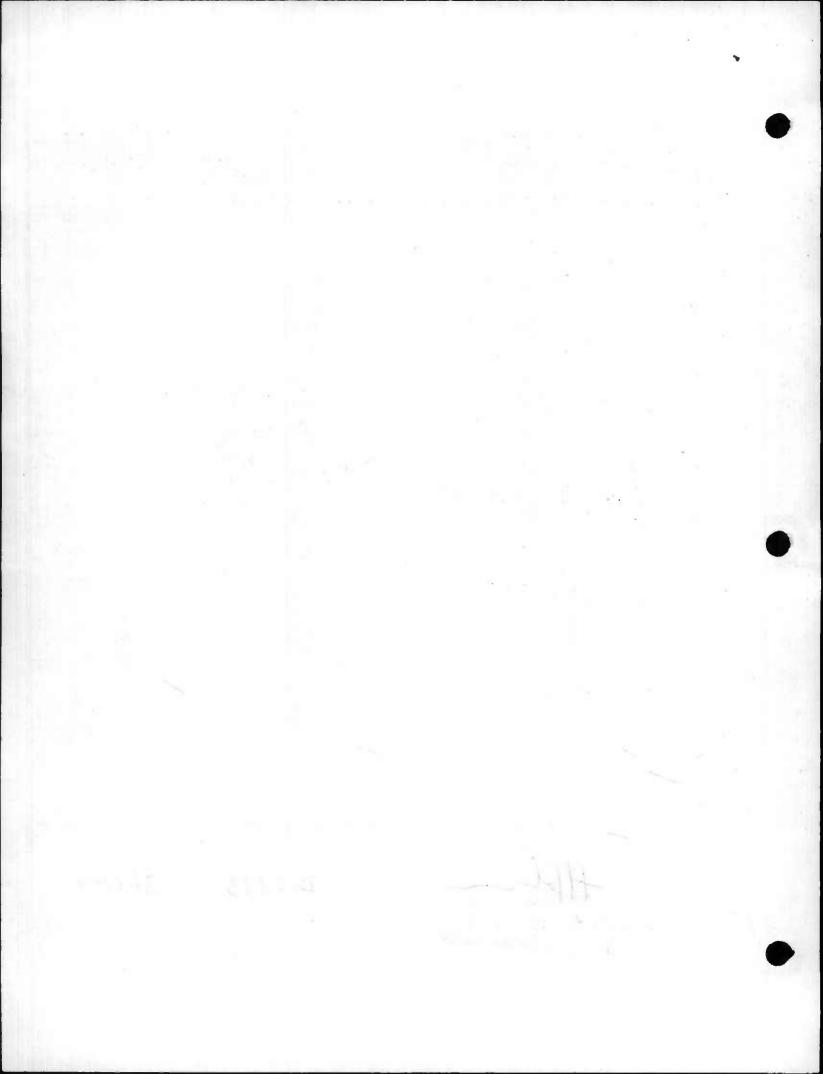
O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

406 E. Elder St. Oakland,
MAR 991

1. DECEDENT'S NAME (First, Middle, Last)								2. DATE C	OF DEATH	AY - O	RABY	3. TIME OF	2.1
Vivian I. Th	rasher								03	18	9T	l p.	m.
4. SOCIAL SECURITY NUMBER 227-22-1075	5. SEX	8. AGE (In yr	s. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE O	Day (bar) 10/18		S. BIRTI	HPLACE (State try) omingt	or Foreigi
9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	TOWN C	R LOCAT	ION OF DI		and,			-	
Cuppett & Weeks		Home !	INc.					treet			Garr		
RESIDENCE OF DECEDENT	1		10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE	CITY
Md. Garr	ett			oomi	ngt	on						1 YES	□ NO
10e. STREET AND NUMBER Potomac	C+				101	. ZIP COD	523			10g, CIT	US	WHAT COUNTI	177
11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S	S. ARMED	13.	MAS DEC			NIC ORIGIN?	(Specify Yea	or No-	Y	E — American	Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?		X		f yes, sp		an, Mexica	in, Puerto Ri			Blac	ok, white, etc.	
15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	184	DECEDENT'S	work done			ing	16b.	KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT u	se retired.)					TT - 3	e 1.			
1 2.  17. FATHER'S NAME (First, Middle, Last)			Nu	^Se		40 1400	TMEDIO ALA	ME (Elma 11	Heal				
	Beard									11iv			
HOWard  19a. INFORMANT'S NAME (Type/Print)	Dealu		19b. MAILING	3 ADORESS	(Street a			sant	or, City or Tow				
Jeffrey	Board		STORY STORY						gton			523	
20a. METHOD OF DISPOSITION		20b. PL	ACE OF DISPO					OHILI				own, State	
Burial 2 Cremation 3 Rem	oval from State		er place)					0 + 0 =	у В				Md.
21. SIGNATURE OF FUNERAL SERVICE LIC	SENSEE	1	DIC	OmT			- Cen	ierer	y D	T 0 01	11 1 11 2	LOIL	PIU.
// \  \				22.	NAME AL	ND ADDR	ESS OF FA						
b // 00 / 00 / 01	11.1-		h					CILITY					
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DIVISION OF VITAL RECORDS, P.O. BOX 68/6	20	8
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	E HOSPING CHARLENDING PHYSICIAN: The law requires that the death certificate be executed with.	I THE DATE TO THE COUNTY HE CERTIFICATE has been signed by the attending physician and complete
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	iii	4

	1. DECEDENT'S NAME (First, Middle,	I ast)			CATE OF			2. DATE OF DE	G. NO.		3. TIME OF OEATH
	ANNA TAYLOR							MONTH	DAY	YEAR	
	4. SOCIAL SECURITY NUMBER		NGE (In yrs. lest	hirthday) IF	IF UNDER 1 YEAR	IF UNDER	24 HRS	7. DATE OF BIR		A BIRT	4:05 P
		1 DN 2 DE			ONTHS DAYS	HOURS	MIN.	(Month, Day, 1	(bar)	Cour	ntry)
	171-20-7981  9e. FACILITY NAME (If not institution,	X	64		Db. CITY, TOWN	OB LOCATI	ON OF DE	7-25-		UNTY OF	NNSYLVAN
~	THE JOHNS HOPKI			"		IMOR			J. 00		
DIRECTOR	RESIDENCE OF DECEDEN	NS HUSPITAL			21121	111010	<u> </u>	11		DALI	TIMORE
REC	10a. STATE 10b. Co	DUNTY		10c. CITY, T	TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
	MARYLAND C	ECIL		RIS	SING S	SUN					X□ YES 2 □ NO
AL	10a. STREET AND NUMBER				10	1. ZIP COD	E		10g. CI	ITIZEN OF	WHAT COUNTRY?
FUNERAL	112 WALNUT S	STREET				219	11			USA	
F	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVE FORCES? 1 1	ER IN U.S. ARM	MED O				NC ORIGIN? (Spec		14. RA	CE — American Indien, ick, White, etc.
ВУ	3 Widowed 4 Olvorced	IF YES, GIVE WAR O	P DATES			8 2 NO				Spe	*WHITE
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PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		URSE				FAM	ILY PF	RACT	TCE
COMPLETED	17. FATHER'S NAME (First, Middle, La.	st)	1 24	7101		18. MOT	HER'S NA	ME (First, Middle,			
	HAROLD P SW							FLORE			
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING AC	ODRESS (Street			Route Number, City			
5	NEIL R. TAYI	LOR, JR	1								G SUN, M
	20a, METHOO OF DISPOSITION		20b. PLACE	AND DATE O	OF DISPOSITION			Y	Dc. LOCATION -		
	1 DK Burial 2 Cremation 3 C 4 Donation 8 Other (Specify,		of cemetary.	NOTT	r other place) INGHAN	4 CE	м 3-	-14-9	COLC	DRA	MARYLAN
	21. SIGNATURE OF FUNERAL SERVI				22. NAME A	ND ADDRE	SS OF FA	CILITY		1411	
	Q100 1	110	Do					AL HOM			
	23. PART I. Enter the diseases	1. 100	que					MARYLA			1 4-1-1-1
	shock, or heart fail	liure. List only one cause o	on each line.	un. Do not	it enter the m	ode or dy	ing, suc	n aa cerdiac o	r reapiratory e	erreat,	Approximate Interval Bets
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	resulting in death)	a	400	1510	2/01	1					1: 20~
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ō	Sequentially list conditions,	C	SE	DS/	15			4			3 Dz.
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FICATION	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	DUE TO (OR	SE	UENCE OF):	MALK	Pow	1	APZAS	SIA		18Day
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	SE AS A CONSEQ BONE	UENCE OF):	MARK	Pow	1	APZ AS	SIA		18D24
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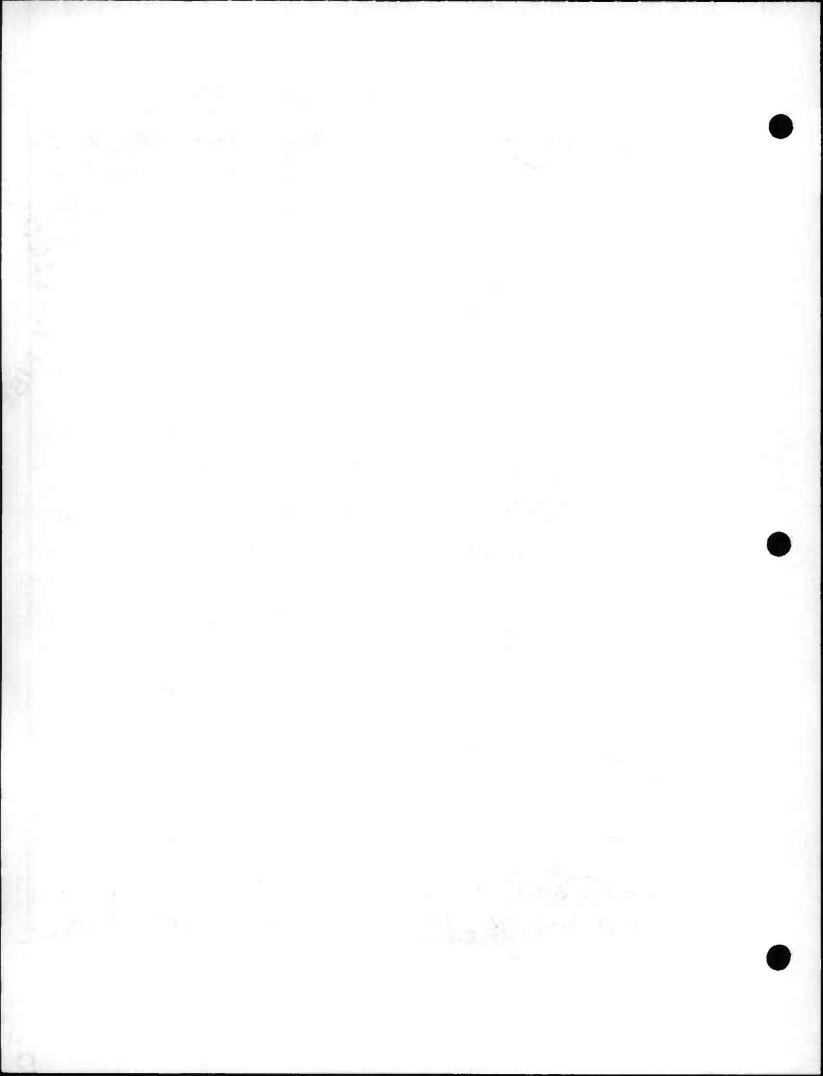
examiner must be notified at once.	e flee within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  MPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
examiner must be notified at once.	NNT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
	e
s certify the contract of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should	INERAL DIRECTOR: After this certiff are completely filled in by the attending physician and completely filled in by the
death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN We want the death certificate be executed within 2-1 fours after death. Page 6 may be retained by the hospital or attending physician.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest)  MERLE ALVIN THOMPSON SR.  2. DATE OF DEATH MONTH DAY YEAR 1652 M
	4. SOCIAL SECURITY NUMBER  6. SEX  6. AGE (in yrs. lest birthday)  7. DATE OF BIRTH (Morth, Day, Year)  7. DATE OF BIRTH (Morth, Day, Year)  8. BIRTHPLACE (State or Foreign Country)  7. PENN R:  9. BIRTHPLACE (State or Foreign Country)  PENN R:  17. DEE: 95 - 1919  PENN R:
TOR	98. FACILITY NAME (If not Institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  WASHING TON  RESIDENCE OF DECEDENT
DIRECTO	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  MARYLAND WASHING TON HAGERS TOWN 1 TO YES 2 - NO
FUNERAL	100. STREET AND NUMBER 2377 PENNSYLVANIA AVENUE 101. ZIP CODE 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? USA
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S., ARMED IT YES 2 DINO 13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yee or No-Black, White, etc.) 14. RACE — American Indien, Black, White, etc. 15. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yee or No-Black, White, etc.) 16. YES 2 DINO Specify: WHITE
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  ASSEMBLY LINE  TRUCK MFC, Company
COMPL	17, FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Melden Surname)
O BE	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Flural Flourite Number, City or Town, State, Zip Code)
	VIOLA E. THOMPSON  2377 PENNSYLVANIA AVE. HAGERSTOWN, MD 21740  20a. METHOD OF DISPOSITION  18 Burlis! 2 Cremetion 3 Removal from State 4 Donetton 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cametery, cremetory or Control of Control
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
7/	23. PART I. Enter the diseases, or complication that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate
	shock, or heert fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a.
z	ACUL MENTO (OR AS A CONSEQUENCE OF): THE SERVER TO SERVER TO SERVER
CATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Please or Injury. CAUSE (Please or Injury.
CERTIF	that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  4.
AL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Secretary Completion of cause of Death?  1   Yes 2   No   No   No   No   No   No   No
PHYSICIAN: MEDIC	1   YES 2   NO OF DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outputient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
	27. MANNER OF OEATH  280. DATE OF INJURY (Month, Day, Year)  280. TIME OF INJURY AT WORK?  1 Netural 5 Pending  280. DATE OF INJURY (Month, Day, Year)  M 1   YES 2   NO
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.
BE	296. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)
5	30. NAME AND ADDRINGS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPE PYCH)  13. ICANG MCS 1933 VA. AVE. HADEVEROLD HAD 21/14
	MAR 25 91 Sundan-Randell

Steel L. VASA The state of the s A CHARLES THE PARTY OF THE THE WORLD NAMES OF CONTROL OF SALES AND ASSOCIATION OF S the state of the s

BALTIMORE, MARYLAND 21203-3146	IG PHYSICIAN; The law requires that the death certificate be executed within 🐟 wours after death, Page 6 may be retained by the hospital or attending physician.	conflicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdat-transit permit. Pages 1, 2, 3 should	, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHY	to the Fundant in Pection After this certificate has been signed by the attending physician and completely fi	be first with 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIENE REG. NO.		80000
	1. DECEDENT'S NAME (First, Middle, Late)	EDMUNI		Tos	adovi	2. DATE OF DEATH DAY MONTH DAY	P 1991	3. TIME OF DEATH  S'OO PoM  HPLACE (State or Foreign
	4. SOCIAL SECURITY NUMBER  184-24-6537  99. FACILITY NAME (If not Institution, give a	1 ₽ 2 □ F 59	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	Mar.31,19	Count	nsylvania
OR	Washington County Hos				stown		WASHING	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			Y, TOWN OR LOC				10d. INSIDE CITY LIMITS?
	Maryland Wash	nington	Wil	liamspo	OF T Of. ZIP CODE	1 ☐ YES 2 ☒ NO  10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	210 Oak Tree Cir	NII C ADMED	42 WM 9 DS	21795	IIC ORIGIN? (Specify Yee	US/		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D. KOYEA	2 NO	If yes, s	pecify Cuban, Mexical S 2 X NO Specify	Spec	E — American Indian, ck, White, etc. ite	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5 +)		work done during n se retired.)	nost of working	16b. KIND OF BUS		
OMP	17. FATHER'S NAME (First, Middle, Last)		Utilit	y Opera		ME (First, Middle, Meiden	Manufact Surneme)	ure
BE C		elso	Tosador		Elsi			Rossi
10	Jeannette D.Tosa	dori	the state of the s			Route Number, City or Town Villiamspor		795
	20e. METHOD OF DISPOSITION  1 X Buriel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	noval from State	e. PLACE OF DISPO other place) Ceenlawn		emetery, cremetory or		CATION — City or 1	own, Stata
	21. SIGNATURE OF FUNERAL SERVICE U	A 27	een awn	OSBOR	AND ADDRESS OF FA	CILITY		
CERTIFICATION	23. PART I. Enter thy diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  B. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL CE	PART II. Other significant condition	ns contributing to death	but not resulting	In the underly	ing cause given in	Part I. 24a. WAS AM PERFOI 1 — YES	RMED?	Nb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL	T /		26.	PLACE OF DEATH (C	heck only one)		
PHYSICIAN:	EXAMINER?	HOSPITAL:		_	ome 5 - Residence			
ВУ РН	27. MANNER OF DEATH  1 Return 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Til	JURY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
8	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spo		street, factory, o	ffice	281. LOCATION (Street City or Town, State	end Number or Rurs )	of Route Number,
COMPLET	(Crieck only	SICIAN: To the best of my knowler: On the basic of examination						e(e) and manner as stated.
TO BE C	29h. SIGNA UNICARD TITLE OF CERTIF	Soul Me	Personel	Physica	29c. LICENSE NU	14359	Description of the property o	18/9/
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	459	1/2 Ked	mac &	lve.	Hoger	tour
	MAR 20 91	- gaice sia	Inton-Maylor				V	



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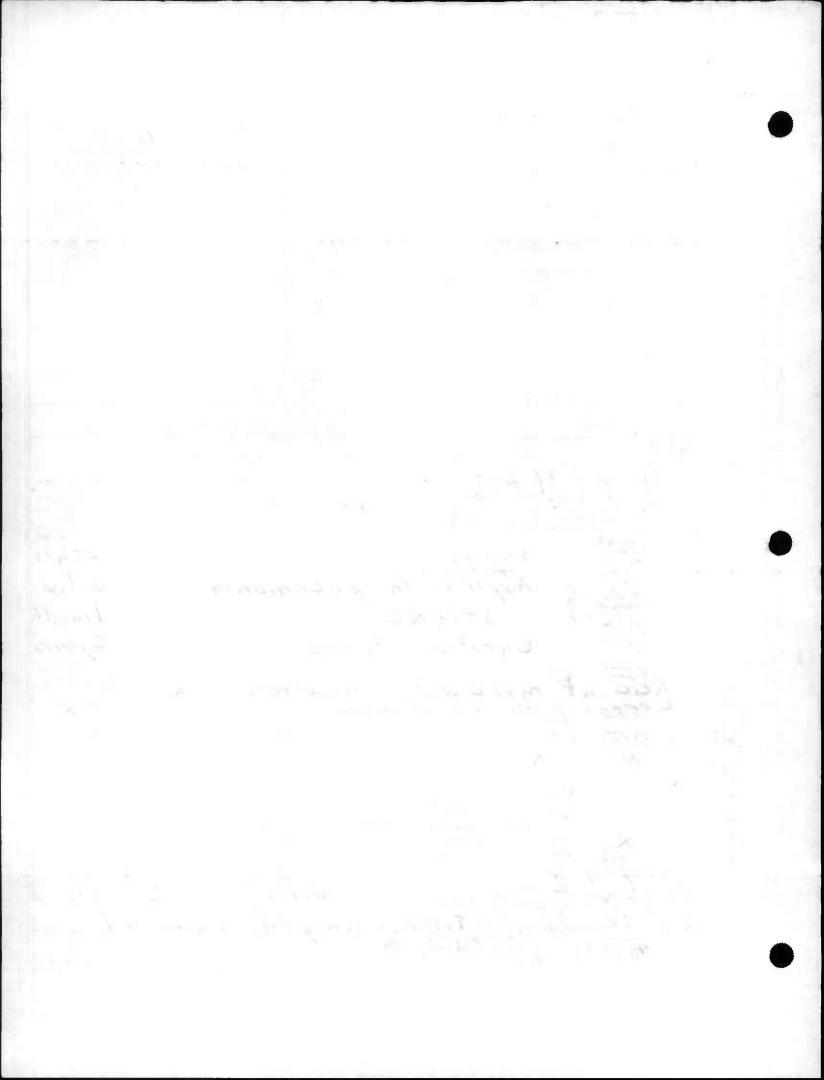
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31. DATE FILEO (Month, Day,

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FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AN	D MENTAL HYGIE		00001			
1. DECEDENT'S NAME (First, Middle, Last)	ROY EARL THOMAS			2. DATE OF DEATH	75.9	S. TIME OF DEATH			
4. SOCIAL SECURITY NYMBER  577-09-7035  9a. FACILITY NAME (If not institution, give s	5. SEX  1 X M 2	YRS. MONTHS		10-9-191	2 WA	BIRTHPLACE (State or Foreign Country) SHINGTON, DC			
	D) HOSPITH		Y, TOWN OR LOCATION OF	TON .	9c. COUNTY	8. B. Count			
	E GEORGE'S	10c. CITY, TOWN	HILLS			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
Too. STREET AND NUMBER  2405 COLEBROOK DR  11. MARITAL STATUS  1 Noner Married 2 X Married			101. ZIP CODE 20748		U	SA_			
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	RMED 13	. WAS DECENDENT OF HIS If yes, specify Cuban, Me 1 YES 2 A NO Sp	xican, Puarto Rican, etc.)	Yes or No 14.	. RACE — American Indian, Black, Whita, etc. Specify: WHITE			
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)  8TH GRADE  17. FATHER'S NAME (First, Middle, Last)	completed) (0	ECEDENT'S USUAL ( Give kind of work done i. Do NOT use retired.	during most of working	16b. KIND OF	BUSINESS/INDUS	TRY			
8TH GRADE		EAT CUTT			AIL				
CHARLES MARION THE			MARY E	NAME (First, Middle, Maid ELIZABETH M	C KINNE				
DAISY T. THOMAS	2		SS (Street and Number or REBROOK DRIVE						
20a, METHOD OF DISPOSITION  1 X Burlal 2 Gremation 3 Ram  4 Donation 5 Other (Specify)	oval from State	HILL CE			LOCATION — CH	y or Town, Stata MARYLAND			
21. STORATURE OF PUNERAL SERVING OF	BLANKENSHTP MO	> 22	. NAME AND ADDRESS OF	THE HU	JNTT FUN	ERAL HOME, INC			
23. PART I. Enter the diseases, or shock, pr heart failure.  IMMEDIATE CAUSE (Final		eath. Do not ante							
disease or condition resulting in death)	a. Sepsis  DUE TO (OR AS A CONSE	EOUENCE OF):				2441			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Aspires +	-10n	pneyn	non19		2 days			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d. Carotio	0	roses			Zyear.			
PART II. Other eignificant condition  Recent  Coronary	na contributing to death but not	/ /	in furct	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH	(Check only one)					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2 No  27. MANNER OF DEATH  1 Netural 5 Pending	1 N Inpatient 2 ER/Outpatient  28a. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCUI	RED			
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — At h building, atc. (Specify)	oma, farm, atreet, te		Office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
Torrock only	BICIAN: To the best of my knowledge, of								
29b. SIGNATURE AND TITLE OF CERTIFIE	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 22) (Page Print)								

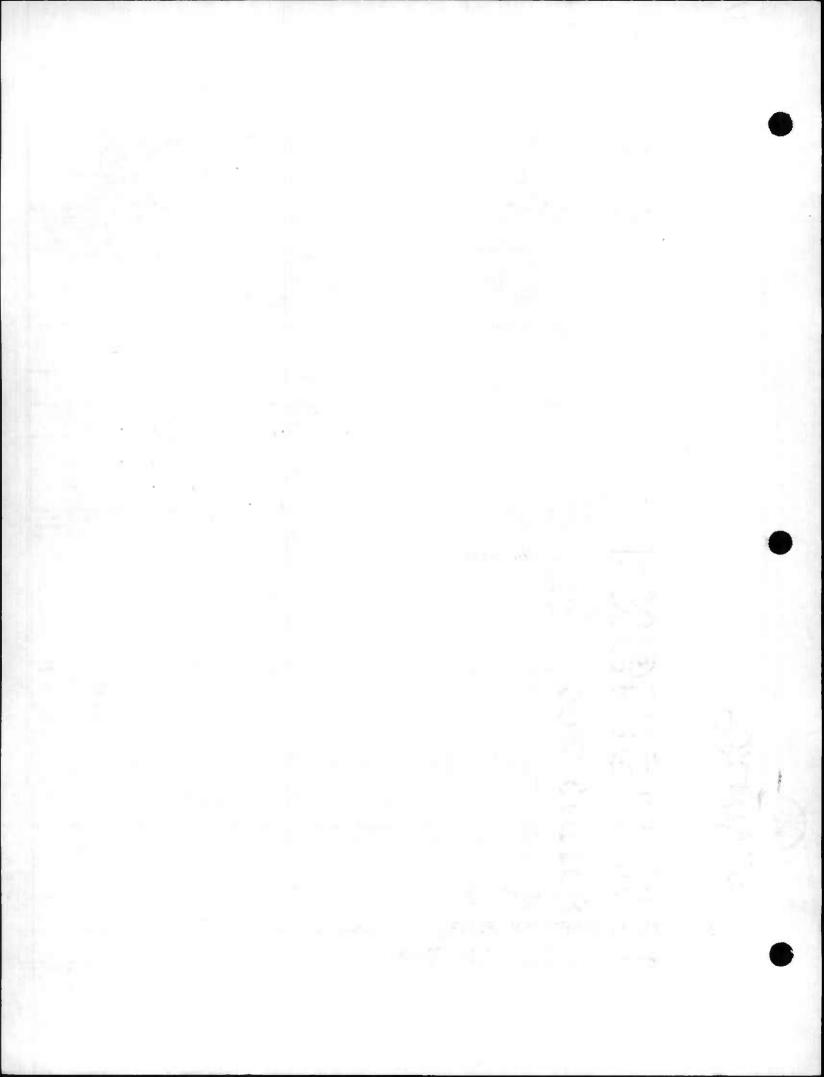
9131



FOR 1 - STATE

## $91{-}1438{-}045$ STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		OL	HIL	ICALE	OF	DEALL		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Reese	ELMER			Tim	mon	c	2	DATE OF DEATH DO 1	¥ 1	YEAR	8:30 A M
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. lest	birthday)	IF UNDER 1		IF UNDER 24 H	RS. 7	7. DATE OF BIRTH & BIRTH			ACE (State or Foreign
	213-14-1176	1 XM 2 □ F	80	MONTHS E	DAYS	HOURS M	м. O	CT. 10,	910	BER	RLIN	
	9e. FACILITY NAME (If not institution, give str	,			96. CITY, T	Y, TOWN OR LOCATION OF DE			EATH 9c. COU		NTY OF DEA	тн
OH	Peninsula General	Hospital		Salisbury			ury			Wic	comico	County
DIRECTOR	10e. STATE 10b. COUNTY	ORCESTER		10c. CIT	Y, TOWN OR BERLIN	LOCAT	ION					Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 204 BRANCH	STREET				101.	ZIP CODE	311		10g. CIT	USA	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	EVER IN U.S. ARI YES 2 X N R OR DATES				city Cuben, M		n, Puerto Rican, etc.)			- American Indian, White, etc.	
COMPLETED	15, OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 4 L n	CATION completed)  College (1-4 or 5+)	(GA	ve kind of	USUAL OCC work done dur se retired.) ORER	UPATIO	N st of working		RETIRE	200100	DUSTRY	-PRESSER
	17. FATHER'S NAME (First, Middle, Last)	TIMMON	NS			18. MOTHER	'S NAME	(First, Middle, Maiden	Sumame)			
19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route								ite Number, City or Tow	n, State, Zij	Code)		
2		PER		60	02 9th	1. 5	STREET	., F	OCOMOKE			21863
!	20a. METHOD OF DISPOSITION 1 Disposition   1 Donation   1	of cemetary EVE	ANO DAT	e of dispos Lor other place EN	ce)			3-18 BE	RLIN	City or Town		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  JOLLEY MEMORIAL CHAPEL, RTE. 2, BOX 9  SALISBURY, MD. 21801										30X 920	
z	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  a. HypoTHERMIA  DUE TO (OR AS A CONSEQUENCE OF):									Interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significent condition	s contributing to	death but not n	esulting	in the und	erlyln	ceuse give	n In Pa	ert I. 24a. WAS AN	AUTOPSY	24b. \	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	ARTERIOSCLEROTIC	CARDIOVA	SCULAR	01564	SE		<u> </u>		PERFOI			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEAT	H (Check	k only one)			
IXSI		1 Inpetient 2 X		DOA 28b. TII	4 🗆 Nursir	ng Hom	e 5 🗆 Reside	_	Other (Specify)	N HIRV OC	CHIDED	
BY P	1 Netural 5 Pending 2 Accident investigation	(Month, Da	y, Ybar)	IN	JURY M	WO	PRK?		isa. DESCRIBE NOW	INJUNT OC	CORED	
	3 Suicide 8 Could not be determined	28e. PLACE OF building, e	FINJURY — A1 ho Htt. (Specify)	me, ferm,	stree1, factor	ry, offic	•	2	281. LOCATION (Street City or Town, State		or or Rural Ro	ute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of ex										and menner on stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	Unicht 1	10				29c. LICENS	E NUMB		29d. DA	TE SIGNED (	Month, Day, Wear) 991
2	30. NAME AND ADDRESS OF PERSON WH DONALD G. WRIGH	O COMPLETEO CAUS				enn	Stree	et B	altimore,	Mary	land	21201
4	31. DATE FILEO (Month, Day, Year)	32. REGISTRAI										



3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 YES 2 | NO

WHITE

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Morgh, Day, Year)

91

3/

Approximata Interval Batween Onset and Death

14. RACE — American Indian, Black, White, atc.

8. BIRTHPLACE (State or Foreign NEW YORK

8:00 P

. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-trans hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

this certificate has been with the State Dept. of item 23

6

is marked,

28

Hem

BY

COMPLETED

BE

0

10

notified at once.

shows any injury, or other traumatic event, the medical examiner must be

PHYSICIAN: MEDICAL CERTIFICATION

burial-transit permit, Pages 1, 2, 3 should

FOR STATE REGISTRAR

1. DECEDENT'S NAME (Fir	st, Middle,	Last)										2. D.	ATE OF	DEATH	DAY	YEAR	3.	TIME OF DE
Mary	S.	10:0	ORNTON										reh	7		991		8:00
4. SOCIAL SECURITY NUM	MBER		5. SEX	6. AGE	(In yrs. les	st birthday)	IF UNI	DER 1 Y	EAR BYS	IF UNDER	24 HRS.		TE OF	BIRTH ay, Ybar)			RTHPLA	VCE (State or
104-14-18	72		1 🗆 M 2 🔀 F		68	YRS.	MONTH	es D	44.8	HOURS	MIN.			24,1	922			YORK
9a. FACILITY NAME (If not	institution,	, give si	treet and number)				9b. C	ITY, TO	WN O	R LOCATI	ON OF D					UNTY OF	F DEAT	н
Deer's	Head		Center					S	al:	isbu	ry					lice	mig	
10a. STATE		OUNTY	7			10c. CI	ry, row	N OR L	OCATI	ION							104	d. INSIDE CI
MARYLAND		WI	COMICO				SAL	ISI	BUR	Y							15	YES 2
10e. STREET AND NUMBE	P					•			101.	ZIP COD	E				10g. CI	TIZEN O	F WHA	T COUNTRY
834 SCHUM	AKER	DR	APT. 1	02						2	180	1				IIS	2 4	
11. MARITAL STATUS 1 Never Merried 2 C 3 Widowed 4 Dr		d	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 💢			If ye	н, вре	ENDENT ( pelfy Cube 2  NO	n, Mexico	en, Pue			as or No—	14, R/ BI	ACE -	American In hita, atc.
	ECEDENT'		CATION completed)		18e. DI	ECEOENT'S	S USUAL	L OCCU	PATIO	N at of worki	no.		16b. KI	ND OF B	USINESS/II	NDUSTR	Y	
Elementary/Secondary		1	College (1-4 or 5	+)	life	. Do NOT u	se retire	d.)	.g									
8 YEARS			NO			HC	OSTE	ESS						ГОН	EL			
17. FATHER'S NAME (First,	Middle, La		27.55							18. MOT	HER'S N	AME (FI	st, Mid	die, Maide	en Sumame)	)		
JOSRPH		( u	ınk)	BF	RZOS	KA				I	TTO.	IE		J	JNKNO'	WN		
19a. INFORMANT'S NAME	(Type/Prin	rt)			19										own, State, 2	Zip Code)	)	
JOYCE M.	CAT	HEL	L-DAUGHT	'ER	$\perp$	1417	7 EM	IER:	SON	AVE	, S	ALI	SBU	RY,	MD	2 180	) ]	
20s. METHOD OF DISPOS 1  Buriel 2  Crema 4  Donation 5  Oth	tion 3		oval from Stata	20	other p	OF DISPO	SITION Y CF	(Name REM	of con	RY	natory or				SALIS			
21. SIGNATURE OF FUND	AL SENV	A LICE	el lowa	1				HO	LLO	WAY NOW	FUNI	ERA	L H		PA SBUR	Y, M	ID	21801
23. PAST I. Enter the ahock, or iMMEDIATE CAUSE (f disease or condition reaulting in death)	haart fa Finai		List only one can	er (	f 1	a.	not an	_										Approxi interval Onset a
Sequantially list conditions, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) Li	nadiata LYING njury	{	С		0.00	EQUENCE (												
PART II. Other aignifi	cant cor	ndition	na contributing to	death	but not	resulting	in the	unda	rlying	) cause	given in	Part		PERF	AN AUTOPS ORMEO? 2 NO	Υ :	CC OF	ERE AUTOPSY MILABLE PRICOMPLETION OF F DEATH?
25. WAS CASE REFERRED	TO MEDI	ICAL							26. PL	ACE OF	DEATH (C	heck or	ly one)				_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

HOSPITAL:
1 Dispatient 2 ER/Outpatient 3 DOA 1 TYES 2 TO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26a. DATE OF INJURY 28b. TIME OF 28d. DEȘCRIBE HOW INJURY OCCUREO 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide datarmined 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

OTHER:

2 🔲 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

D33905

Bloren h 30. NAME AND ODRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

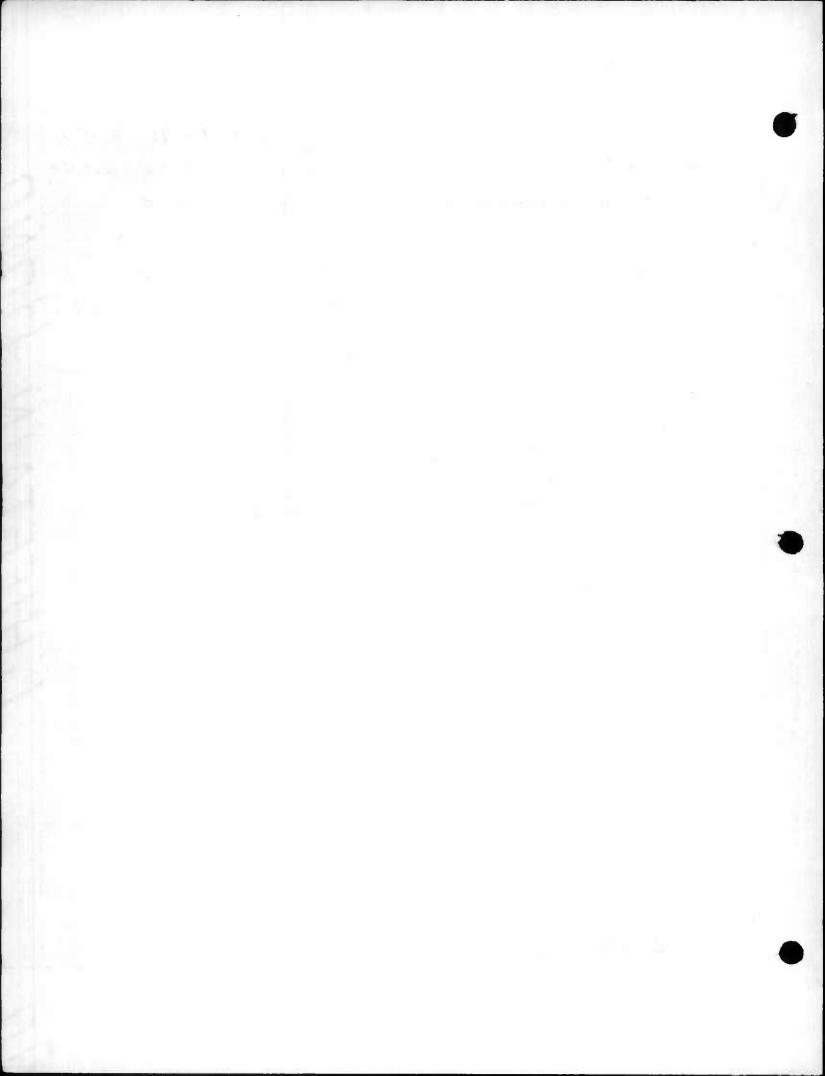
Virginia D. SLACUM. Deer's Head Center. P.O. Bex 2018 Salisbury. M.D. 32 MEGISTRAR'S SIGNATURE
Julia Davidson Gandall

296, SIGNATURE AND TITLE OF CERTIFIER

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	thin .	stely filled mation, o	it, the n
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ecuted wit	nd comple burial, cre	rtic ever
0X 1	ate be exc	ysiclan ar	trauma.
.O. B	certifica	Hygiene	or other
S, P.	the death	the atte	injury, o
CORE	res that	igned by lealth and	rs any
REC	aw requ	s been s	3 shov
ITAL	N: The I	State De	item 2
DF V	HYSICIA	nis certif	ed, or
ONO	DING P	. After the	is mari
IVISI	R ATTEN	RECTOR. urs after	m 28
	PITAL 0	ERAL DI	T: If he
	HE HOS	HE FUNI	DRTAN
	10	P €	MP

10+1

	1. DECEDENT'S NAME (First, Middle, Last)	CODITY 1			-	0.043	E OF DEATH			3. TIME OF OEATH	
,		SOPHIA MAR		WSKA		MON	ITH DA		YEAR		
	SOPHIR MARY					3		- 9		5 10 AH	
- 1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24		E OF BIRTH nth, Day, Year)	ľ	6. BIRTH Country	PLACE (State or Foreign	
	177-14=4768	1 M 2 F	68 YRS.				- 30 - 2	22	PHI	LADELPHIA	
	Sa. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF I									EATH PA	
8	CARROLL MANO	110015	HUA:	TTSUT	11=	UD	P	6			
5				HYPTISUELLE MP P.G							
DIRECTOR	10a. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR LOC						10d. INSIDE CITY LIMITS?	
				WASHI	NGTON,	D.C.				1 YES 2 NO	
AL	10e. STREET AND NUMBER			1	H. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?	
FUNERAL	1029 PERRY	STREET, N.E.					20017		USA	•	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DE	CENDENT OF	HISPANIC ORIG	IN? (Specify Yee	or No-	14. RACE	- American Indien,	
	1 Never Merried 2 Merried	FORCES? 1 X YES				Maxican, Puert Specify:	o Rican, etc.)		Speck	White, etc.	
BY	3 Wildowed 4 Divorced									WHITE	
	15. DECEDENT'B EDUC (Specify only highest grade	CATION	16a. DECEDENT'S		SINESS/INDI	USTRY					
Fi	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us								
7			SECRETA	ARY, DEI	T. OF	LABOR	GOVERN	MENT			
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  SECRETARY, DEPT. OF LABOR GOVERNMENT  17. FATHER'S NAME (First, Middle, Last)  UNKNOWN  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  SECRETARY, DEPT. OF LABOR GOVERNMENT  18. MOTHER'S NAME (First, Middle, Maiden Surmame)  UNKNOWN											
BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
2	ODILE MARYNOW	ГСН		13th STI						20017	
	OD ZDE TEINERION		D. PLACE OF DISPO								
	20a, METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Rem	oval from State	r. OLIVE	r CEMETI	PV	ory or	WASHINGTON, D.C.				
	21. SIGNATURE OF FUNERAL SERVICE DICEMSEE / / / 22. NAME AND ADDRESS OF FACH ITY										
	TAN ALAMI	71 / 10		FRANC	CIS J.	COLLI	NS FUNE	RAL H	IOME,	INC.	
		A COLL		500 t	INIVERS	SITY BI	LVD.,W.	, SIL	.SP	, MD 20901	
	23. PARTY. Enter the diseases, or	omplications that cause	d the deeth. Do	not enter the m	ode of dying	, auch aa ca	rdiac or reapi	ratory arre	eat,	Approximate	
	ahock, or heert fellure.	Lief only one cause on e	each line.							Interval Between Onset end Death	
	disease or condition									( Maront	
	DUE TO (OR AS A CONSEQUENCE OF):										
_	END STAGE CHRONICOBSTRUCTIVE UNE DISEASE YEARS										
CERTIFICATION	Sequentially list conditions,									1000	
AT	trany, leading to immediate cause. Enter UNDERLYING										
F	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	CONSEQUENCE O	F):						+	
E	resulting in death) LAST										
빙											
AP.	PART II. Other aignificant condition	a contributing to deeth t	out not resulting	in the underlyi	ng cause giv	ren in Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDICAL							1 TYES 2			COMPLETION OF CAUSE OF GEATH?	
Ä										1 TYES 2 NO	
_	1 YES 2 NO										
₹	25. WAS CASE REFERRED TO MEDICAL			26.1	LACE OF DEA	TH (Check only	one)				
S	EXAMINER?	HOSPITAL: 1   inpatient 2   ER/Out	nationt 3 DOA	OTHER:	ma 5 🗆 Bask	dence 6 🗆 Ot	has (Passibil)				
PHYSICIAN:	27. MANNER OF DEATH	26e, DATE OF INJURY	28b. TIN		JURY AT		ESCRIBE HOW I	NJURY OCC	URED		
	1 Natural 5 Pending	(Month, Day, Year)	IN.	JURY W	ORK? YES 2 1				01120		
BY	2 Accident Investigation	28e. PLACE OF INJURY	/ — At home form				OCATION (Street 6	and Mumber	an Chumi C	house Miller by	
	3 Buicide 6 Could not be 4 Homicide determined	building, atc. (Spe	cify)	street, ractory, on	CB		ty or Town, State)		or nurei r	ioure rygmoer,	
ᆸ											
교		CIAN: To the best of my know	riedge, death occurr	ed at the time, da	a and place, a	nd due to the o	ceuse(a) and mar	nner as state	ed.		
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of examination	n end/or investigation	on, in my opinion,	death occured	at the time, di	ate end place, en	d due to the	e canse(s	) and manner as stated.	
EC	395 SIGNATURE AND TITLE OF CENTIFIES	1			29c. LICENS	SE NUMBER		29d. DATE	SIGNED	(Month, Day, Year)	
0	MATRIMINA	nuderma	7		126	33/		16	3/9/	91	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)	. 1	10 2.	4 - 20 -		-/		
	MARTA ANNE SOH	O COMPLETED CAUSE OF DE	5401 MA	ARTHU	(BLIDI	WWWA	SHELL	2001	6		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE		•						
	MAR 14 '91		an Randell								
	124, 7 6 1	_ 1 (/									



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

10

erT

30. NAME AND ADDRESS OF

31. DATE FILED (Month, Day, Year)
MAR 1 8 '91

Lewis

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)		02			2. DATE OF DEATH		3. TIME OF DEATH	
	ANINIA		MOCET			MONTH D		FAR	
	ANNA L.	5. SEX 6. AGE	VOGEL (In yrs. lest birthday)			March 13			
1	062-05-3050	1 M 2 X F 8:		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year)		BIRTHPLACE (State or Foreign Country) ew Jersey	
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY	OF DEATH	
TOH	FRIENDS NURSING	HOME		SANDY SI	PRING		OMERY		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND MONTGO		10c. Cl	TY, TOWN OR LOCAT			10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	IIIICI		Rockvil	. ZIP CODE		I	1 XX YES 2 NO	
FUNERAL	2281 Glenmore T	errace		101	20850		USA	OF WHAT COUNTRY?	
2	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14.	RACE - American Indian,	
BY FI	1 Never Married 2 Married 3 XXWidowed 4 Divorced	2 XNO DATES		ecify Cuban, Maxica 2 X NO Specify	n, Puerto Rican, etc.)	Black, White, etc. Specify:			
ED	15. DECEDENT'S EDUC	ATION	18a. DECEDENT'S	S USUAL OCCUPATION	ON	18b. KIND OF BU	SINESS/INDUST	White	
E	(Specify only highest grade	completed)	(Give kind of life, Do NOT (	work done during mo	st of working	1000 1000		•••	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		,					
Z	12		<u>Effic</u>	iency Exp				ne Company	
8	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden	Surname)		
ш	John LaGola				ANNA KA	ATZEBAUM			
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street a	nd Number or Rural F	Route Number, City or Tow	m, State, Zip Coo	de)	
2	Joseph J. Montesa	no	2281	Glenmore	Terrace	. Rockwill	e. Mar	yland 20850	
	20a, METHOD OF DISPOSITION	20		OSITION (Name of cen				or Town, State	
	1 Burial 2 X Cremation 3 Ramo	oval from Stata	other place)						
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC			ry Cremat	Orium.	Inc. Bet	hesda,	Maryland	
	1	A A MO	00381	Robei	t A. Pun	nphrey Fun	eral Ho	ome/ ntgomery 20850-2805	
	Barbara Jome	Mulley Open	mence	ROCKY	Ville, Ir	ic. 300 W	est Moi	ntgomery 20850-2805	
	23. PART I. Enter the diseases, or o			not enter the mo	da of dying, suci	h aa cardlac or reap	iretory arrest	, Approximate	
	shock, or heart fellure. List only one ceuse on each iine.								
	IMMEDIATE CAUSE (Fine)	<	- 1. 1	/	1 -		2	Onset and Death	
	resulting in desth)	ı	quoma	us cell	ance	er mou	mouth		
		DUE TO (OR AS	CONSEQUENCE	OF):					
RTIFICATION	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE	ne.					
ATI	if eny, leading to immediate cause. Enter UNDERLYING			,-				İ	
S	CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE	Om.					
Ē	that initieted events resulting in death) LAST	DOE TO (OH AS	A CONSECUENCE (	orj.					
Ш		J							
0	PART il. Other significant condition	s contributing to death	but not requiting	in the underlying	n cause alven in	Part I. 24s. WAS AF	LAUTODRY	24b. WERE AUTOPSY FINDINGS	
CAI	,	M7		,	g dames given in	PERFO		AVAILABLE PRIOR TO	
EDIC	Llong	Conces				1 YES :	Z NO	OF DEATH?	
ME							-	1 _ YES 2 _ NO	
						_			
A	25. WAS CASE REFERRED TO MEDICAL			26, PI	LACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Out	trations 2 DOA	OTHER:		a [] au _ m _ u .			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY		1	URY AT	8 Other (Specify) 28d. DESCRIBE HOW	M II III W OCCIE	DED.	
	1 Natural & 8 Pending	(Month, Day, Year)	100.11	NJURY WO	PRK?	280. DESCRIBE HOW	MJOHY OCCUM	IED	
BY	2 Accident Investigation				YES 2 NO				
0	3 Suicide 6 Could not be datermined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)								
Ē	29a CERTIFIER								
COMPLETE	(Check only	CIAN: To the best of my know							
ON	2 MEDICAL EXAMINE	A: On the basis of examinati	on and/or investigat	tion, in my opinion, o	leath occured at the	time, data and place, a	nd due to the c	ause(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIES	W.			29c. LICENSE NUI	MBER	29d, DATE S	IGNED (Month, Day, Year)	
BE		711	and		D 140		1 01	10/01	

mo)

4000

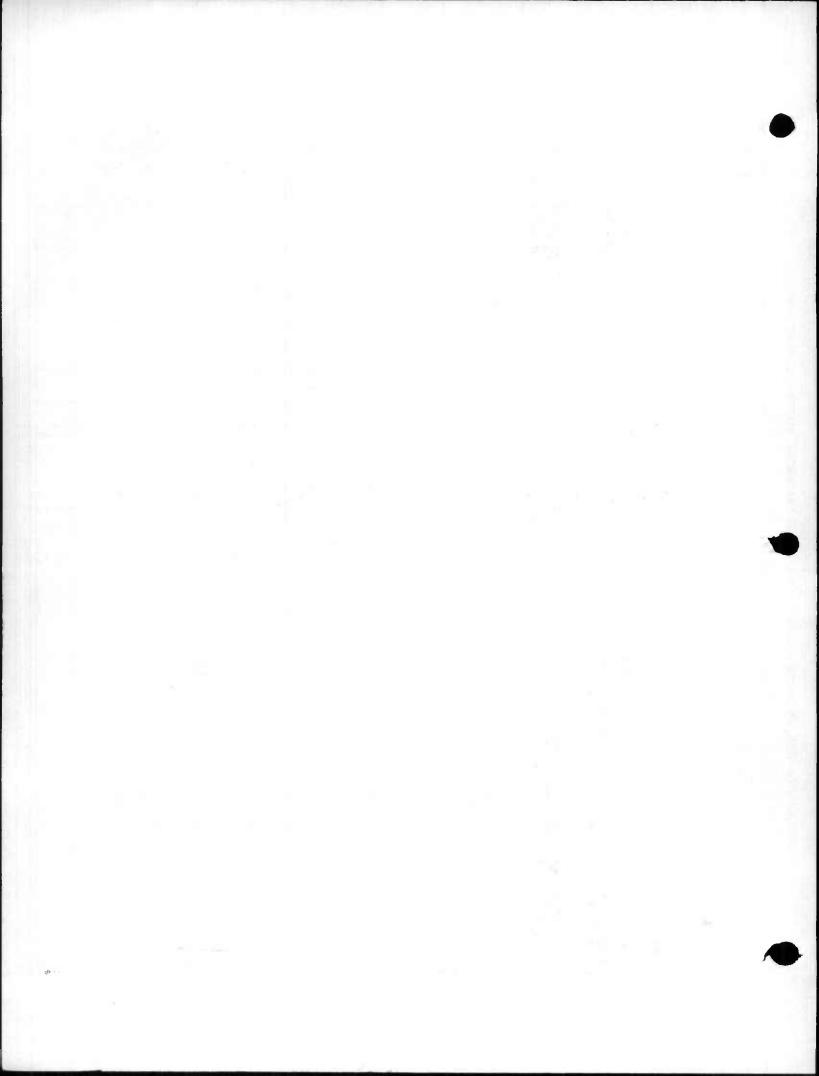
32. PEGISTRAR'S SIGNATURE
Julia Davidson Randelle

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1405

20837

Olnec



within an iours after death. Page 6 may be retained by the hospi	npietely filled in by the funeral director, page 5 should be detached cremation, or removal.	vent, the medical examiner must be notified at once.
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. , Jours after death. Page 6 may be retained by the hospital properties of the second of the properties o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and white 20 knows after death with the State Deat of Health and Mental Hydiens prior to burial, cremation, or removal.	med within 12 mous are been wan to come copy. Or the copy in jury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	ATE OF MARYLAND / DEP/ CERTI	ARTMENT OF H		NTAL HYGIENE REG. NO.	21	00000		
1	1. DECEDENT'S NAME (First, Middle, Last)			2	, DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH		
	KYKEO V.	ILLY VONG	r		3 15	91	2:00 A "		
	4. SOCIAL SECURITY NUMBER 5. SE				DATE OF BIRTH (Month, Day, Year)	8. BIRTH Count	IPLACE (State or Foreign		
	217-04-3246	M 2   F   38 YRS	MONTHS DAYS	HOURS MIN.	2-1-5		905		
56)	9a. FACILITY NAME (If not institution, give street and	d number)	9b. CITY, TOWN C	R LOCATION OF DEAT		9c. COUNTY OF D	EATH		
DIRECTOR	Joseph Richey A RESIDENCE OF DECEDENT	<i>tospice</i>	828 N E	17ew 57.		Bal	Timore		
1	10s. STATE 10b. COUNTY		CITY, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
	M7 Balti	Lmore			1 YES 2 NO				
₹	10e. STREET AND NUMBER  10g. CITIZEN OF WHA								
١	2403 Burridge			21234		La			
FUNERAL		AS DECEDENT EVER IN U.S. ARMED ORCES? 1 YES 2 NO		ENDENT OF HISPANIC scify Cuban, Mexican, I	ORIGIN? (Specify Yes o Puerto Rican, etc.)	Blac	E — American Indian, k, White, etc.		
BY	3 Widowed 4 Divorced	YES, GIVE WAR OR DATES	1 🗆 YES	2 NO Specify:		Spec	" Asian		
- 1	15. DECEDENT'S EDUCATION	16a DECEDEN	T'S USUAL OCCUPATION	NA .	16b. KIND OF BUSIN	I I I I I I I I I I I I I I I I I I I			
	(Specify only highest grade complete	(Give kind	of work done during mo T use retired.)	st of working					
7	Elementary/Secondary (0-12) Colle	ege (1-4 or 5+)	Tos AbaTe	ement	Marc	05 In	C.		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				(First, Middle, Maiden St.				
	Janh	vila Won	0	Onl		NKNOWN			
BE	19a. INFORMANT'S NAME (Type/Print)				ite Number, City or Town,				
2	Khamhay Keomaniyo				more, Md.				
	20a. METHOD OF DISPOSITION	20b. PLACE OF DIS	POSITION (Name of car			ATION — City or T	own, State		
	1 Burial 2 Cremation 3 Removal fro	om Stata other place) Chambe	rs Crema	rom/	Rive	rdale. 1	MA.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE			D ADDRESS OF FACIL			Co. Inc.		
- 1	x7/ </td <td>1010</td> <td>0%</td> <td></td> <td></td> <td></td> <td></td>	1010	0%						
	Comers of 1	ambers			Ave. Rive				
	23. PART I. Enter the diseases, or compil shock, or heart fellure. List or		D not enter the mo	de of dying, such a	es cardiec or respire	story arrest,	Approximata interval Between		
	IMMEDIATE CAUSE (Final	o' Boe Sunty Ave					Onset and Death		
	disease or condition resulting in desth)								
		DUE TO (OR AS A CONSEQUENC	E OF):						
Z	Sequentially list conditions,	DUE TO COL LO LOCATION							
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO OR AS A CONSEQUENC	1 2				4400		
5	CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENC	500	UCYR <b>a</b> s			Incos		
Ē	that initiated events resulting in desth) LAST	Carelbon	va	UCYZOS	S		GUIDE		
8	d	Car Chronia					77775		
4	PART ii. Other aignificant conditions con	stributing to death but not resulti	ng in the underlyin	g cause given in Pr	ert i. 24a. WAS AN A PERFORM		b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO		
2					1 YES 2 (	¥ NO	COMPLETION OF CAUSE OF DEATH?		
AEC							1 - YES 2 - NO		
PHYSICIAN: MEDICA									
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (Check	k only one)	, ,			
SIC		SPITAL: Inpetient 2 - ER/Outpetient 3 - DO	OTHER: 4   Nursing Hor	ne 5 🗆 Residence 6	Other (Specify)	40801C	&		
Ť	27. MANNER-OF DEATH	28a. DATE OF INJURY (Month, Day, Year) 28b.	TIME OF 28c. IN	JURY AT 2	28d. DESCRIBE HOW IN	JUNE OCCURED			
ВУ Б	1 Natural 5 Pending 2 Accident Investigation	(1001111)		YES 2 NO					
0 8		28e. PLACE OF INJURY — At home, to building, etc. (Specify)	rm, street, factory, offi	20 2	261. LOCATION (Street ar City or Town, State)	nd Number or Rural	Route Number,		
ш	4 Homicide determined	,,			,				
COMPLET	29a. CERTIFIER (Check only	To the best of my knowledge, death oc	curred at the time, dat	and place, and due to	o the cause(s) and man	ner as stated.			
M	anal	the basis of exemination and/or investi	gation, in my opinion,	death occured at the ti	me, date and place, and	due to the cause	(s) and manner as stated.		
III 206 SIGNATURE AND TITLE OF CENTURES AND TOTAL OF CENTURES AND									
BE	Chologe HE	JULY MAS		D0890	0	N 3-1	5-91		
5	30, NAME AND ADDRESS OF PERSON WHO COM	MPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)	-11: 1-	-1/	1 - 1	4.1		
	Robart C. I	-rum M	0 80	8 N.E	waws	r. Dr.K.	Marzo		
	MAR 1 9 '91	32 AEGISTRAB'S SIGNATURE	02						

Table of Section 1981 we have a section of the sect 

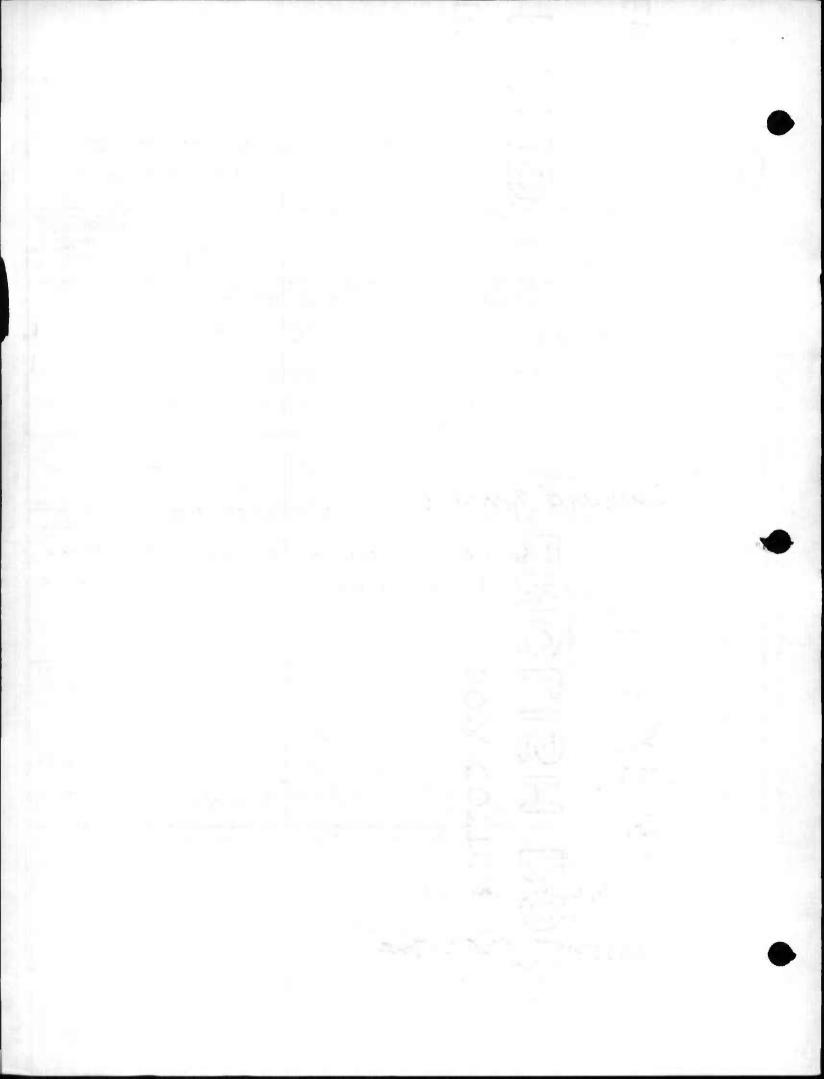
TO BE COMPLETED BY FUNERAL DIRECTOR

	THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2 ours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached an extension of removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	ajue	hou	2
	ret	S	10
	90	age	2
	E	Dr. p	tsr
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	END	B. J	18
	A	ECIT	12
	OR	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the fure side within 29 hours after death with the State Dent of Health and Mental Hydriene prior to burial, cremation, or removal	Tel
	TAL	A R	=
	OSP	JNE!	N
	EH	田田	FE
	HC	干品	P
	F	F 2	5 =

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
MAR 17

							Q	08857
FOR STATE	STATE OF MAR				MENTAL	HYGIENE		. 00007
REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.		
1. OECEDENT'S NAME (First, Middle, Last	)				2. DATE OF MONTH	DEATH	YE.	3. TIME OF CEATH
Medford	Hall	Voshe			_3_	14_	91	
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, E	Day, Year)	8. E	BIRTHPLACE (State or Foreign Country)
216-03-7515	1 XM 2 □ F	94 YRS.			Oct.	12, 189	96	Maryland
9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF OE	ATH		COUNTY	
Memorial Hos	spital		Eas	ton			Tall	oot
RESIDENCE OF DECEDENT  10e. STATE 10b. COUN	TY	10c CIT	Y. TOWN OR LOCA	TION			-	10d. INSIDE CITY
	lbot	100.01	Manor	3.3				LIMITS?
104. STREET AND NUMBER	1001			f. ZIP COOE		100	CITIZEN	1 ☐ YES 2 NO  OF WHAT COUNTRY?
Manor Street	St Miche	ola Marri				101		
II. MARITAL STATUS	12. WAS DECEDENT EVE		7	2166 CENDENT OF HISPAN	-	Specific Ven en N	USA	
1 Never Married 2 Merried	FORCES? 1 Y	ES 2 NO	If yes, s	ecify Cuben, Mexica	n, Puerto Ric			RACE — American Indien, Black, White, etc.
Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 TYES	3 2 NO Specify	r:			Specify: White
15. DECEDENT'S EC			USUAL OCCUPATI		16b. K	IND OF BUSINES	SS/INDUST	RY
(Specify only highest gra	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during m se retired.)	ost of working				
8	consign (I-V of 5 V)	Marin	a owner		B	oating		
7. FATHER'S NAME (First, Middle, Last)			our our	18. MOTHER'S NA			ame)	
Walter A. V	oshell			Anna	Е. Н	art		
9e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural F			ete, Zip Coo	(e)
Medford L. Mar	shall	1260	Choptar	ık Rd., M	liddle	town T	le 1 ow	are 19709
0e. METHOD OF DISPOSITION		20b. PLACE AND DAT			DATE			or Town, State
X Burlel 2   Cremation 3   Re	moval from State	Woodlawn	y or other place)	T- 2/10/0				
1. SIGNATURE OF FUNERAL SERVICE		Woodlawii		NO ADDRESS OF FA		Last	OH.	Maryland 2160
4/.	69	. 0	Harri	son E. L	eonar	d Funer	al H	ome
surusin.	Co. Alm	aid/						ls MD 21663
23. PART i. Enter the dieseses, o	r complications that cau e. List only one ceuse o		not anter the m	ode of dying, suc	h es cardia	c or reapirato	ry arrest,	Approximete interval Between
IMMEDIATE CAUSE (Finei			1					Onset and Deat
disease or condition resulting in dasth)	. CONG	301723	MER	no fro	1-41	して		2 ths
	OUE TO (OR /	AS A CONSEQUENCE O	P):					
Samuella liet conditions	b. A	21	40					20 66
Sequantisily list conditions, if any, leading to immediata	DUE TO (OR /	AS A CONSEQUENCE O	F):					
CAUSE (Disesse pr injury	C							
that initiated events	DUE TO (OR /	AS A CONSEQUENCE O	P:					
resulting in death) LAST	d						_	
PART il. Other algnificant conditi	one contribution to deal	th but not resulting	in the underlyin	na ceuse alven in	Part I 2	4a. WAS AN AUT	npev	24b. WERE AUTOPSY FINDING
			ni tita unidaniyii	ig outdoor given, iii		PERFORME	77	AVAILABLE PRIOR TO COMPLETION OF CAUSE
		-			— I '	YES 2	NO	OF DEATH?
					- 1			1 TYES 2 NO
		W.						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch	eck only one)			
1 TES 2 NO	1 Ninpatient 2 - ER/			me 8 - Residence				
7. MANNER OF DEATH  Natural 5 Pending	(Month, Day, Ye		JURY W	JURY AT ORK?	28d. OEŞC	RIBE HOW INJUI	RY OCCUR	EO
2 Accident Investigatio				YES 2 NO				
3 Suicide 8 Could not 8	building, etc. (	URY — At home, farm, 'Specify)	street, factory, offi	Ca		Town, State)	Vumber or F	Rurat Route Number,
7   Nonincide determined								
Check only CERTIFYING PH	YSICIAN: To the best of my k	nowledge, death occur	red at the time, dat	e and place, and due	to the cause	e(s) end manner	ee stated.	
anal .	NER: On the basis of examin	etion and/or investigati	lon, in my apinion,	death occured at the	ilme, dete e	nd place, and du	w to the co	euse(s) and manner as stated.
196. SIGNATURE AND TITLE OF CERTIF	IER OO	22		29c. LICENSE NUI	WIER	29	d. DATE SH	GNED (Month, Clay, Well)
100	6 1/ an	1- KM	10	Ac) 1:	22	5 1	2.	15-51
0. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	F DEATH (TEM 27) (Tvo	e, Print)	00 /				- ' /
STEPHEN P. CARNE				Footer "	/lor==1	^	1000	
	11. IVI.D. 3U	9 Idlewild	a Ave.,	easton, l	warvie	una 2	1663	



The Form of the Confine this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

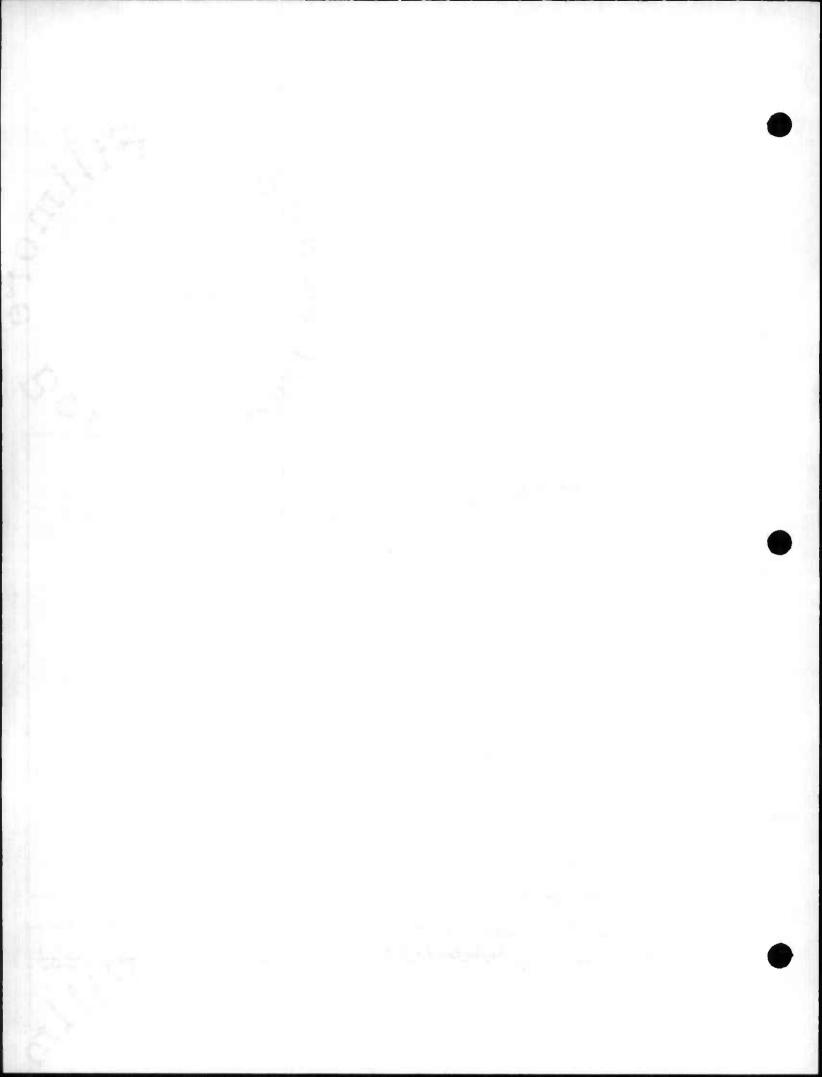
1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DEATH	YEAR	3. TIME OF DEATH
DARIN	LACEY	VALERIO			0.0	8 91	8 - 35
4. SOCIAL SECURITY NUMBER	5, SEX 6	. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIFF	THPLACE (State or Foreign intry)
214-98-7695	1 🕅 M 2 🗆 F	23 YRS.	MONTHS DAYS	HOURS MIN.	July 26,1		Maryland
9a. FACILITY NAME (if not institution, give	street and number) BA	PISON RD		OR LOCATION OF D	EATH	9c. COUNTY OF	
DACK RIVER NE	CK AT	COINT RD	ESSE	\$		BALTI	MORE CO.
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	TY	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
Maryland	Baltimore		Baltim	0.70			LIMITS?
10e. STREET AND NUMBER	Jarthore			1. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
7603 Hillen	dala Raad			2723		II (	S.A.
11. MARITAL STATUS	12. WAS DECEDENT		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Year	or No.— 14. BA	CE - American Indian.
1 Never Married 2 Married	FORCES? 1 FYES, GIVE WAR	YES 2 NO		ecify Cuban, Mexic	en, Puerto Ricen, etc.) fy:		eck, White, stc.
B Wildowed 4 Divorced						WI	hite
15. DECEDENT'S EI (Specify only highest gre		(Give kind of	USUAL OCCUPATI	ON pat of working	16b. KIND OF BUS	INESS/INDUSTRY	the state of the s
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)				
	4	Teac	her			School	ols
7. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden S	Surname)	
Gerard A. Va.	lerio				rie Lacey		
9a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		VD 03.403
Gerard A. Va	lerio				Rd, Annap		
tioe. METHOD OF DISPOSITION  Burlat 2 X Cremation 3 Re	movat from State	20b. PLACE AND DAT	E OF DISPOSITION	(Name	39420 20c. LOC	ATION — City or	Town, State
□ Donation 5 □ Other (Specify)	0	Metropol				andria	a, VA
H. SIGNATURE OF FUNERAL SERVICE	LIGHNEE /	1	Tav	NO ADDRESS OF F	neral Chap	ne]	21401
Wobert x	. Fay	lor			ster St.		
disease or condition resulting in death)  Sequantielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	b. DUE TO (C	IP AS A CONSEQUENCE OF AS A CONSEQUENCE OF	P):				
PART II. Other algnificant conditions	ons contributing to d	eath but not resulting	In the underlyle	ng cause given l	Part I. 24a. WAS AN PERFORI	MED?	AAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
							7.13.2
25. WAS CASE REFERRED TO MEDICAL			28. F	LACE OF DEATH (C	theck only one)		1
EXAMINER?  1 X YES 2 NO	HOSPITAL:	ER/Outpatient 3 - DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residence	6 Q Other (Specify)	N THE	STREET
27. MANNER OF DEATH	28a, DATE OF II		ME OF 28c. IN	JURY AT	28d. DESCRIBE HOW II		
1 Netural 5 Pending 2 Accident Investigation	0871			YES 2 NO	auto/fixed	object	Driver in
3 Suicide 8 Could not i	28e PLACE OF	INJURY — At home, farm, ic. (Specify)	street, factory, offi	Ce Ce	281. LOCATION (Street a City or Town, State)	nd Number or Pur	rel Route Number,
4 Homicide datermined	Road	STREET			BACK RIV	ER NEC	ore Co, Md CK RD.
29s. CERTIFIER 1 CERTIFYING PH				e and place, and de	us to the cause(s) and man	ner as stated.	
Torroom orny					e time, data and place, an		ee(a) and manner as state
HIGHATURE AND TITLE OF CERTIF	a n /	h		29c, LICENSE N			IED (Month, Day, Year)
Man to	Lather	A) not		O.C.			
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Ive	e Print)	0.0.	AA ( E) (	03/	18/91

 FOR STATE REGISTRAR

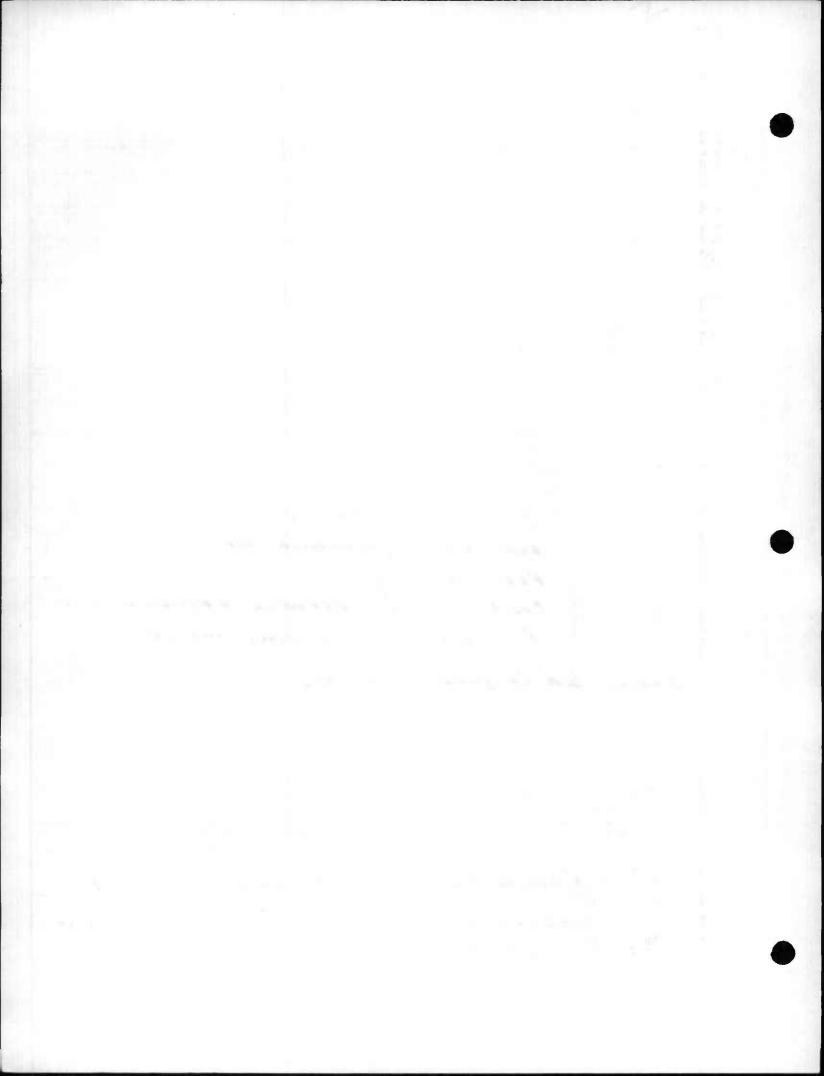
13146,
BOX
P.O.
RECORDS,
VITAL
5
*

ŀ													
	1. DECEDENT'S NAME (First August Edw		ጥጥ						2. DATE OF DEATH	DAY,	YEAR	3. TIME OF DEATH	
			,			IF UNDER 1 YE			7. DATE OF BIRTH	27-	7/	PLACE (State or Foreig	
	4. SOCIAL SECURITY NUME 214 20 602		5. SEX	6. AGE (In yrs. las		SONTHS DA	-	ER 24 HRS.	(Month, Day, Year,	1007	Country	y)	
				0.5					Dec.19,			yland	
	Sea. FACILITY NAME (If not institution, give street and number)  Washington County Hospital  Hagerstown										Washington		
DIRECTOR	RESIDENCE OF DEC		y nospita	11		IIG	ger se	JWII				800	
E I	10a. STATE	Υ	10c. CITY,	TOWN OR L	CATION					10d. INSIDE CITY			
뜸	Maryland	Wash	ington		На	igerst	own					1 YES 2 K NO	
AL	10e. STREET AND NUMBER						10f. ZIP CO	DE		10g. Cr		HAT COUNTRY?	
	Route 2, B	ox 970	)				2	1740			US.	A	
FUN	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	TEVER IN U.S. AF	RMED				IIC ORIGIN? (Specify		14. RACE	- American Indian, t, White, atc.	
	1 Never Married 2		FORCES? 1	AR OR DATES	NO		R, specify Cui		n, Puerto Rican, atc.) /:		Speci	fv:	
B	3 Widowed 4 Dive	orced									wh:	ite	
		CEDENT'S EDU		/(0	ECEDENT'S U	ork done durin		king	16b. KIND OF	BUSINESS/IN	NOUSTRY		
<u>.</u>	Elementary/Secondary (	0-12)	College (1-4 or 5 s	) #	carpe				bui	ldino	cont	ractor	
COMPL	12		2		carpe	HILEL						100001	
g B	17. FATHER'S NAME (First, A		C				100		ME (First, Middle, Mei	den Sumame)			
BE	August E.		51.			·		Edna					
2	19a. INFORMANT'S NAME (	,,		19					Route Number, City or agerstown			0	
7				1									
	20a. METHOD OF DISPOSIT	on 3 🗆 Ran	noval from State	other p	OF DISPOSI					LOCATION -		Marylan	
	4 Donation 5 Othe		ICENICE.	_   broa	adford		AE AND ADD			agers	LOWII,	Haryran	
	21. SIGNATURE OF FURER	AL SERVICE L	777	nni		MIN	NICH	FUNE	RAL HOME				
	000	040	OTR	nne	-02	415	E. W	ilson	n Blvd.,	Hager	stown	, Md. 21	
NO	immediate cause (Final disease or condition resulting in death)  s. Acutt Myocardial Infantion  Due to (or as a consequence of):  Coronary artery disease										hour		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											11100	
ERTIFICA	cause. Enter UNDERLY CAUSE (Disesse or inj that initiated events		d	(OH AS A CONSE	QUENCE OF	):						Jues	
_	cause. Enter UNDERLY CAUSE (Disesse or inj that initiated events resulting in death) LA	ST	d	W 25 - 245			riving caus	e given in	Part I. 24s, WA	S AN AUTOPS	Y 24t	WERE AUTOPSY FIN	
MEDICAL	cause. Enter UNDERLY CAUSE (Disesse or inj that initiated events	ST	d	W 25 - 245			rlying ceue	e given in	PE	S AN AUTOPS RFORMED?	Y 246	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	
MEDICAL	cause. Enter UNDERLY CAUSE (Disesse or inj that initiated events resulting in death) LA	ent condition	d	W 25 - 245		n the unde	re		PE	RFORMED?	Y 246	AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



A SOCIAL SECONTY NAMED NEW AND A S. WICKER  L SOCIAL SECONTY NAMED NEW SECONTY SECOND		REGISTRAR	RTIFICATE OF DEATH	REG. NO.	
VALDA S. MCKER  **SOCIAL SECURITY NUMBER  **SOCIAL SECURITY SAME AND AREA OF THE STATE OF THE ST		1. DECEDENT'S NAME (First, Middle, Last)			
4. SOOM, SECURITY NUMBER    SEX   SA ADD STAN IN NOTH PROPERLY AND ADD STAN IN	1	VALDA S. WICK	ER		
435-42-56177   10   12   15   17   17   18   18   18   18   18   18	110	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest	birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	B. BIRTHPLACE (State or Foreign
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Control 2   Commention 3   Rancoust from State   CATE OF HEAVEN CEMESTERY   SILVER SPRING, MARYLAND		VALDA W. JENKINS (DAUGHTER) 9	533 CLEMENT ROAD, S	ILVER SPRING, MA	ARYLAND 20910
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CAUSE (Disease or Injury Tresulting in death) LAST  ACCURATION (Street and Number or Rural Route Numbers)  ACCURATION (Street and Numbers)  ACCURATION (Street and Number or Rural Route Numbers)  ACCURATION (Street and Numbers)  ACCURATION (Street and Numbers)  ACCURATION (Street and Numbers)  ACCURATION (Street and Numbers)  ACCURATION (Street and Numbers)  ACCURATION (Street and Numbers)  ACCURATION (Street and Numbers)  ACCURATION (Street and Numbers)  ACCURATION (Street and Numbers)  ACCURATION (Street and Numbers)  ACCURATION (Street and Numbers)  ACCURATION (Street and Numbers)  ACCURATION (Street and Nu	z	PEG. Fle	eding		healh
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PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PREPROMED   24b. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PROPRES   24c. WEEK AUTOPSY PROPRES   24c. WEEK AUTOPSY PROPRES   24c. WEEK AUTOPSY PROPRES   24c. WEEK AUTOPSY PROPRES   24c. AUTOPSY PROPRES   24c. AUTOPSY PROPRES   24c. AUTOPSY PROPRES   24c. AUTOPSY PROPRES   24c. AUTOPSY PROPRES   24c. AUTOPSY PROPRES   24c. AUTOPSY PREPROMED   24c. AUTOPSY PROPRES   24c. AUTOPSY	18	cause. Enter UNDERLYING CEREENO Va	scules allesa	ent of aprila	sea geori
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PRIPRING PROPORTION OF CAUSE OF DEATH (Check only one)   1   YES 2   NO   No PERFORMED!   1   YES 2   NO   NO PERFORMED!   1   YES 2   NO PERFORMED!   1   YES 2   NO   NO PERFORMED!   1   YES 2   NO PERFORMED!   1   YES 2	Ē	that initiated events	UENCE OF):		,
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PREPROMED   24b. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PREPROMED   24c. WEEK AUTOPSY PROPRES   24c. WEEK AUTOPSY PROPRES   24c. WEEK AUTOPSY PROPRES   24c. WEEK AUTOPSY PROPRES   24c. WEEK AUTOPSY PROPRES   24c. AUTOPSY PROPRES   24c. AUTOPSY PROPRES   24c. AUTOPSY PROPRES   24c. AUTOPSY PROPRES   24c. AUTOPSY PROPRES   24c. AUTOPSY PROPRES   24c. AUTOPSY PREPROMED   24c. AUTOPSY PROPRES   24c. AUTOPSY	E	resulting in deeth) LAST Recurrent	Wenny dr	sel infect	ec-
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28. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	Ä				
2   Accident   Investigation   20   Accident					
2   Accident   Investigation   2   Accident   3   Suicide   3   Could not be determined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29e. SIGNATURE AND TITLE OF CERTIFIER   29e. LICENSE NUMBER   29d. DATE SIGNED (Month, Dey, Year)   30. NAME AND ADDRESS OF PEBSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. DATE FILED (Month, Dey, Year)   32. REGISTRAR'S SIGNATURE	₹	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (C	theck only one)	
2   Accident   Investigation   2   Accident   3   Suicide   3   Could not be determined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29e. SIGNATURE AND TITLE OF CERTIFIER   29e. LICENSE NUMBER   29d. DATE SIGNED (Month, Dey, Year)   30. NAME AND ADDRESS OF PEBSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. DATE FILED (Month, Dey, Year)   32. REGISTRAR'S SIGNATURE	200	HOSPITAL:	OTHER:		
2   Accident   Investigation   2   Accident   3   Suicide   3   Could not be determined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29e. SIGNATURE AND TITLE OF CERTIFIER   29e. LICENSE NUMBER   29d. DATE SIGNED (Month, Dey, Year)   30. NAME AND ADDRESS OF PEBSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. DATE FILED (Month, Dey, Year)   32. REGISTRAR'S SIGNATURE	1				URED
3 Sulcide a Could not be determined 296. PLACE OF INJUSTY At home, ferm, street, factory, office 291. LOCATION (Street and Number or Rural Route Number of		t ∑ Natural 5 ☐ Pending (Month, Day, Year)	INJURY WORK?	The second from moon occ	
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296. SIGNATURE AND TITLE OF CERTIFIER  296. D 254/0  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Oliver J. Law less, M.D. 3801 International Dr. 301 Silv. Spring, MD  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE		building, etc. (Specify)	ire, ieniii, street, isciory, office	City or Town, State)	or nursi House Number,
296. SIGNATURE AND TITLE OF CERTIFIER  296. D 254/0  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Oliver J. Law less, M.D. 3801 International Dr. 301 Silv. Spring, MD  31. DATE FLYED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	E				
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Oliver J. Lawless, M.D. 3801 International Dr. #301 Silv. Spring, MD  31. DATE FULGO (Month, Day, Year) 132, REGISTRAR'S SIGNATURE	2	20h SIGNATURE AND TITLE OF CERTIFUED	20e LICENSE M	MADED I AND DATE	E BIONED (Hearth Day Year)
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Oliver J. Lawless, M.D. 3801 International Dr. #301 Silv. Spring, MD 31. DATE FUED (MONTH), Day, Year) 32, REGISTRAR'S SIGNATURE	0	110	223	7/0	11 01 11
Uliver J. Lawless, M.J. 3801 International Ur. 301 DIV. Spring, M.D. 31. DATE FILED (MORTH, Day, Year) WAR 18 91 Julia Suridson-Apandelle	-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	27) (Type, Print)	# 201 < 11./	1. 1.
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MAN TO 21 Live navidous Navidous		31. DATE FILEO (Month, Day, Year)  32 REGISTRAR'S SIGNATURE			
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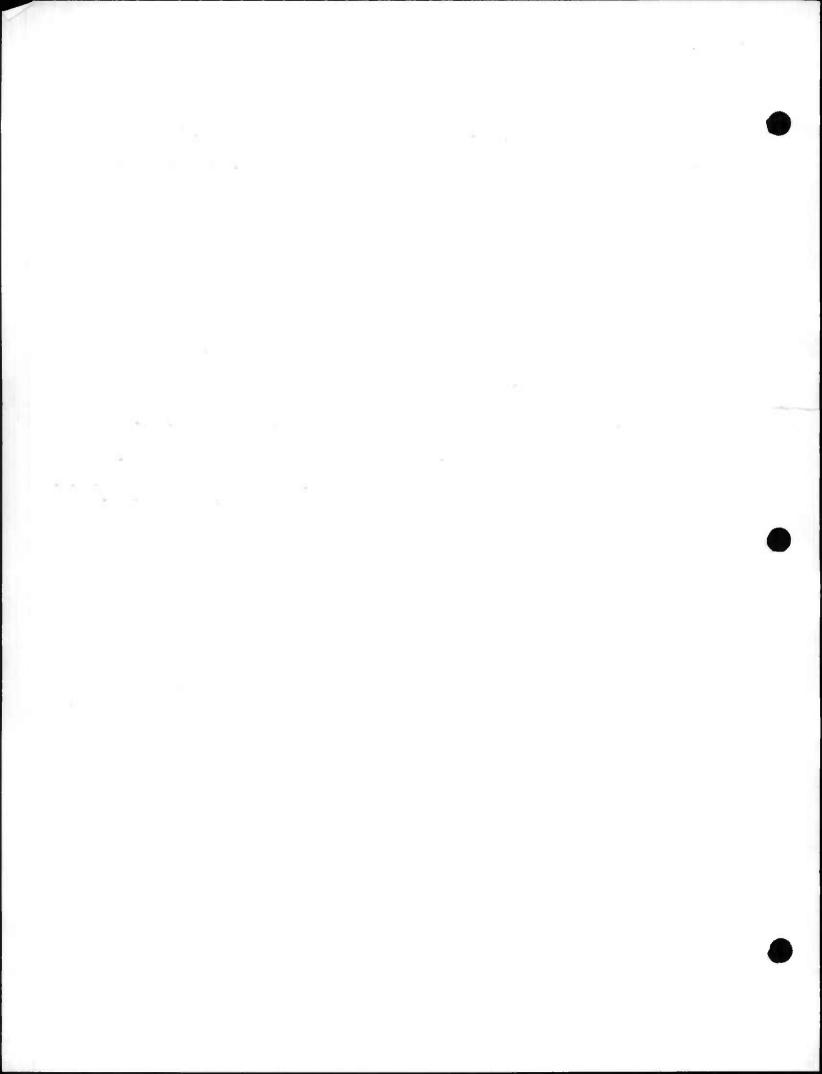


3	•	permit. Pages 1, 2,	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MAFIYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, is all within 72 hours after beath with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

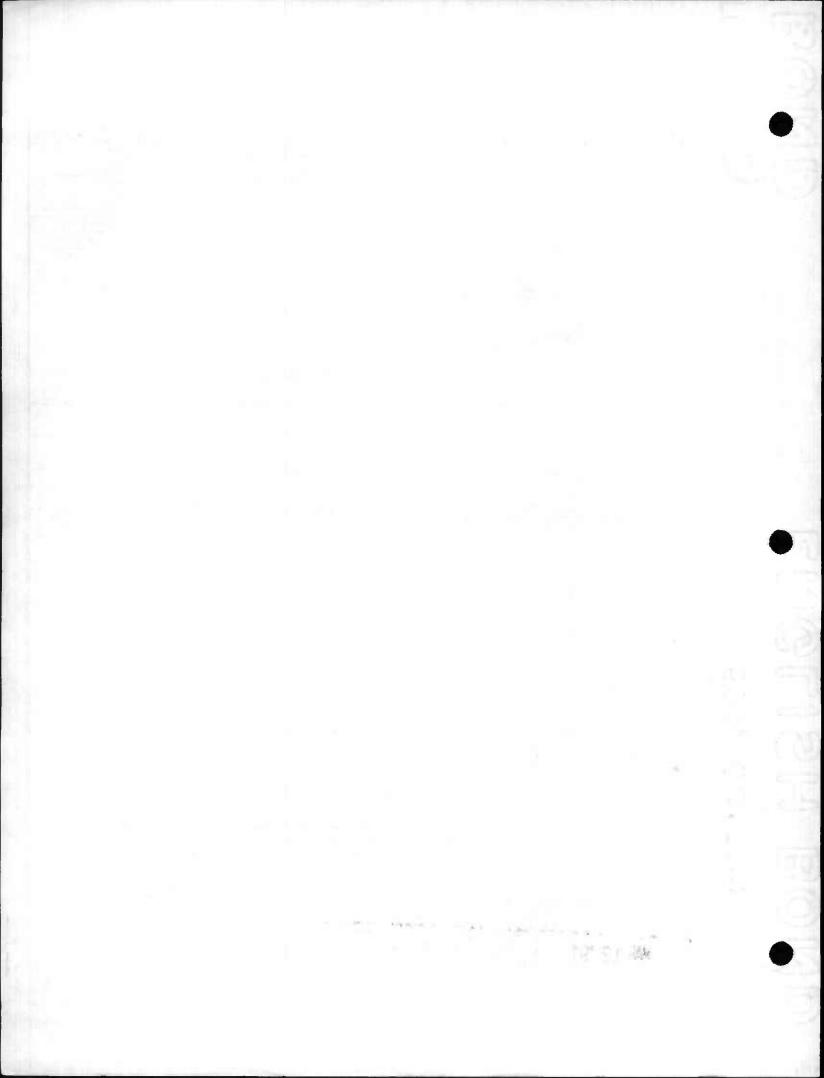
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,		WATSON,	.TP							2. DATE O		<sup>4</sup> 199	YEAR	11:30 AM M
4. SOCIAL SECURITY NUMB		5. SEX		In yrs. lest	birthday)	IF UN	DER 1 YEAR	IF UNDER	24 HRS.	7. DATE O	E BIRTH			IT:30 FIVI M
212-40-6252		1 ⊠ M 2 □ F	50	,	YRS.	MONTH	IS DAYS	HOURS	MIN.	Feb.	24, 1		Ma	ryland
4835 East 3	Joppa 1					9b. C	hite	Mars.	DN OF DE	EATH			ltim	
RESIDENCE OF DEC	10b. COUNTY				100 017	v mou	N OR LOCA	TION						104 INDIOE OFF
Maryland		r, town on Location nite Marsh					10d. INSIDE CITY LIMITS?  1 YES 2 NO							
100. STREET AND NUMBER 4835 Eas	st Jop	pa Road					10	2116				USA		VHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 3 Nidowed 4 Divo		12. WAS DECEDE FORCES? IF YES, GIVE PEACE	1 X YES	2 N			If yes, s		n, Maxica	n, Puerto R	(Specify Yellcan, atc.)	s or No	14. RACE Bleck Speci While	E — Americen Indien, k, White, etc. //y:
	EDENT'S EDU						L OCCUPATI		na	16b.	KIND OF BU	SINESS/IND	DUSTRY	
Elementary/Secondary (6		College (1-4 or I	i +)	Ho.	uck	se retire	id.)	out of works		3	Self-e	emplo	yed	
17. FOUR PLANTS EVEL	"Wat'so	n, Sr.						So	phia	Maı		Doni		
Phyllis J.											or, City or Tow Ce Maj			21162
20a. METHOD OF DISPOSIT  1 Department 2 Cremetic  4 Donation 8 Other	on 3 🗆 Rem	ovel from State	20b	other pla	Zion	CE	(Name of co	emetery, crer	natory or			cation – L Air		
21. SIGNATURE OF FUNERA	SERVICE LIC	CENSEE		4 .		-	HOWAL	rd K.	McC	comas	III	Funer	al H	ome, P.A.
23. PART I. Enter the d	liseases or	complications 4		PA d the de	,111_									Md. 21009
	eert fallure.	List only one co	suse on e	ach line										Interval Between Onset and Death
disease or condition	$\rightarrow$	. CAN	CEN	of	= +h	16	BRA	vin	CH	iaH	Car	SUL		Chiaet and Death
resulting in deeth)		e. CAN	O (OR AS A	CONSEC	OUENCE O	√6 F):	Bra	niv	CH	IGH	Car	113h	1.4	Onset and Death
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Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	Riona, diete ING ury	b	O (OR AS A	CONSEC	DUENCE O	F): F):					24a, WAS AI PERFO	N AUTOPSY RMED?		D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		1 00002		
	1. DECEDENT'S NAME (First, Middle, Last)	10/1/2	1Ams		2. DATE OF DEATH	Y YEA	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER / 213-12-1190	1 🗆 M 2 🙀 F	69 YRS. MOR	UNDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Veer) MAY 7, 192	l VI	IRTHPLACE (State or Foreign ountry) RGINIA		
стон	96. FACILITY NAME (If not institution, give at SUBURBAN HOSPITAL RESIDENCE OF DECEDENT		96.	BETHESDA	DEATH	9c. COUNTY O	TGOMERY		
DIRE	10e. STATE 10b. COUNTY	TGOMERY		LVER SPRING			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
NERAL	100. STREET AND NUMBER  11808 DEWEY ROA			10f. ZIP CODE 2090		US	A		
BY FUN	Never Married 2 ☐ Merried     XXXWidowed 4 ☐ Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	ANIC ORIGIN? (Specify Yes can, Puerto Rican, etc.) city:		RACE — American Indien, Black, Whita, etc. Specify: LTTE				
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		Ille. Do NOT use rei	done during most of working fred.)	16b. KIND OF BUS				
COMPL	17. FATHER'S NAME (First, Middle, Last)		DATA ENTI	18. MOTHER'S	PRIVATE		RY		
TO BE (	IRA SCHOOLEY  190. INFORMANT'S NAME (Type/Print)  THOMAS F. WILLIAM	S ID (SON)		DRESS (Street and Number or Run	DDA AYERS  1 Route Number, City or Town, State, Zip Code)  OCKVILLE, MARYLAND 20851				
	29a. METHOD OF DISPOSITION  1-1 Burlel 2 Cremetion 3 Remote  4 Donetion 5 Other (Specify)	oval from State of	b. PLACE AND DATE OF cemetary, crematory or o	DISPOSITION (Name ther place)	DATE 20c. LO	CATION — City	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD.20901								
	23. PART I. Enter the disease, or cahock, or heert feilure. I IMMEDIATE CAUSE (Finei disease or condition resulting in death)	List only one couse on a	ech line.	enter the mode of dying, so		iratory srrest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	E	A CONSEQUENCE OF):						
MEDICAL CE	PART II. Other significant condition	s contributing to death b		ne underlying cause given	n Part I. 24e. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS ABULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH ( THER:  Nursing Home 5  Residence					
표	27. MANNER OF DEATH  175 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW	NJURY OCCURE	ED .		
TED	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Spe	t, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
Ā	ana)			t the time, date end piece, end d n my opinion, death occured at t			use(a) and manner se stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	len m	D	29c. LICENSE N	フフ	▶ 3-	ONED (Month, Day, Year)		
TO	RICHARD H. POL	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri		at AV KE	ENSING.	KIN MID		
	31. DATE FILED (Month, Day, Year) WAR 12 91	32. REGISTRAR'S SIGN					20895		



1. DEC	CEDENT'S NAME (First, Middle, Las	4)	С						2. DATE	REG. N	<u> </u>		3. TIME OF OEATH
i i			Willia	ams					MONT	Н	11	91	3:25
4. SO	CIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. la		IF UNDER	1 YEAR DAYS	IF UNDER	R 24 HRS.	7. DATE	OF BIRTH			LACE (State or Foreig
	5-01-1170  CILITY NAME (If not institution, give	1 M 2 F	7.8	YRS.					01	/07/		Del	aware
98. 14	Memorial	Hospita	al		96. CITY		S. TOI		EATH		9c. COU	Tal	
RES	IDENCE OF DECEDENT			T 40- 00	TY, TOWN O								
Mā	aryland C	aroline		10e. CI		era	1sb						10d. INSIDE CITY LIMITS? t X YES 2 NO
10e. S	307 Vesper	Avenue				101	. zip con	E 1632	2			J.S.	HAT COUNTRY? A .
1 🗆	II. MARITAL STATUS    Never Married 2   Married   12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1   YES 2   NO IF YES, GIVE WAR OR DATES					If yes, sp		an, Mexica	an, Puerto	N? (Specify ) Rican, etc.)	es or No—		- American Indian, White, etc.
E	15, DECEDENT'S E (Specify only highest gri	DUCATION ide completed) College (1-4 or 5	()	Give kind of to Do NOT u	work done use retired.)	during mo	st of world	ing	100		usiness/ind Post		ice
17 FA	12th THER'S NAME (First, Middle, Lest)		110	JSta	1 36	T V I		MED'S N	ME /Elest	Middle, Maide	on Cumama)		
	David Willi	ams									llian	ns	
	rs. Helen C.	Williar									sburg		D 21632
	METHOD OF DISPOSITION Burlel 2 Cremetion 3 R	emoval from State	of cemetar	E ANO OAT	y or other p	olace)			OA.		OCATION —		
	Donation 8 Other (Specify) GNATURE OF FUNERAL SERVICE	LICENSEE	_ l _ 0dc	l Fe			met.			14 M	ilfor	^d, D	elaware
		miner.						200 01 17			Land the	1.0	Ch of the
23. [	PART I. Enter the diseases.	Estan5	et caused the d	leeth Do	7	leys	de of de	Sucar	10-	Ed.	Zules	ele,	1412163
IMM dise	PART I. Enter the diseases, c shock, or heart fellur EDIATE CAUSE (Finel ase or condition liting in death)	e. List only one ce a. Accet		mou	rasci						Zules	ele,	
Sequif second cause CAU that	shock, or heart fellur EDIATE CAUSE (Finel ase or condition ilting in death)  uentielly list conditions, ny, leading to immediate te. Enter UNDERLYING SE (Disease or injury initiated events	a. Due To	E CUE	EQUENCE C	USCL DF): DF):						Zules	ele,	Approximate Interval Betw
Sequif son cause CAU that resu	shock, or heart fellur EDIATE CAUSE (Finel ase or condition liting in death)  uentielly list conditions, ry, leading to immediate se. Enter UNDERLYING SE (Disease or injury Initiated events liting in death) LAST	a. Due to  b. Due to  c. Oue to	O (OR AS A CONSI	EQUENCE (	USCL DF): DF):	rla	V	inf	act		Julia pliratory an	rest,	Approximate interval Betwoonset and D
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Sequif some cause	shock, or heart fellur EDIATE CAUSE (Finel asse or condition iting in death)  uentielly list conditions, by, leading to immediate te. Enter UNDERLYING SE (Disease or injury initiated events iting in death) LAST  II. Other algnificent condit  Tabellos  WAR CASE REFERRED TO MEDICAL XAMINER?  STATE OF DEATH  Natural Accident Suicide Suicide Suicide CERTIFIER Check only  1 SERTIFYING PH Check only	b. Due To c. Oue To d. HOSPITAL: 1 Pinpetient 2 28e. PLACE building	D (OR AS A CONSIDER OF CONTROL OF	EQUENCE ( EQUENCE ( EQUENCE ( Tesulting  3 DOA 28b. Till home, farm,	OF):  OF):  OF):  OTHE 4   Nu ME OF (JURY M , atreet, fac	26. PR: raing Hor 28c. IN. 1	g couse  LACE OF    Ine 5   F  UNRY AT  DRK7  YES 2    Ea and place	given in	Part I.  B Ott  28d. Dil  28d. LO  Cit	24a. WAS. PERF 1 YES  ONE (Specify)  CATION (Street, State of Town	AN AUTOPSY ORMED? 2 JUNO W INJURY OC et and Numberte)	24b.	Approximate interval Betw Onset and D Onse
Sequif san cauchy cauch	shock, or heart fellur EDIATE CAUSE (Finel asse or condition iting in death)  uentielly list conditions, by, leading to immediate te. Enter UNDERLYING SE (Disease or injury initiated events iting in death) LAST  II. Other algnificent condit  Tabellos  WAR CASE REFERRED TO MEDICAL XAMINER?  STATE OF DEATH  Natural Accident Suicide Suicide Suicide CERTIFIER Check only  1 SERTIFYING PH Check only	b. DUE TO  C. OUE TO  d. HOSPITAL: 1 Prinpatient 2 28e. PLACE building  1951CIAN: To the best of	D (OR AS A CONSIDER OF CONTROL OF	EQUENCE ( EQUENCE ( EQUENCE ( Tesulting  3 DOA 28b. Till home, farm,	OF):  OF):  OF):  OTHE 4   Nu ME OF (JURY M , atreet, fac	26. PR: raing Hor 28c. IN. 1	g couse  LACE OF    Ine 5   F  UNRY AT  DRK7  YES 2    Ea and place	given in	Part I.  B Ott  28d. Dil  28d. LO  Cit	24a. WAS. PERF 1 YES  ONE (Specify)  CATION (Street, State of Town	AN AUTOPSY ORMED? 2 JUNO W INJURY OC et and Numberte)	24b.	Approximate interval Onest a Constant onest a Constant onest a Constant on the Completion of Death?

m2-F 194

	1. OECEDENT'S NAME (First, Middle					JR.	2. DATE MONTH			
	Nover F.	A .	6. AGE (In vn		Ilace,	IF UNDER 24 HRS.	7. DATE	19 OF BIRTH		1 11:43 A
100	220-62-9654	1√ M 2 □ F	35	"	ONTHS DAYS	HOURS MIN.		Day, Year)	Co	MARYLAND
~	9e. FACILITY NAME (If not institution					OR LOCATION OF E	DEATH		9c. COUNTY O	F DEATH
TO.	Washington Adv	entist Hosp	oital		Takoma	Park			Prince	e Georges (
DIRECTOR		COUNTY			TOWN OR LOC					10d. INSIDE CITY LIMITS?
	MARYLAND AN	NE ARUNDE	L	ANN	APOLI	S of, ZIP COOE			10a CITIZEN (	1 YES 2 NO
ERA	823 B BETSE	Y COURT				21401			U.S	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Widowed 4 Divorced	IF YES, GIVE	NT EVER IN U.S XXYES 2 WAR OR OATES 972-1	□NO	If yes,	CENDENT OF HISPA pecify Cuban, Mexic S XIXNO Spec	can, Puerto I		S	NACE — American Indian, Nack, Whita, etc. Specify: BLACK
9	15. OECEOENT (Specify only highe	T'S EDUCATION est grade completed)	T .	Give kind of wo	ISUAL OCCUPAT	ION loat of working	16b	KIND OF BUS	INESS/INDUSTR	ry
PLET	Elementary/Secondary (0-12)	College (1-4 or 5		ORM SE				CONS	TRUCT	TON
COMPL	17. FATHER'S NAME (First, Middle, L	ast)	1	OKII OL	TILK	18. MOTHER'S N	IAME (First, I			1011
BE C	NOVER F.A.		SR.			HATTI				
5	190. INFORMANT'S NAME (Type/Prit					end Number or Rura Y CT. A				
	20e. METHOD OF DISPOSITION	-	20b. PL	ACE AND DATE	OF DISPOSITION	N (Name			CATION — City of	
	1 XBuriel 2 Cremation 3 4 Donation 6 Other (Specif		of German	SES CE	METER	Y	9 1	I DR	HRY.	MARYLAND
	21. SIGNATURE OF FUNERAL SERV	VICE LICENSEE			22. NAME	AND ADDRESS OF I	FACILITY 8	21 WE	ST ST	. ANNAPPO
-ICATION	Sequentially list conditions, if any, lasding to immediate cause, Enter UNDERLYING			NSEOUENCE OF)	):					
TIFICA	CAUSE (Disease or Injury that initiated events	DUE T	O (OR AS A CO	NSEQUENCE OF	):					
I: MEDICAL CERTIFICATION	CAUSE (Disease or Injury	d				ng cause given i	n Part I.	24e. WAS AN PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	to death but r	not resulting in	26.	ng cause given i	Check only o	PERFOR	MED?	24b. WERE AUTOPSY FINI AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 VES 2 NO
	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	d  onditions contributing to  DICAL HOSPITAL: 1   Inpetient 2 280. DATE (Morth, Morth,	XER/Outpatle Day, 'bar)	not resulting in	26. OTHER:	PLACE OF DEATH (to the state of the state o	Check only one 6 ( Other 26d, DE	PERFOR	MED?	AMILABLE PRIOR TC COMPLETION OF CAI OF DEATH?  1 VES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendir Investi	DICAL HOSPITAL:  1   Inpetient 2  28e. DATE 6 (Month), 3-15  28e. PLACE	XER/Outpatle OF INJURY OF INJURY OF INJURY OF INJURY	not resulting in	26. OTHER: 4   Nursing H OF 28c. I	PLACE OF DEATH (I	Check only or	PERFOR	MED?  NO  NURY OCCURE	ANALABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 VES 2 NO
D BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendin	DICAL HOSPITAL:  1   Inpetient 2  28e. DATE ( (Morth, 3-15)  1 not be	XER/Outpatle DF INJURY Dey, 'Near') 9-1991 of ING Specify' g, etc. (Specify')	mt 3 DOA  28b. TiME INJU 10:45	26. OTHER: 4   Nursing H OF   28c.   SA M   1   1   1   1   1   1   1   1   1	PLACE OF DEATH (I	Check only one 6 Other 26d. DE Sub. Loc. Chy	PERFOR  (X) YES 2  (Specify)  CRIBE HOW II  CONTROL (Street or Town, State)	MED?  NO  NULLY OCCURE  PLECTO  AND NULLY OF RE	ANALABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 Ves 2 No
D BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant co  25. WAS CASE REFERRED TO MED EXAMINER?  1\( \) YES 2 \( \) NO  27. MANNER OF DEATH  1 \( \) Netural 5 \( \) Pendil Invest   2 \( \) Accident  3 \( \) Suicide 6 \( \) Could dater   Check only  29a. CERTIFIER 1 \( \) CERTIFYIN.	DICAL HOSPITAL:  1   Inpetient 2  28e. DATE ( (Morth, 3-15)  1 not be	XER/Outpatle Des (Nour) 9-1991 OF INJURY — g, etc. (Specify) 1Struct of my knowledge	not resulting in  mt 3 □ DOA  29b. TiMe INJU 10:45  At home, farm, st  ion sit	26. OTHER: 4 Nursing H OF PRY 1 Nursing H Top Property of CC	PLACE OF DEATH (I) INTO 5 Residence INTO NO. INTO 1 NO.	Check only or  6 © Other  26d. DE  Suk  28f. Loc Chy  2209	PERFOR  (X) YES 2  (Specify)  (GCRIBE HOW III  (Specify)  (GCRIBE HOW III  (Street e or Town, State)  (COOL  (Lae(a) end mar	NJURY OCCURE  LOCTION  Spring  Iner as stated.	ANALABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 Ves 2 No  D  Cuted  wal-Rouse Number,  Xt to Rd. Adel ph.
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant co  25. WAS CASE REFERRED TO MED EXAMINER?  1\( \) YES 2 \( \) NO  27. MANNER OF DEATH  1 \( \) Netural 5 \( \) Pendil Invest   2 \( \) Accident  3 \( \) Suicide 6 \( \) Could dater   Check only  29a. CERTIFIER 1 \( \) CERTIFYIN.	DICAL HOSPITAL: 1   Inpetient 2  Ing Inot be mined   28e. PLACE building COT	XER/Outpatle Des (Nour) 9-1991 OF INJURY — g, etc. (Specify) 1Struct of my knowledge	not resulting in  mt 3 □ DOA  29b. TiMe INJU 10:45  At home, farm, st  ion sit	26. OTHER: 4 Nursing H OF PRY 1 Nursing H Top Property of CC	PLACE OF DEATH (I) INTO 5 Residence INTO NO. INTO 1 NO.	Check only or  e 6 Other  26d. DE  Sub.  26f. LoCo  City  2209  use to the ca	PERFOR  (X) YES 2  (Specify)  (GCRIBE HOW III  (Specify)  (GCRIBE HOW III  (Street e or Town, State)  (COOL  (Lae(a) end mar	NJURY OCCURE  Lectro  and Number or R  Spring  oner as stated.  d due to the case	ANALABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 Ves 2 No  D  Cuted  wal-Rouse Number,  Xt to Rd. Adel ph.
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendir Investi 3 Suicide 6 Could datern  29a. CERTIFIER (Check only one) 2 MEDICAL E	DICAL HOSPITAL: 1   Inpetient 2  Ing Inot be mined   28e. PLACE building COT	XER/Outpatle Des (Nour) 9-1991 OF INJURY — g, etc. (Specify) 1Struct of my knowledge	not resulting in  mt 3 □ DOA  29b. TiMe INJU 10:45  At home, farm, st  ion sit	26. OTHER: 4 Nursing H OF PRY 1 Nursing H Top Property of CC	PLACE OF DEATH (to me 5 Pesidence NJURY AT YORK?  YES 2 NO lice No lic	Check only of the Carlotte Substitute of the Carlotte Car	PERFOR  (X) YES 2  OPEN (Specify)  GCRIBE HOW III  OPEN (Street or Town, State)  COOL  use(a) end mar	NJURY OCCURE Lectro and Number of R Lot ne Spring oner as stated. d due to the case	ANALABLE PRIOR TO COMPLETION OF CALOF DEATH?  1 VES 2 NO  D  Cuted  unal Rouge Number,  Xt. Adelph:  Rd. Adelph:  use(e) and menner as state  use(e) and menner as state
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendir Investi 3 Suicide 6 Could datern  29a. CERTIFIER (Check only one) 2 MEDICAL E	d	XER/Outpatle Def INJURY Dey, 'bear') 9-1991 OF INJURY —, g, etc. (Specify) OSTRUCT of my knowledg examination en	not resulting in  mt 3 □ DOA  29b. TiMe INJU 10:45  At home, farm, st  ion sit	26. OTHER: 4  Nursing H OF PR ST PR A TREET, factory, of CE d at the time, dan, in my opinion	PLACE OF DEATH (I	Check only or  e 6 G Other  26d. DE  Suk  26f. LoCo  (Ch)  2209  use to the can  be time, date  UMBER  E.	PERFOR  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 3  YES 4  YES 4  YES 4  YES 5  Y	NJURY OCCURE  PLECTO  AND NEW TO THE  Spring  Iner as stated.  d due to the case  3-26	D  Cuted  Lord Rouge Number, XT Course Rouge Rouge Rouge Number, XT Course Rouge Number, XT Course Rd - Adelph

confirmation of 1881 to one

HIGH ATAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The PLA DIRECTOR: After this certificate has been signed by the attending physician and completely flited in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should attend that the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

The proof of the proof of

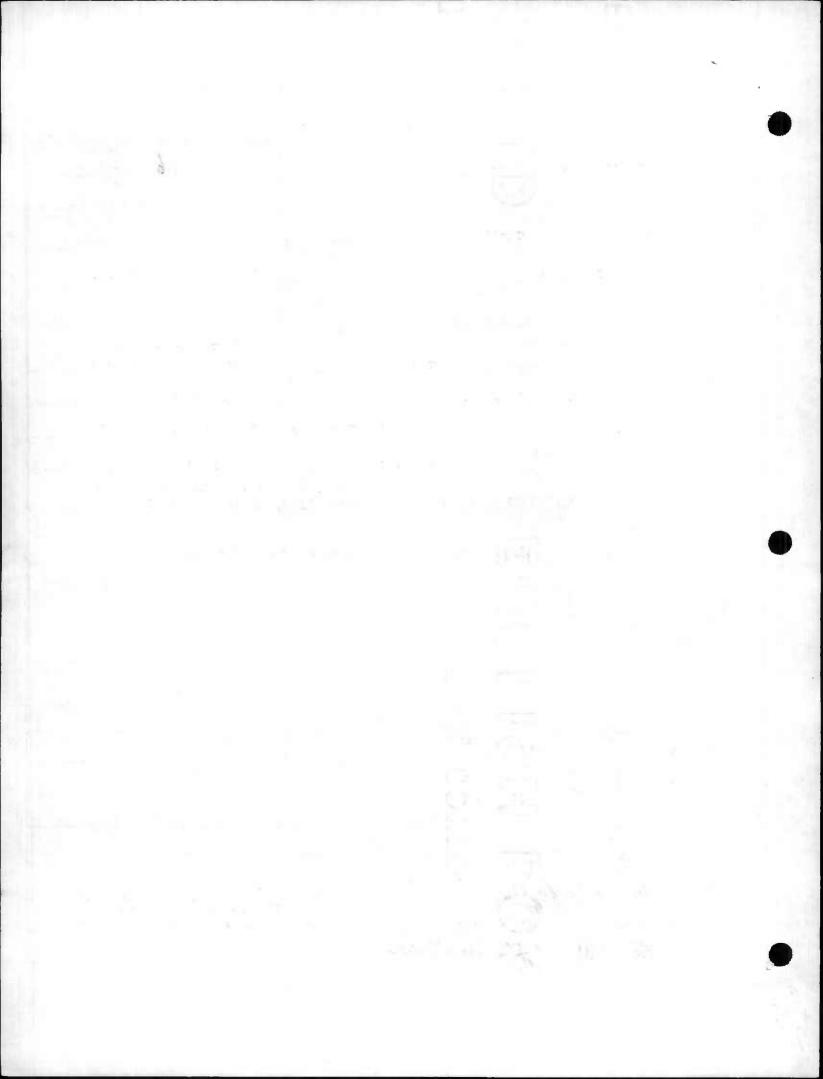
STATE OF	F MARYLAND					HYGIENE
		ERTIFI	CATE	OF DEAT	Н	REG. NO.
~					2. DATE O	E DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF		MENTAL	HYGIENI REG. NO.	E - '		0000
	1. DECEDENT'S NAME (First, Middle, Last)  ANGELINE	PIDERFO	STER	Will	AMS	2. DATE	OF DEATH	3 /99	AR	TIME OF DEATH
		□ M 2 10 F 9	yrs. lest birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	(Month	PERITH Day, Year)		Country)	land
DIRECTOR	Annapolis Convalescent Center Annapolis Anne Ar									undel
		Arundel		Annapolis  Ito, zip code			LIMI			LINSIDE CITY LIMITS?  YES 2 NO COUNTRY?
FUNERAL		treet WAS DECEDENT EVER IN U	J.S. ARMED		21403 CENDENT OF HISPAI pecify Cuban, Mexica			U .	a American Indian, hite, atc.	
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced  15. DECEDENT'S EDUCATION	IF YES, GIVE WAR OR DAT		1 🗆 YI	S 2 NO Specif	y:		INESS/INDUS	Specify: Whi	
COMPLETED	(Specify only highest grade com	pleted) ollege (1-4 or 5 +)		rork done during r e retired.)	nost of working	160.		tics	IHY	
	17. FATHER'S NAME (First, Middle, Last)  Edward Foster				18. MOTHER'S NA			Sumeme)		
TO BE	19a. INFORMANT'S NAME (Type/Print)  Carol A. Collis	0.7			end Number or Rural on Stre	Ploute Numb	er, City or Town	7, State, Zip Co		27.40.2
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	20b.	PLACE AND DATE	OF DISPOSITIO	N (Name	DATE	20c. LO	cation - chy	or Town,	9tate
	21. SIGNATURE OF FUNERAL SERVICE UCENS		/	Tayl	or Fune Glouces	ral	Chape	1	21	501
	23. PART I. Enter the diseases, or come ahock, or heart failure. Liet IMMEDIATE CAUSE (Finel disease or condition resulting in death)	plications that ceused only one cause on each	atur	al	Caude		llac or respi	ratory arrest	,	Approximate Interval Between Onset and Death
ATION	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING	DUE TO (OR AS A (			<u>-</u>		_			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	j:						
A	PART II. Other significant conditions of Scrule D	ontributing to deeth bu		n the underly	ng cause given in	Part I.	24a. WAS AN PERFOR	MED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDIC		Pr Cost							1,	YES 2 NO
SICI		OSPITAL:	tient 3 DOA	OTHER:	PLACE OF DEATH (C)					
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	NJURY AT YORK? YES 2 NO	28d. DES	CRIBE HOW I	NJURY OCCUP	RED	
TED BY	2 Accident investigation 3 Suicide 8 Could not be datarmined	28e. PLACE OF INJURY - building, etc. (Specif		street, factory, of	fice		ATION (Street or Town, State)	and Number or	Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL ONE) 2 MEDICAL EXAMINER: C								euse(s) en	d menner as stated.
TO BE C	295. SIGNATURE AND TITLE OF CERTIFIER	cus			29c. LICENSE NU	MBER / (	>	29d. DATE 8	IGNED (Mc	Pay, Veer)
	30. NAME AND ADDRESS OF PERSON WHO C	Behre	hs-		A. RI	ra (	Rd, A	nnap	olts	MUZIVOI
	MAR 1 8 1991 A	the Devidson-R	ndell							

the special principle is not a second to the

ISICIAN: The law requires that the death certificate be executed within 24 figurs after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
10 IME HOSPITAL OR TENENT THE INVESTIGATION OF THE CONTINUE OF	TO THE FUNERAL DIRECTOR. And the conflicate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other trauma	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

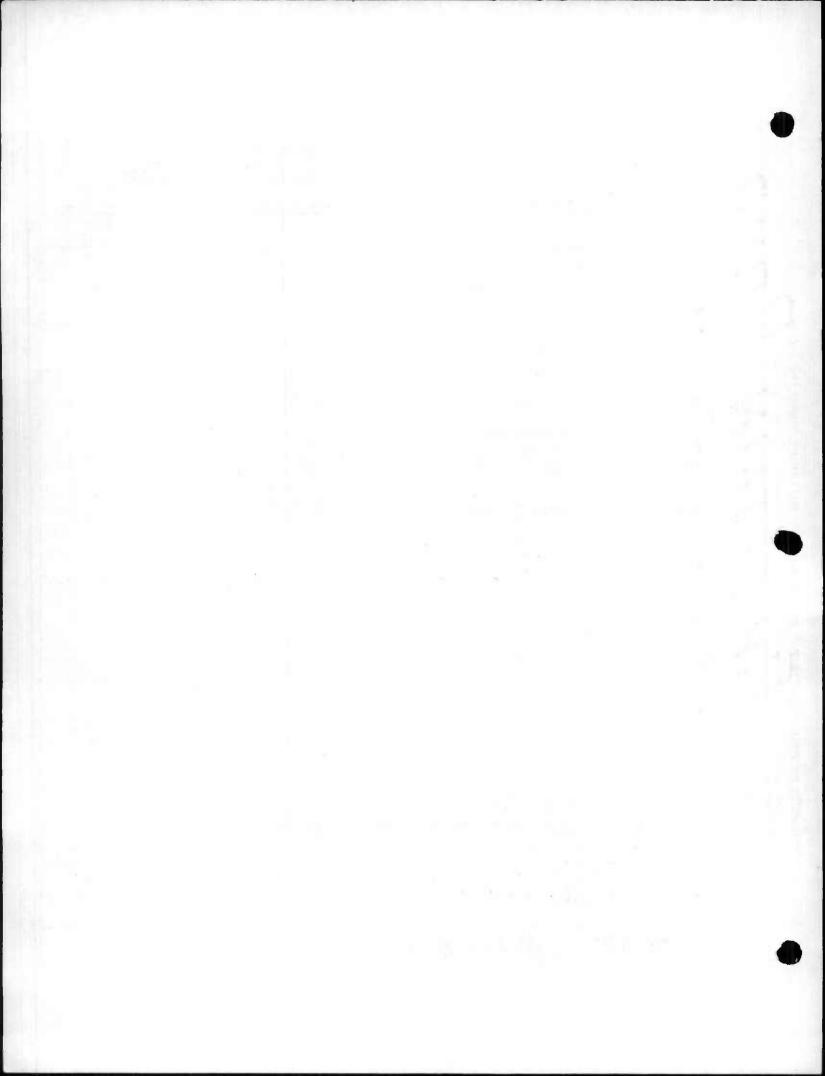
						31	U0000
FOR STATE REGISTRAR	STATE OF MA		MENT OF HEALTH AND CATE OF DEATH	MENTAL	HYGIENE REG. NO.		
1. DECEDENT'B NAME (First, Middle, Last)	K		Vatkins, Jr.	2. DATE O	OF DEATH	QYE	3. TIME OF DEATH
Kenneth	WAT	Kins		3	110		
4. SOCIAL SECURITY NUMBER 215-03-7061	1 M 2 D F	YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS WONTHS DAYS HOURS MIN.	10	Day, Year) — 9 —	16	BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution, give	emorial	Hosp, tal	A AURE de GRA		nd .	COUNTY	AR FORD
Maryland 106. COUNT	Cecil	10c. CITY,	TOWN OR LOCATION  Perruville				10d. INSIDE CITY LIMITS?  1 X YES 2 NO
10e. BTREET AND NUMBER			101. ZIP CODE		1	log. CITIZEN	OF WHAT COUNTRY?
904 Mill Creek				903			U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR	OR DATES	13. WAS DECENDENT OF HISI If yes, specify Cuban, Max 1 TYES 2 NO Spe	can, Puerto Ri		No- 14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S ED	1941-19	16a, DECEDENT'S L	ISUAL OCCUPATION	16b.	KIND OF BUSIN	ESS/INDUST	
(Specify only highest grad Elementary/Secondary (0-12)  Eleven Years	College (1-4 or 5+)	(Give kind of we like. Do NOT use Carpen			each Bo		Atomic , Delta, PA
17. FATHER'S NAME (First, Middle, Last)				NAME (First, M	liddle, Maiden Sur	mame)	
Kenneth B.	Watkins, S	r.		Emma M	1. Verm	illio	n
19a. INFORMANT'B NAME (Type/Print)			ADDRESS (Street and Number or Rui				
Helen L. Watkin	ns		ill Creek Road	_			
20a, METHOD OF DISPOSITION 1 ☑ Wurial 2 ☐ Cremation 3 ☐ Re	moval from State	of cemetary, crematory of	OF OISPOSITION (Name or other place)	OATE			or Town, State
4 Donation 5 Other (Specify)		Principio	Cemeteru	3/19/	197 PA	rruvi	lle, Marylan
24 SIGNATURE OF FUNEDAL SERVICE I	SCHOOLSESS.	-	OR NAME AND ADDRESS OF	EAOU CTV			
21. SIGNATURE OF FUNERAL SERVICE L  23. PART I. Enter the diseases, or shock, or heart fellure	r complications that con List only one cause	eused the death. Do no on each line.	22. NAME AND ADDRESS OF Lee A. Patt Perruville, of enter the mode of dying, a	ERCILITY  ERSON  Mary  uch ss cerdi	& Son land 2 lec or reapirat	Funer 21903 tory arrest	Approximate Interval Between Operat Day
23. PART i. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	r complicatione that cost. List only one cause  a. Clintuic  DUE TO (OF	eused the death. Do no on each line.	22. NAME AND ADDRESS OF Lee A. Patt Perruville, of enter the mode of dying, and the Carles of the Ca	ERCILITY  ERSON  Mary  uch ss cerdi	& Son land 2 lec or reapirat	Funer 21903 tory arrest	Approximate Interval Between
23. PART i. Enter the diseases, or shock, or heart feliure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Continue  B. DUE TO (OF	eused the death. Do no on each line.	22. NAME AND ADDRESS OF Lee A. Patt Perruville, of enter the mode of dying, and the control of t	ERCILITY  ERSON  Mary  uch ss cerdi	& Son land 2 lec or reapirat	Funer 21903 tory arrest	Approximate Interval Betwee
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	TICOIOTTIAIT				OFTIE	- 0.				TEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH SAY YEAR 3. TIME			IME OF DEATH			
	ELSIE PEA	RT. WITT	LEY						0.3	15	199	YEAR	:00 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6, AGE (In yrs. les	est birthdey)   IF UNDER 1 YEAR   IF UNDER 24 HR			R 24 HBC				8. BIRTHPLACE (State or Foreign		
		1 □ M 2 X X	90	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Da	ny, Year)		Country)	
	215-36-1787								04-19-19		900   Maryland		land
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	, TOWN	OR LOCAT	ION OF D	EATH	9	9c. COUNTY OF DEATH		
H	01d Claiborn			1	Mc '	Dani	61			Та	1bot		
DIRECTOR	RESIDENCE OF DECEDENT	- 11044											
E I	10s. STATE 10b. COUNTY			10c. CITY	, TOWN C							10d	INSIDE CITY
E	Maryland Tall	bot			1	Mc :	Dani	le1				1.5	LIMITS? YES 2 NO
	10e. STREET AND NUMBER			l		140	. ZIP COL	NE.		Ta	0- OITIZ	EN OF WHAT	
Z.	Old Claiborn	o Dond				10		2164	7		og. Crriz	USA	COUNTRY
Ü	Old Claiborn	e Roau						2104	/			USA	
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. AR						NIC ORIGIN? (S		No-	14. RACE - A Black, Wh	marican Indian,
-	1 Never Married 2 Married	IF YES, GIVE 1	YES 2 X	10				Specif	in, Puerto Rice ly:	n, etc.)		I VIII	White
84	3X Widowed 4 Divorced						A						white
0	15. DECEDENT'S EDUC		16a. DE	CEDENT'S	USUAL O	CCUPATE	ON		16b. Kill	ND OF BUSIN	ESS/INDU	ISTRY	
COMPLETED	(Specify only highest grade of Elementery/Secondary (0-12)	Completed) College (1-4 or 5	(Gi	ive kind of w Do NOT us	e retired.)	during mo	ost of work	ing					
7	6 Years	Conege (1-4 or 5		omem	ake	r							
Σ	17. FATHER'S NAME (First, Middle, Last)			Omom	CO IL C.		I		ME (First, Midd				
3							18. MO				,		
BE	James Wing	ate							nie I		•		
10	19a. INFORMANT'S NAME (Type/Print)		191						Route Number,				
Ĕ	Jean W. Wrot	en		P.0	. B	OX	171	Mc	Dani	e1, 1	Mary	land	21647
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	SITION (Na	me of ce	metery, cre	matory or		20c. LOCA	TION — C	ity or Town,	Stata
	1 N Burlai 2 Cremation 3 Remo	wal from State	other pla	ace)					n wle				
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENGEE	- IDOLG.	nest				ESS OF FA		Pallin!	LIUC	e, M	aryland
			^			-		_		1 Hor	nα		01610
	Keneth!	2 Than	-ha		17	00	Loca	16+	St C	amhr	idae	. Ma	21613 ryland
	23. PART I. Enter the diseeses, or c	omplications the	at caread the de	eth Do n									Approximate
	shock, or heart fallure. I	lst only one ce	use on each line	).	iot ontoi	-	1	ying, out	on our our or o	or reapire	tory arre	, ,	interval Between
	IMMEDIATE CAUSE (Finel			1						!	Onset and Death		
	disease or condition resulting in death)	Lan	cen	00	nacosis)						Liney		
		OUE TO	(OR AS A CONSE	OUENCE OF	F):		11.	100	/	2			/
z		1 del	Renk	311	111	1	PH	181	US	IA	1		10 Mil
0	Sequentielly list conditions, If any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE OF	7:								4
CERTIFICATION	cause. Enter UNDERLYING					1							
F	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONSE	QUENCE OF	F):								
E	reculting in deeth) LAST											- 1	
E		1											
	PART II. Other algnificent condition	a contributing to	death but not i	resulting i	In the ur	nderfyln	g ceuse	given in	Part I. 24	a. WAS AN AU			RE AUTOPSY FINDINGS
S										PERFORM	1		ILABLE PRIOR TO APLETION OF CAUSE
0			-						— I¹	☐ YES 2	NO		DEATH?
MEDICAL												1 (	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (C/	heck only one)				
350	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHEI		V.	Regidence	8 Other (S	lanoffic)			
¥	27, MANNER OF DEATH	28e. DATE O		28b. TIM			JURY AT	A STORTICE		IBE HOW INJ	IIBA UCC	IIDED	
	1 Netural 5 Pending		Day, Year)	INJ	IURY	W	ORK?		AGG. DEGGN	DE HOW WAS	011 000	OnLo	
ВУ	2 Accident Investigation						YES 2	□ NO					
	3 Suicide 8 Could not be	28e. PLACE building	OF INJURY — At he , atc. (Specify)	ome, farm, i	street, fac	tory, offi	ce		281. LOCATION OF T	ON (Street and lown, State)	l Number	or Rural Route	Number,
T	4 Homicide determined												
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best o	f my knowledge, de	ath occurs	ed at the 1	ilme det	and place	a and du	e to the course	(a) and manne	or on etate	ud .	
MP	(Check only one) 2 MEDICAL EXAMINE												I manner on stated
8			11	mvaatigatic	AL, III they	ориноп,				d prece, and t	dua to the	( Cause(a) and	risalitier as stated.
BE (	256. NOMETHING AND TITLE OF CENTIFIES	1/10	X/ 1	10			29c. LI	CENSE NU	MBER D	01 3	29d. DATE	SIGNED (M	oth, Day Year)
	IIC TALLAM / /	1404	10,00	10			17	7/1	20	8	► 3	1/8	-91
2	30, NAME AND ADDRESS OF PERSON WAT	D COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Type	, Print)			-				,	
	\				,								
	24 DATE EN ED (Marris Con Mars	1 22 2505	4 D'0 0101										
	MAR 1 9 91	32. HEGISTA	AR'S SIGNATURE										
	I PURT I 7 JI	1 yulla	UQUH dronn	and a DO									



STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

	4
68760,	
BOX 6	
, P.O.	
SION OF VITAL RECORDS, P.O. BOX	
AL REC	
E VIT	-
ONO	
Š	

2

31. DATE FILED (Month, Day, Year) MAR 1 8 '9 1

hite for D MONTH Clarence JR. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 220-22-0299 DAYS 1 M 2 | F 8/11/10 9a. FACILITY NAME (If not institution, give street and number) permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Harford Memoria 0 A RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE Maryland Harford Aberdeen FUNERAL 10s. STREET AND NUMBER 10f, ZIP CODE signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit it Heath and Mental Hygiene prior to burial, cremation, or removal. 190 East Bel Air Avenue 21001 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Ma 1 TYES 2 XNO Specify: BY 3XXWidowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Sp ndary (0-12) College (1-4 or 5+) Civil servant 8 0 U.S. Govt. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname Clarence William Whiteford, Sr. Ada Belle Kennedy notified at BE 19a. INFDRMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Bonnie Miller 626 Colanine Drive Aberdeen Maryland Pe 20s. METHOD OF OISPOSITION
145 Burisl 2 Cremetion 3 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE must of caretary crematery prother place. Argumental Gardens 3/20, Aberdeen, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Tarring-Cargo Funeral Home, P.A. examiner Kersten 200 Aberdeen, Maryland 21001-3399 the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory a shock, or heart fallure. List only one cause on each line. **IMMEDIATE CAUSE (Final** disease or condition resulting in death) event, traumatic CERTIFICATION DUE TO (09 Sequentially list conditions, AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING en CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST injury, or PART ii. Other aignificent conditions contributing to but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL shows any 1 TYES 2 THE rouns 25. WAS CASE REFERRED TO MEDICAL EXAMINER? been s lly enel MA PHYSICIAN: Arer this certificate has be death with the State Dept. 23 a big 26. PLACE OF DEATH (Check only one) HOSPITAL: HOSPITAL OR ATTENDING PHYSICIAN The or item OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpa ent 3 🗆 DOA ng Home 6 - Residence 6 - Other (Specify) 28c. INJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY 28b, TIME OF 26d, DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural BY 2 Accident 28e. PLACE OF INJURY — At home, to building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after dr 3 Suicide 6 Could not be determined COMPLETED 4 Homicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dats and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho important: If its 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and main 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE

91 08868

8. BIRTHPLACE (State or Foreign

Maryland

770

10g. CITIZEN OF WHAT COUNTRY?

Specify: White

U.S.A.

Q YEAR

9c. COUNTY OF DEATH

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

21001

Approximate

24b. WERE AUTOPSY FINDINGS

1 YES 2 THO

AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

Interval Between Onset and Death

1 TYES 2 NO

130

29d. DATE SIGNED (Month, Day, Year) 9

H

2100

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

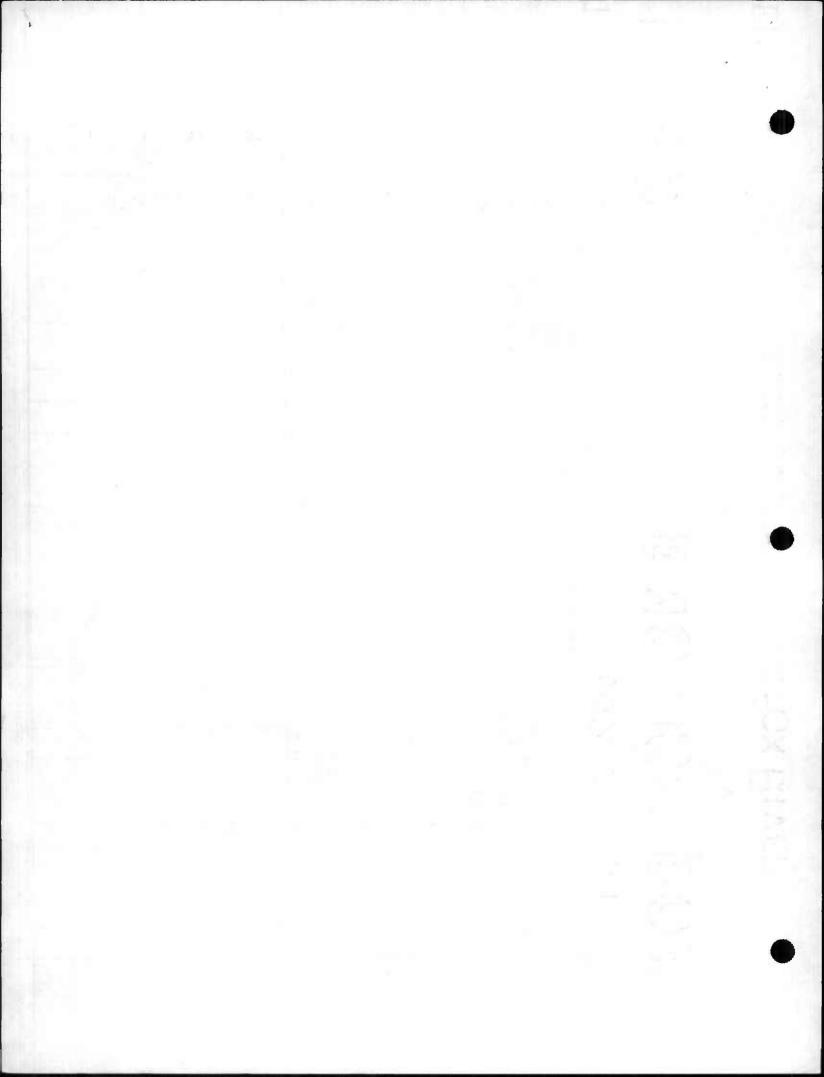
2. DATE OF DEATH

32. REGISTRAR'S SIGNATURE relia Davidson-Randall

ANUE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 27) (Type, Prigg

fler



**BALTIMORE, MARYLAND 21215-0020** 

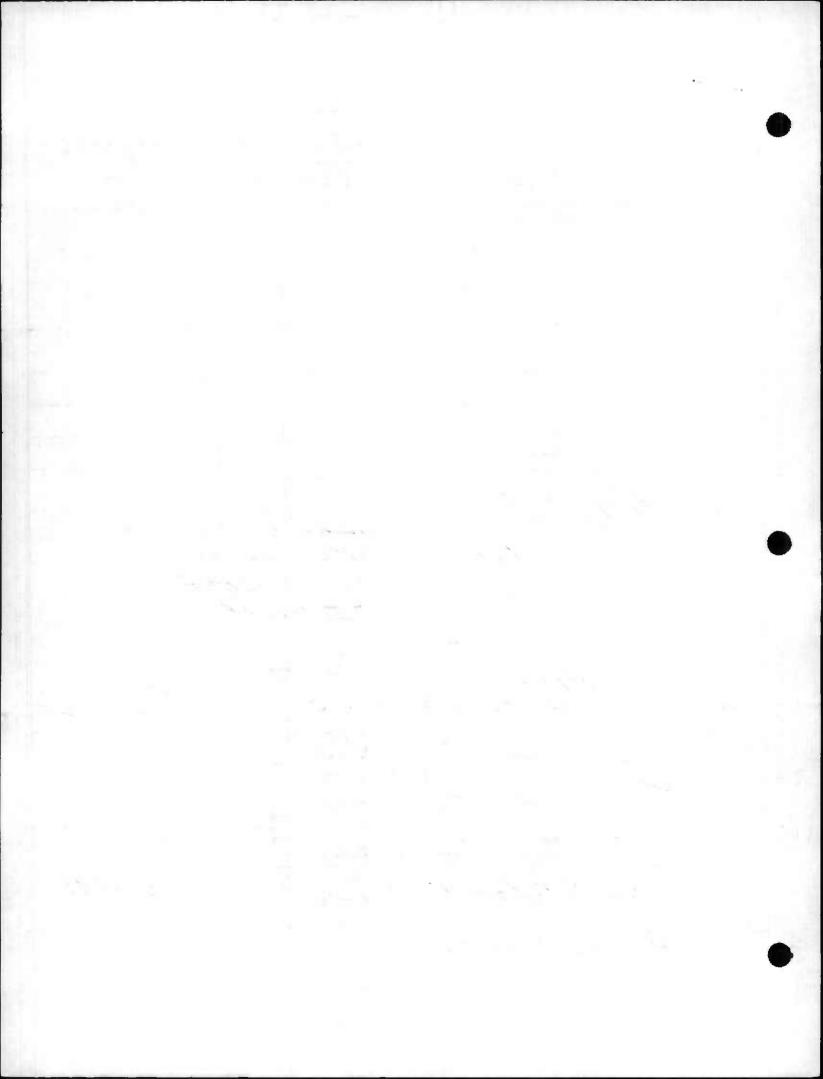
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OF PRINCIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETION AND THE CHIEFLY AND THE COMPANIES OF THE AND THE AND THE PROPERTY AND THE FUNETION AND THE FUNETION AND THE PROPERTY AND THE CHIEFLY AND THE PROPERTY AND THE PROPERTY AND THE PROPERTY OF THE PROPERTY AND THE PROPERTY OF THE OF LITERAING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO

	FOR 1 - STATE REGISTRAR	STATE OF MARY			OF DEATH	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	_				2. DATE OF OEATH	MY		IME OF OEATH
-1		BESSIE L	•		WILSON	March 9.	1991	YEAR	5:50 P M
- 1	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)	E (State or Foreign
	215-16-4403	1 D M 2 🕮 🗡 70	YRS.	-		7/12:3°/20		Mary	
	9e. FACILITY NAME (If not institution, give :				OWN OR LOCATION OF D	EATH		NTY OF DEATH	
Ē	Memorial Hos	pital		Cum	berland		A11	Legany	
띭	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR	LOCATION			10d.	INSIDE CITY
ā		egany		Weste	ernport				XYES 2 □ NO
¥	10e. STREET AND NUMBER				101. ZIP COOE			ZEN OF WHAT	COUNTRY?
삘	467 Walnut				21562		US		
BY FUNERAL DIRECTOR	11. MARITAL STATUS  X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES	8 2- NO	if y	S DECENDENT OF HISPA res, specify Cuben, Mexic YES 2/7/NO Speci	an, Puerto Rican, etc.)	s or No—	Black, Wh Specify:	merican Indian, ite, atc. hite
	15. OECEOENT'S EOU		16a. DECEDENT'S	USUAL OCC	UPATION	16b. KIND OF BU	JSINESS/INC	DUSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)			ing most of working	Western	port		
MP		n/a	Custod	1an				Clea	aning
8	17. FATHER'S NAME (First, Middle, Last)	** * 7				AME (First, Middle, Malde			
H	Russell S  190. INFORMANT'S NAME (Type/Print)	. Wilson	105 MAII IM	ADDRESS (	Arme Street and Number or Rural		rris	Codel	
임	Robert Wilson	n			it St. We				562
	20s. METHOD OF DISPOSITION		20b. PLACE AND DAT	E OF DISPOS	SITION (Name	1 1		City or Town,	State
	1 X Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	loval from State	Philos	Ceme t	tery 3	/12/91	West	ernpo	rt Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1	22. N/	ME AND ADDRESS OF F	Warnick	Funa	ral H	OMA
	1 Mayne	Dow	gr.			rnport,			
PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are conditions.	DUE TO (OR AS	I PN	In the und	PLACE OF DEATH (Cong Home 5   Realdence	PERFC 1  YES	N AUTOPSY PRIMED?	24b. WEI AMA COI	Onset and Death  RE AUTOPSY FINDINGS ILLABLE PRIOR TO WPLETION OF CAUSE DEATH?  YES 2 [7] NO.
¥	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	Y 28b. Til	_	Sc. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OC	CURED	
BY	1 Netwer 5 Pending 2 Accident Investigation			М	1 YES 2 NO				
	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJU building, atc. (S	RY — At home, ferm, pecify)	atreet, factor	y, office	28f. LOCATION (Street City or Town, State	t and Numbe e)	or or Rural Route	Number,
COMPLETED	onel -	SICIAN: To the best of my kn IER: On the basis of examine							d manner as stated.
BE	496. SIGNATURE AND TITLE OF CENTURE	2	-17 K	7	29c. LICENSE NO D 1876		29d. DAT	TE SIGNED (Mo	rith, Day, Year)
5	30. NAME AND A DRESS OF PERSON W	HO COMPLETED CAUSE OF						10	
	31. DATE LED (Month, Dey, Next) MAR 1 5 1991	32. AEGISTRAR'S SI	GNATURE	amber 1	unu g riu e Z	1302			



P F E	THE INSPIRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rours after death. Page 6 may be retained by the hospital or attending physician and completely it funcial director, page 5 should be detached for use as be fare unit in 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA			IENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)	Iliam L.	Whe	edlet	on	2. DATE OF DEATH		3. T	ME OF DEATH
1	4. SOCIAL SECURITY NUMBER	/		UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year	1.0	BIRTHPLAC Country)	E (State or Foreign
	90. FACILITY NAME (If not institution, give sti		S YRS.		R LOCATION OF DE	07/29/1	5 M	aryl	
5	PENINSULA GENERAL			SALISB			WICO		
	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION		_	10d.	INSIDE CITY
5	Delaware Sus	ssex			Seaford			1 🗆	LIMITS? YES 2 NO
7	Rt. 3, Box 2	72		101	19973		10g. CITIZEN	S.A.	
	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			ENDENT OF HISPANI		Yee or No- 14.		merican Indien,
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			2 X NO Specify:			Specify:	White
2	15. DECEDENT'S EDUC (Specify only highest grade	:ATION completed)	16e. DECEDENT'S US (Give kind of work	done during mo	N st of working	16b. KIND OF	BUSINESS/INDUS	TRY	
	Elementary/Secondary (0-12) 7 t h	College (1-4 or 5+)	iite. Do NOT use re Farme	,		Agr	icultu	re	
5	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	ME (First, Middle, Mai	den Surname)		
N N	Elijah H.  192. INFORMANT'S NAME (Type/Print)	Wheedletor		DDEED (Charata	Saral	h E. Ro		del	
2	Thomas H. Whe	edleton			< 272,	7.6			
	20a. METHOD OF OISPOSITION  1 Burial 2 Cremetion 3 Remo	oval from State	other place) G a 1		netery, cremetory or Cemeto		alasto		
	4 ☐ Donation 6 ☐ Other (Specify)	ENSEE	dui	22. NAME A	D ADDRESS OF FAC	CILITY			
	Muchael 7.	Eikow		Fram P.O.	otom-Hav Box 43,	wkins-E Federa	skow F Isburg	uner , MD	al Home 21632
	23. PART I. Enter the diseases, or c shock, Dr heart failure. I	omplications that caused List only one cause on e		enter the mo	de of dying, auch	aa cardlec or n	apiratory erres	t,	Approximate Interval Between
1	IMMEDIATE CAUSE (Final disease or condition	Malies	nant Li	n sho	ne				Onset and Death
	resulting in death)	DUE TO (OR AS	CONSEQUENCE OF):					1	
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	A CONSEQUENCE OF):						
3	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DHE TO (OR AS	A CONSEQUENCE OF):						
	that initiated events resulting in deeth) LAST	d.	CONSECUENCE OF).					į	
3	PART II. Other significant condition	a contributing to deeth t	out not resulting in	the underlyin	g cause given in	Part I. 24a, WAS	S AN AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
3	Bilateral D					PER	FORMED?	COS	ILABLE PRIOR TO WPLETION OF CAUSE DEATH?
MEDIC						_			YES 2 1 NO
PH TSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (Chi	eck only one)		1	
200	EXAMINER?	HOSPITAL: 1 Inpatient 2 - ER/Out		THER:	e 6 🗆 Reeldence	6 C Other (Specify)			
	27. MANNER OF DEATH  1 Natural 6 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WO	URY AT DRK? YES 2 NO	28d. DEŞCRIBE H	OW INJURY OCCUI	RED	
0	Accident investigation  3 Suicide 6 Could not be	26e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stre			281. LOCATION (St City or Town, S	reet and Number or	Rural Route	Number,
-	4 Homicide determined								
COMPLEIE	(Check only	CIAN: To the best of my know ER: On the beele of axamination							d menner ee stated.
U	29b. SIGNATURE AND TITLE OF CERTIFIES	3			29c, LICENSE NUN		29d. DATE S	SIGNED (Mo	nth, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OR	FATH (ITEM 27) (Box 0	riat)	D29	105	1 3	15/9	7/
	Christian Huddleste	0 /		Hand,	md.				
+	31. DATE MED (Manth, Day, Wall	32 REGISTRAR'S SIGN							

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR	JIME OF MINITE	CERTIF	ICATE (	OF DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
Genevieve A. Zachai	rczyk				March 14,		TEAN	4:17 P.M
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIRTN (Month, Day, Year)		8. BIRTHP: Country)	LACE (State or Foreign
139-10-9250	□ M 2 XF	74 YRS.	MONTHS DA	NS HOURS MIN.	June 23,	1916		Jersey
9s. FACILITY NAME (If not institution, give street	end number)		9b. CITY, TO	WN OR LOCATION OF DE	ATN	9c. COUN	TY OF DE	ATN
10406 Snapdragon P.	lace		Nort	h Potomac		Mon	tgom	ery
10s. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR L					10d. INSIDE CITY LIMITS?
New Jersey Ocea	an		Whit	ing				1 X YES 2 NO
5 North Chestnut Av	venue			101. ZIP CODE 08759		100		tates
11. MARITAL STATUS 12.  1 Never Merried 2 Merried 3 Wildowed 4 Divorced	. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If ye	DECENDENT OF NISPAN e, specify Cuben, Mexice YES 23 NO Specify	n, Puerto Rican, atc.)	s or No—	Black.	— American Indian, White, etc. White
15. DECEDENT'S EDUCATION (Specify only highest grade com	ON materials	16s. DECEDENT'S	S USUAL OCCU	PATION	16b. KIND OF BU	SINESS/INDU		
	ollege (1-4 or 5+)	life. Do NOT	work done dunn use retired.)	g most of working				
12		Home	maker		Own	Home		
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melder	Sumame)		
Walter Faszczewski				Sophi	e Piascik			
19s. INFORMANT'S NAME (Type/Print)				reet and Number or Rural				00=0
Thomas B. Zacharcz	yk	10406	Snapd	ragon Plac				0878
20a. METHOD OF DISPOSITION 1  Buriel 2 Coremetion 3 Removal	from State	other piece)		of cemetery, crematory or		DCATION — C		
4 Donetion 5 Other (Specify)		ontgomer		atorium, I				ryland
Rahmy For		M0019	86 300 300 800	Pung Nest Mont kville, Ma	Threy Fune gomery Av arvland 20	ral Ho enue 850-28	ome/I 805	Rockville, Inc.
23. PART I. Enter the diegases, or com								Approximate
shock, or haert feliura. List  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  a	Sever Pute		brosis	with hypoxia	emi a			Interval Between Onset and Death Manths
Sequentially list conditions, if eny, leading to immediate	DUE TO (OR AS	A CONSEQUENCE						YEARS
cause. Enter UNDERLYING CAUSE (Disesse or Injury								
that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):					
PART II. Other significent conditions conditions					DEGEC	RMED?	-	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
Disseminated intravase	cular coagul	pathy	Cong	estive heart	TAN 1 TES	2 NO		OF DEATH?
Bronchitis								1 TES 2 NO
Raynand's Phonome	na							
	OSPITAL:	tostient 3 DOA	OTHER:	Home 5 Residence				
27. MANNER OF DEATN	26s. DATE OF INJURY	28b. TI	ME OF 26	c. INJURY AT	28d. DESCRIBE NOW	INJURY OCC	CURED	
1 Natural 5 Pending	(Month, Day, Year)	"	M 1	WORK?				
2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJUR building, stc. (Sp	Y — At home, farm	, street, factory,	, office	261. LOCATION (Stree City or Town, State		or Rural Ro	oute Number,
296. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C								) and manner as stated.
29b. SIGNATURE AND ATLE OF CERTIFIER				29c. LICENSE NU				(Month, Day, Year)
ByMO. Johnson 1	n.O.	PATAL ATTAL	. 0.4 "	0-190		1	14/9	
30. NAME AND ADDRÉSS OF PERSON WHO C Byrl D. Johnson,				Avenue, Ga	ithersbur	g, MD	208	379
31. DATE FILED (Month, Day, Year) MAD 1 8 901	32. REGISTRAM'S SIG		2.					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Solvis after death. Page 6 may be retained by the hospital or attending physician.

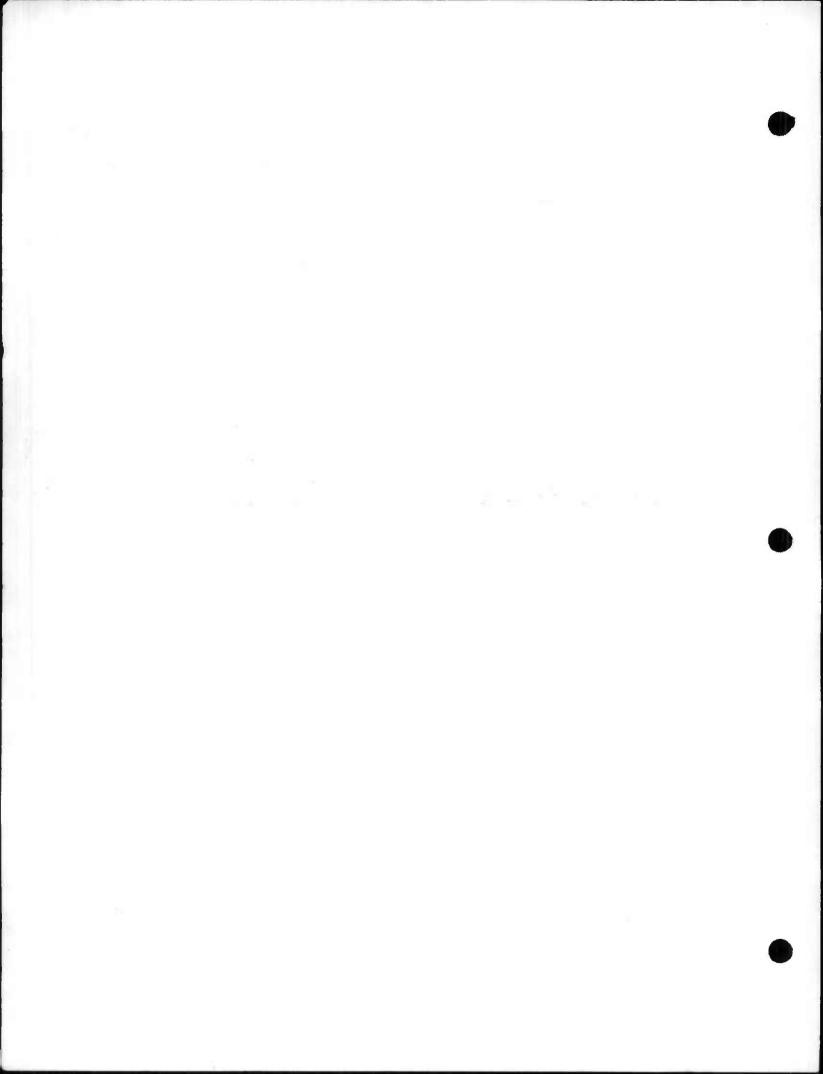
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MAR 18

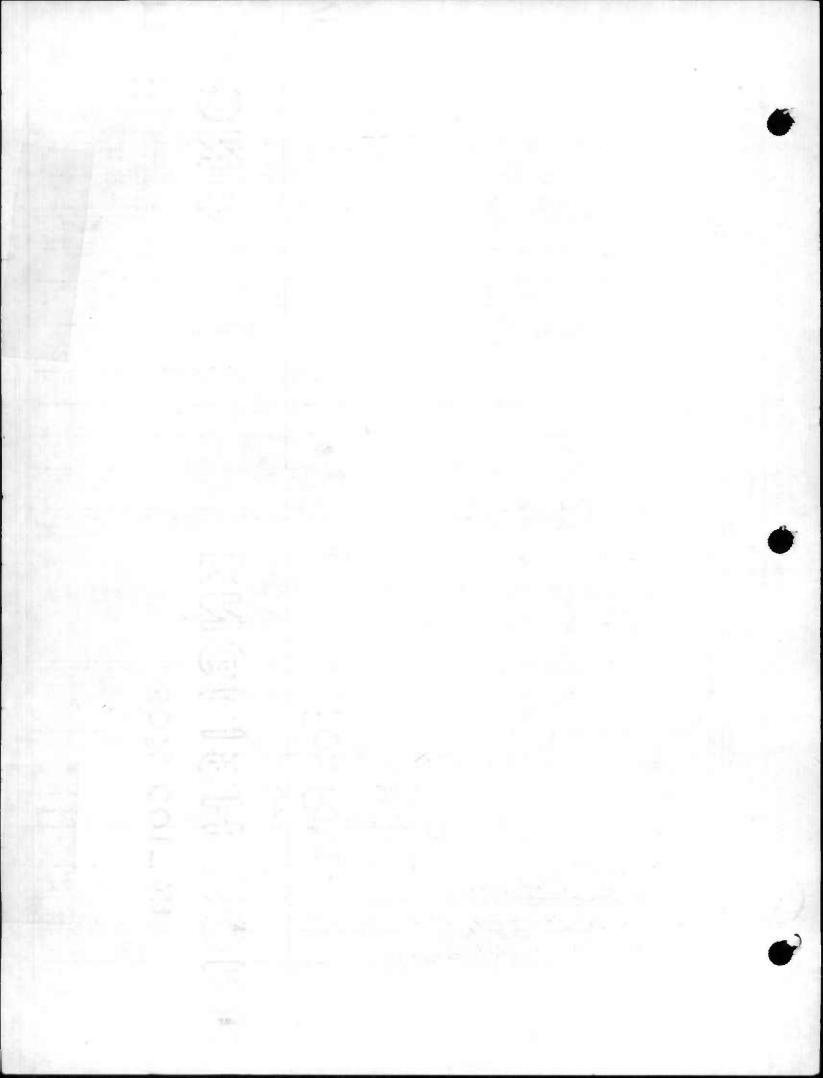
DHMN-16 Rev 1/89



OX 68760,		12	8	AL	E	N	R	nî.	A	R	7	Z	0	212	15	ō	BALTIMORE, MARYLAND 21215-0020	O	1
be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	1 24 ho	SID	after	death	2.	9 96	may	2	etair	bed b	y th	e hos	pital	0. 9	ttend	ling	ohysician		
cian and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit or to burial, cremation, or removal.	y filled attion, or	in I	noval	fune	Tal C	lirect	9.	96	Sho	pn	90	etach	pa pa	SA TO	98		burial-tra	ansit	permi
the state of the s	44	4	4.4		-		•	ì	- 40.00			Ì							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	TAL HYGIENI
CERTIFICATE OF DEATH	REG. NO.

I. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF				OF OEATH	
JOHN ZI	ELENSKI	- 7151	JCKI		монтн О3	15	1991		47	וכ
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF	BIRTH	8. Bit	THPLACE (		*
143-40-2084	1∑XM 2 ☐ F	41 YRS.	MONTHS DAYS	HOURS MIN.	(Month, E	0/49		Jers	2017	
Pa. FACILITY NAME (If not institution, give a	treet and number)		96. CITY, TOWN	OR LOCATION OF DI			c. COUNTY O		sey	
UILDING #699 ABER	DEEN PRO	VING GROUND	ABEI	RDEEN CIT	ſΥ		HARI	ORD		
10a. STATE 10b. COUNT			, TOWN OR LOCA	TION				10d. IN	SIDE CITY	Т
Maryland	Harford	Abe	erdeen						AITS? Es 2 🗌 No	
10e. STREET AND NUMBER				1. ZIP CODE		1	log. CITIZEN O	F WHAT CO	UNTRY?	
908 Walker Stre	et			21001			U.S.A	١.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARMED  YES 2 NO MAR OR DATES	If yes, sp	CENOENT OF HISPAI secify Cuban, Mexics 3 2 NO Specifi	n, Puerto Ric		No- 14. R. B	ACE - Americack, White, beckly:	rican Indian atc.	
15. OECEOENT'S EDU	CATION	16a, OECEDENT'S	USUAL OCCUPATION	ON .	16b. K	IND OF BUSIN	ESS/INDUSTR			_
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(Give kind of w	ork done during mo retired.)	ost of working						
12	1	Ammunitio	ons hand	ller	II.	S. Gov	rt			
7. FATHER'S NAME (First. Mirina Last)			JIID IICITO	18. MOTHER'S NA						_
P	iotr Zie	lenski		Mary	Adamo	zvch				
19a, INFORMANT'S NAME (Type/Print)			ADDRESS (Street	and Number or Rural			State, Zip Code			
Taeko Zielenski		908	Wilker	St. Ab	ordoo	n Mar	nal and	2100	17	
20a. METHOD OF DISPOSITION		205 BLACE AND DATE	OF AISPOSITION	/Mamo	DATE	20c LOCA	TION - CIN A	Town Ctate		
1 ☐ Buriel 2XXX remation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	ioval from State	R. A. Feri	or other place)	Tno	2/19	[Jost	Chant	T	2.4	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /		22, NAME A	ND ADDRESS OF FA	CILITY				Α	_
Mario	rn M									
	11.11.		Tarri	ng-Cargo	Fune	ral Ho	me, P.	Α.		
Hary K. A	lition	renni	Aberd	ng-Cargo leen,Mary	land	21001	-3399			
23. PART I. Enter the diseases, or shock, or/heert failure.	complications the	rt coused the death. Do n	Aberd	leen Mary	land	21001	-3399	A	pproximat	
ahock, of/heert failure.  IMMEDIATE CAUSE (Final	List only one ceu	use on each line.	Aberd ot enter the mo	leen, Mary	land	21001	-3399	A	pproximat iterval Bet nset and i	Nee
ahock, of/heert failure.  IMMEDIATE CAUSE (Final	List only one ceu	use on each line.	Aberd ot enter the mo	leen, Mary	land	21001	-3399	A	terval Bet	Nee
shock, of heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a. BUI	957 IN	Aberdot enter the mo	leen, Mary ode of dying, suc	land cerdle	21001 oc or respira	-3399	A	terval Bet	Wee
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shock, of/heert failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in desth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in desth) LAST  PART II. Other algnificent condition	a. BUILDOUE TO DUE TO d.	OR AS A CONSEQUENCE OF	Aberdot enter the moderate of	Deen, Mary ode of dying, such	LOA	21001 c or respira	-3399 tory arreat,	24b. WERE A	UTOPSY FINILE PRIOR TO TION OF CATHY?	wee Deat
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shock, of/heert failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 6 Pending investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER Check only 1 CERTIFYING PHYS	BLIST ONLY ONE COLUMN TO THE PROPERTY OF THE P	(OR AS A CONSEQUENCE OF COMMENT OF INJURY AT THE PARTY OF INJURY OF INJURY AT THE PARTY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJUR	Abercoot enter the model of the	deen, Mary ode of dying, suc  Tron Tron  T	Part I. 2  Part I. 2  Beck only one)  6 Other (  28d. DESC  SUBJE  281. LOCAT  A FLOCAT  A FLOCAT  A FLOCAT  A FLOCAT  A FLOCAT  A FLOCAT  B to the cause	21001 c or respira 201N6 201N6 24a. WAS AN AI PERFORM 137 YES 2 100 (Street and 3007, Steel) (CT VIC	TIM OF I Number or Ru	24b. WERE A ANALAS COMPLIANCY OF DEA	UTOPSY FINILE PRIOR TO ETTOR OF CATTOR PING	
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Abock, of heert failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	a. OUE TO b. EXPLOS OUE TO c. PLOPE TO d	(OR AS A CONSEQUENCE OF CORAS A CONSEQUENCE O	Abercoot enter the model of the	Deen, Mary ode of dying, suc of Jime 6   Residence JURY AT ORK? YES 2   NO ce e and place, and du death occurred at the	Part I. 2  Part I. 2  Part I. 2  Other (  28d. DESC  SUBJE  281. LOCAT  A PART  of to the cause of time, data as time, data as time, data as time.	21001 c or respira 20106 CONTROL OF THE PROPRIETORS  14a. WAS AN AI PERFORM 114 YES 2  Specify) Ribe HOW INJ CT VIC	TIM OF INDIPERSENT OF AS STATED.	24b. WERE A ANALAS CONTROL OF DEA 1 DAY VI	UTOPSY FINING TO THE PROPERTY OF CATHER TO THE THE PROPERTY OF CATHER TO THE PROPERTY OF CATHER TO THE PROPERTY OF CATHER TO THE PROPERTY OF CATHER TO THE PROPERTY OF CATHER TO THE PROPERTY OF CATHER TO THE PROPERTY OF CATHER TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	Weed.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

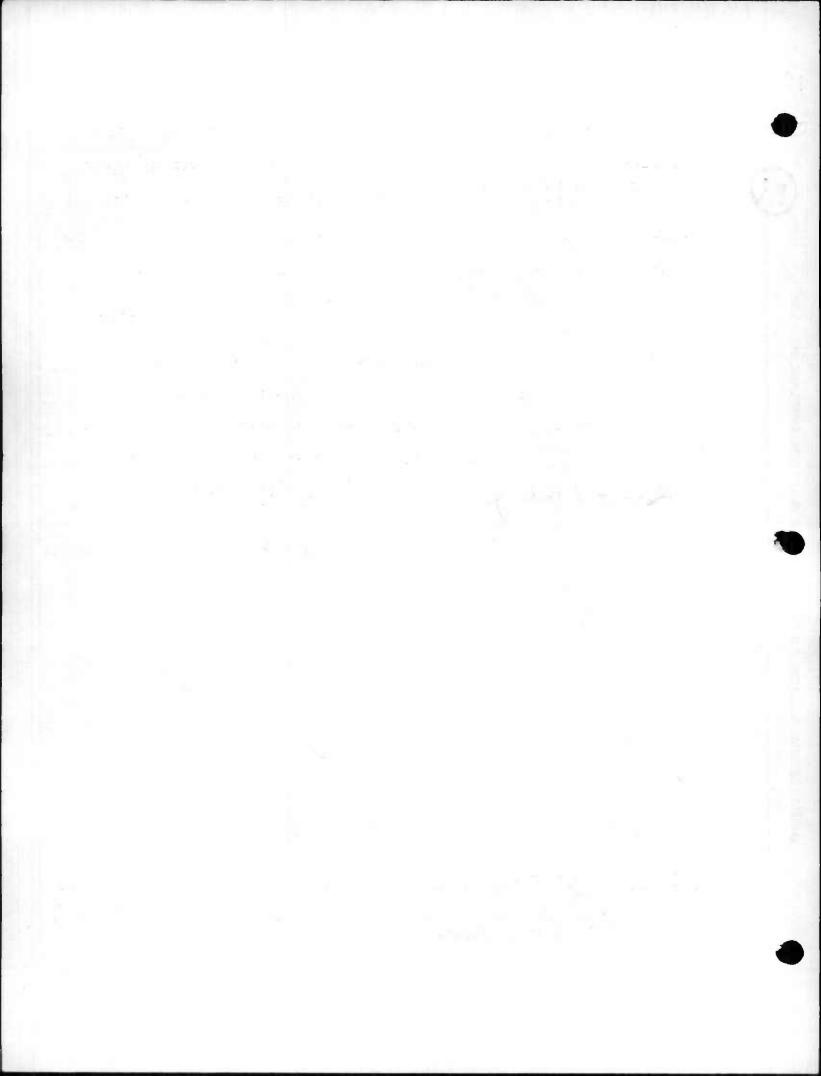
32. REGISTRAR'S SIGNATURE 2

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE REGISTRAR DECEDENT'S NAME (First, Middle, Last		CEF					OF DEATH			TIME OF DEATH
Floyd	Thurman		2	Andrev	WS.	MONTH 3			EAR	5:43 p
SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last be		F UNDER 1 YEAR		(Month	OF BIRTH	8.		ACE (State or Foreign
217-38-5898 FACILITY NAME (If not institution, give	1√2M 2 □ F	50	YRS.			3-0	4-41	No	orth	Carolin
			91		N OR LOCATION OF D	EATH		9c. COUNTY	Y OF DEAT	тн
3820 Outrigger	Drive			Edo	gewater			Anne	e Ar	undel
. STATE 10b. COUN	TY	1	10c. CITY, 1	TOWN OR LO	CATION			-	10	Dd. INSIDE CITY
MD Ann	e Arunde	1	Edge	ewate	er				1	TES XIX NO
e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZE	N OF WHA	AT COUNTRY?
3820 Outrigg					21037			USA	A	
. MARITAL STATUS  Never Married 2 Married	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. ARME	ED		DECENDENT OF HISPA , specify Cuban, Mexico			or No 14	I. RACE Black, V	- American Indian, Vhite, atc.
Widowed 4 Divorced	IF YES, GIVE W	YES 2 NO			YES THE Specific				Specify:	White
15. DECEDENT'S ED	UCATION	18a. DECE	DENT'S US	SUAL OCCUPA	ATION	18b	KIND OF BUS	SINESS/INDUS	TRY	WIIIOC
(Specify only highest grade Elementary/Secondary (0-12)	de completed)  College (1-4 or 5 +				most of working		m			
12	35,200	Tr	ruck	Driv	er		Tru	cking	3	
FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, I	diddle, Meiden	Surname)		
Floyd L. And	rews				Eunice					
e. INFORMANT'S NAME (Type/Print)	111-3-3				et and Number or Rural					
William E. A	ndrews	12	231 I	Doubl	egate Ro					
a. METHOD OF DISPOSITION Burlel 2 Cremetton 3 Re	moval from State	20b. PLACE AN		OF DISPOSITI	ION (Name	DAT	E 20c. LO	CATION — CIT	y or Town	, Stata
Donation 5 Other (Specify)		Lakem		22. NAME	etery E AND ADDRESS OF FA desty Fu					lle,MD
3. PART I. Enter the diseases, o ahock, or heart failure	r complications the	Lakem t caused the deet ise on each line.	th. Do not	Ceme 22. NAME Har 12	desty Fu Ridgelv	uner Ave	al Ho	me, Annar	P.A	
3. PART I. Enter the discesse, o shock, or heart failure MMEDIATE CAUSE (Finel Issesse or condition suiting in death)  sequentially list conditions, any, leading to immediate cuse, Enter UNDERLYING AUSE (Discesse or injury hat initiated events	a. CONTAC DUE TO  DUE TO  c.	t caused the deet	th. Do not  OT WOU  JENCE OF):	Ceme 22. NAME Har 12	e AND ADDRESS OF FO desty Fu Ridgely mode of dying, aud	uner Ave	al Ho	me, Annar	P.A	S MD Approximate interval Between
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3. PART I. Enter the disease, o shock, or heaft failure MMEDIATE CAUSE (Finel Isease or condition southing in death)  dequentielly list conditions, any, leading to immediate euse. Enter UNDERLYING AUSE (Disease or injury hat initiated events esulting in deeth) LAST  ART II. Other algnificant conditions and the condition of the	a. CONTAC DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO 28a. DATE OF (Month, D) UNKNOWN 28b. PLACE OF Dutlding, D 28b. PLACE OF Dutlding, D 28b. PLACE OF Dutlding, D	CT GUNSHO (OR AS A CONSEOU (OR AS A CONSEOU  (OR	THENCE OF:  JENCE OF:	the underly Laborated Part 22. NAME Har 12. Laborated Part 12. Laborat	E AND ADDRESS OF FACE OF CHEST Pidgelv mode of dying, aud OF CHEST  ying cause given in  S. PLACE OF DEATH (C. Home 5 M. Residence INJURY AT WORK?	A Ve A Ve The Base card  A Part I.  A Part I.  B Other  28d, DE:  281, LOC City	24a. WAS AN PERFOR	AUTOPSY MED?	P. A	Approximate interval Between Onset and Desti Onset and Desti Onset and Desti Onset and Desti Onset and Desti Onset and Desti Onset and Desti Onset and Desti Onset and Desti Onset and Desti Onset and Desti Onset and Desti
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3. PART I. Enter the disease, o shock, or heart failure MMEDIATE CAUSE (Finel lisease or condition saulting in death)  dequentielly list conditions, any, leading to immediate euse, Enter UNDERLYING AUSE (Disease or injury hat initiated events essuiting in death) LAST  ART II. Other algnificant conditions and the conditions of the cond	a. CONTAC DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO MORE CONTRIBUTING TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO TO TO DUE TO TO DUE TO TO DUE TO TO DUE TO TO DUE TO TO DUE TO TO TO DUE TO TO TO TO TO TO TO TO TO TO TO TO TO T	t caused the deet ise on each line.  CT GUNSHC (OR AS A CONSEOU  (	The Do not the Dot of	the underly  22. NAME Har 12 t enter the c  UNDS (  The initial initia	e AND ADDRESS OF FACE STY File Country File Country File Country Area (Country Area)  NOTE CHEST  S. PLACE OF DEATH (Country Area (Country Area)  NOTE (Country Area (Country Area)  YES 2 (NO)  Office	A Ve has card	24a. WAS AN PERFOR 1 X YES 2  24a. WAS AN PERFOR 1 X YES 2  TO YES 2  ATION (Street or Town, State) OUTRI	AUTOPSY IMED?  I NO  NJURY OCCU  LICTE  and Number of  GGER I  nner as stated  and due to the	P. A OO 1 i it,  24b. W A C O O I C C C C C C C C C C C C C C C C	Approximate interval Between Onset and Death Death Onset and Death Death Onset and Death Dea

	REGISTRAR		CE	RITE	CALE	: UF	DEAL	П	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	DA	Y	YEAR 3	. TIME OF DEATH
	Lilli			row	n				April	. 3,	199	91	5:55 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	,,	IF UNDER	1 YEAR DAYS	IF UNDER	nam.	7. DATE OF B (Month, Day	(Year)		Country)	LACE (State or Foreign
	216-16-4177	1 🗆 M 2 💢 F	78	YRS.					July 1	3,1			
~	90. FACILITY NAME (IL not institution, give so 355 Jumpers	Hole Re	oad				OR LOCATIO				9c. COUN	NTY OF DEA	TH .
DIRECTOR	Nor	ne-Home			Mi	.11e	rsv	ille	2		Anr	ie /	Arundel
E E	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN C	R LOCAT	TION					1	IOd. INSIDE CITY
E	Maryland Anne	e Arur	ndel			М	1111	ersi	ville			Ι,	LIMITS?
	10e. STREET AND NUMBER	- 112 41					. ZIP CODI				10g. CITI		AT COUNTRY?
ER/	355 Jumpers	s Hole	Road				2	1108	2			11.5	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI				ENDENT O	F HISPAN	IIC ORIGIN? (Sp		or No-	14. RACE -	- American Indian.
	1 Never Married 2 X Married	FORCES? 1 IF YES, GIVE W	YES 2 X N	10			ocify Cube 2 X NO		n, Puerto Ricen	, etc.)		Specify:	White, etc.
ВУ	3 Widowed 4 Divorced											В	lack
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	CATION completed)	(GF	CEDENT'S	vork done e		ON at of workin	g	16b. K/N	OF BUS	INESS/IND	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5 +	·)	Do NOT us									
MP	12		Н	ome	Ma	ker				wn	_	ome	
8	17. FATHER'S NAME (First, Middle, Last)						16. MOTE		ME (First, Middle				
BE	Henry P.  198, INFORMANT'S NAME (Type/Print)	Dorse						Nac		Moo			
2			196						Route Number, C				
	Frank Bro	) W II	20b. PLACE (						Road,			City or Town	
	1X Burisi 2 Cremetion 3 Rem-	oval from State	other pla	ece)					Park			p, M	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	neado	M 1/ 3		NAME A	ND ADDRES	SS OF FA	CILITY				u.
	· Robert &	Baker	Q_			Chi 260	nn 5 S	Fune Sh	ral S irlin	erv	ice n Rg	ad.	
	23. PART I. Enter the diseases, Dr o				not antar	tha mo	de of dy	ng, suc	h ss cardiac	or respi	ratory sri	rest,	Approximata
	shock, or heart failure.  IMMEDIATE CAUSE (Final	0	1										Interval Between Onset and Death
	disease or condition	Ke	troperet	one	d	5	arc	om	A				6 manthes
	resulting in death)		(OR AS A CONSEC										
z		b.											
일	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								
2	CAUSE (Disease or Injury C. DISE TO (OR AS A CONSEQUENCE OF)												
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
Ä		d											1
EDICAL CERTIFICATION	PART II. Other significent condition	s contributing to	death but not n	esuiting i	in the un	deriyin	g ceuse (	given in	Part 1. 24a	. WAS AN	AUTOPSY		WERE AUTOPSY FINDINGS
5									10	YES 2			COMPLETION OF CAUSE OF DEATH?
ME													YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL					LACE OF D	EATHICH	eck only one)				
VSI	1 TYES 2 THO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		10 5 DA	aldence	6 Other (Sp	ectfy)			
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF (Month, D		28b. TIM	E OF		JURY AT		28d. DESCRIE	BE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation				M		YES 2	] NO					
B	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE O building,	OF INJURY — At ho , stc. (Specify)	ms, farm, i	street, fect	lory, offic	:8		26f. LOCATIO City or To	N (Street i wn, State)	and Number	or Rural Ro	ute Number,
E													
COMPLET	one)	ICIAN: To the best of											
ő	2 MEDICAL EXAMINE	R: On the besis of a	xamination and/or i	Investigatio	on, In my o	opinion, c	death occur	red at the	time, dats and	place, sn	d dus to th	ne cause(s)	and menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	1/1/1/	2. 2 m	$\wedge$			29c. LICI	ENSE NUI	WBER /		29d. DAT	E SIGNED (	Month, Day, Year)
TO B	William V	. Wal	DN 1111	7			D	36	1000		1	HP	W 1991
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM	М 27) (Туре	, Print)	0	1	500.00	on WE	AM	2	1.0	1 20307
	William V. Walsh			MATOL	OCY C	Inco	10gy	ZIV)	re	We	stures	ion D	500 1
	31. DATE FILED (Month, Day Yang)	STREGISTRA	TE WIND	9									



TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Deot. of Health and Mental Hygiene prior to burial, cremation, or removal.  "MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Nea/ W. S 31. DATE FILED (Month/Dey, Year) 3/ADEN 10/4 1991

32 REGISTRAR'S SIGNATURE

100307	57-1つかを		
DATTY	ADELL		计高等
93/27/	SI REITZ	BANCE A	ho
	HUNTCLIFF	10 40 00 00 00 00 00 00 00 00 00 00 00 00	
01117	8 03/99/1		

	10913 HUNTCLIFF								
	FOR STATE OF MARYLA				MENTAL HYGIEN	E 91	08875		
-	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	CERTIFIC	CATE OF	DEATH	REG. NO.		3. TIME OF DEATH		
1	Adell BATTY		1		3- 2	8 - 9 PAR	S. THE ST DESTIN		
		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR Cou	THPLACE (State or Foreign		
	21730-3258 10 M2 BF C	YRS.	A Figure		1-22-	IIV	Irginit		
Œ	Sinai Hosp.		Bol	Timore	City	9c. COUNTY OF	DEATH		
CTO	RESIDENCE OF DECEDENT	1	NAI				Lacanona		
DIRECTOR	106. STATE 106. COUNTY	102. (1)	A ITT	nove			10d. INSIDE CITY LIMITS?  1 YES 2 NO		
	10e. STREET AND NUMBER			1. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	10913 HUNTCLIFE	DRIU	e			Ur	SIAI		
	11. MARITAL STATUS  1	2 140	If yes, o	ecity Cuban, Mexico	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No— 14. RA Blo	CE — American Indien, ick, White, etc.		
В	3 Widowed 4 Divorced IF YES, GIVE WAR OR DA	IES	1 1 16	S 2 NO Specif	у:	1 %	PACK		
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S U	ISUAL OCCUPATI ork done during m retired.)	ON ost of working	18b. KIND OF BU	SINESS/INDUSTRY			
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)	//	emar	1					
COMPLETED	17. FAXHER'S NAME (First, Middle, Lest)	110771	200.00		AME (First, Middle, Maiden	Sumame)			
BE (	George Tyler			COM	Riney	U. A	roux		
5	BRIGOTTO, HUTTON	196. MAILING	ADDRESS (Street	and Number or Byral	Route Number, Cur for Tox	State, Zip Code)			
	20e. METHOD Of DISPOSITION   20b. PLACE AND DATE OF DISPOSITION (Name place)   20c. LOCATION — City or Town, State promptly, crematory or other place)   20c. LOCATION — City or Town, State								
	4 Donation 5 Other (Specify)		Varon	Com.	74 /3	Allin	are my		
	21. SMMATURE OF FUNERAL SERVICE LICENSEE	20	JOS	ADDRESS OF FA	KUSSF		Home		
	Yoseph J. Luss		223	2011		Je BA	10 md 2126		
X	23. PART I. Enter the disease, or complicatione that caused shock, or heart failure. List only one cause on each cause on each cause on each cause on each cause on each cause on each cause or cause on each cause or cause		ot enter the m	ode or dying, suc	on as cardiec or reep	iratory arreat,	Approximete interval Between Onset and Death		
	disease or condition resulting in deeth) a Cardiac arest - asystole 450								
	DUE TO (OR AS A CONSEQUENCE OF):								
NO	Sequentially list conditions,  Due to rop as a consequence of:								
SATI	if any, leeding to immediate couse. Enter UNDERLYING COADING, SULPERM - results of traffic traffic repair. 3 hours								
ERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
CER	resulting in death) LAST	itual + a	rlie 1	eguyaro	war.		years		
	PART ii. Other significant conditions contributing to deeth b	ut not resulting i	n the underlyle	ng ceuse given in	Part I. 24a. WAS AI		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
DIC					1 YES	2 🗆 NO	OF DEATH?		
. ME					-		1 YES 2 NO		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			PLACE OF DEATH (C	heck only one)				
YSIC	1 YES 2 NO 1 inpetient 2 ER/Outs	EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)							
	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)	27. MANNER OF DEATH  1 Netural 5 Pending  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  M 1 YES 2 NO							
BY	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY	— At home, farm, s			281, LOCATION (Street		al Route Number,		
TED	4 Homicide determined building, etc. (Spe-	ту)			City or Town, State		5.3		
IPLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know	ledge, death occurre	d at the time, da	te end place, and du	e to the cause(a) and mo	nner as stated.	4 4		
COMPLET	one) 2 MEDICAL EXAMINER: On the basic of examination	n end/or investigation	n, in my opinion,	death occured at th	e time, date end place, e	nd due to the caus	se(e) and manner se stated.		
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	JMBER	29d. DATE SIGN	IED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE								

DHMH-16 Rev 1/89

I I II SELFT TO THE A THE WATER W 18 - 1 1-22-11 8 saying Dellinee Elle LETT AGENTERY FORST Let a like the state of the sta Courseting De Bereit tough detiens sistements statement in milen

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE FUNCTION After this certificate has been seried by the intending physician and completely filled in by the funeral director, page 5 should be depose be fined when 72 hours death with the State Dect. or House are found to be included, or removal.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The two regards and the beath certificate be executed within 24-curs after death. Page 6 may be retained by the boll	
DIVISION OF VITAL REPOBDS, P.O. BOX 13146,	
15. The state of t	

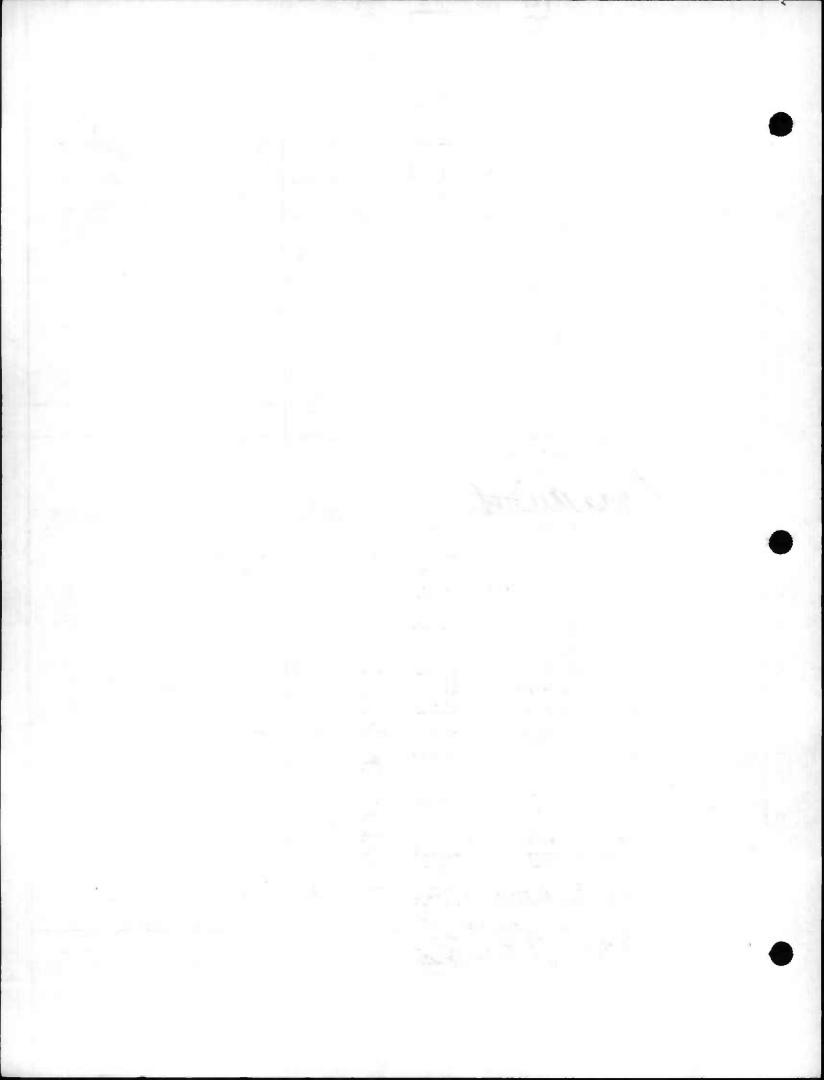
1	FOR 1 - STATE REGISTRAR			ENT OF HEALTH AND PATE OF DEATH	MENTAL HYGIEN	E 91	08876	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	YEA	3. TIME OF DEATH	
	MICHAEL	BALTIMORE	(RICH	03 29	9	1 8:30 a.m.		
		SEX 6. AGE (In yrs. In	MON	JNDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-28-	8. B	IRTHPLACE (State or Foreign ountry)	
	216-54-2013 X  9a. FACILITY NAME (If not institution, give street	□ M 2 □ F   42	YRS.	CITY, TOWN OR LOCATION OF DE		9c. COUNTY C	MD	
œ	THE JOHNS HOPKIN	CC CONTROL		1 1000 000 0000000000000000000000000000				
5	RESIDENCE OF DECEDENT	12 HOSPITAL		BALTIMORE CITY		BALTII	MORE	
DIRECTOR	10e. STATE 10b. COUNTY			WN OR LOCATION TIMORE, CIT	v		10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER		I DAL	10f, ZIP CODE	T	10a CITIZEN	1X□XYES 2 □ NO OF WHAT COUNTRY?	
FUNERAL	1506 E. LAN	VALE STREE	Т	21213		US		
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.S. A	RMED	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica		or No- 14. F	RACE — American Indian, Black, White, atc.	
BY F	Never Married 2 Married  3 Widowed 4 Divorced	FORCES? 11 YES 2 IF YES, GIVE WAR OR DATES	jieo	1 VES 2 NO Spec/f)			Specify: BLACK	
	15, DECEDENT'S EDUCATI	ION 16a. C	ECEDENT'S USU	AL OCCUPATION	16b. KIND OF BUS	I SINESS/INDUSTF		
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12) C	College (1-4 or 5 +)		done during most of working ired.)				
MP	N/A		UNEMPL					
8	17. FATHER'S NAME (First, Middle, Last)  MICHAEL BALT	IMORE			ME (First, Middle, Maiden RGARET E	Sumame) BROWN		
BE	19s. INFORMANT'S NAME (Type/Print)		9b. MAILING ADI	DRESS (Street and Number or Rural I			0)	
2	HELEN ELEY		1617	N. DURHAM	ST./BALT	MORE,	MD.21213	
	26a. METHOD OF DISPOSITION 1 [X] Burlal 2 Cremation 3 Removal	from State 20b. PLAC	E OF DISPOSITIO	MORIAL GARD		CATION — City of		
	4 Donation 5 Other (Specify)		ELL ME	MUKIAL GARD		_ I I M U K	E, MD.	
	1/0/00							
-	WM.C. MARCH F.H. 1101 E. NORTH AVE  23. PART-I: Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest,   Approximate							
		t only one cause on each lin		sites the mode of dying, ado	ir ea cerdiac or reepi	ratory errest,	interval Between Onset and Death	
	disease or condition resulting in desth)  EPSIS  4 days							
	DUE TO OR AS A CONSEQUENCE OF:							
NO	Sequentially list conditions, b.	Adult RES	PIRATO	Ry Virmen	Syndin	10	3 days	
YAT	if any, leading to immediate cause. Enter UNDERLYING	Releasion	Hypu	tensiun			4 dry	
Ĕ	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  REMAINT HIP OFENSION  DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	d							
	PART il. Other aignificent conditions c	_	reaulting in ti	ne underlying cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
MEDICA	Chrunic Alluhul Abuse 1 PERFORMED?  1 PER 2 - NO COMPLETION DE CAUSE OF DEATH?						COMPLETION OF CAUSE	
					_   `		1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	mak anh ann)			
SICI	EM 4.4411.6EE	IOSPITAL:		THER:  Nursing Home 8  Residence				
ž	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJURY AT	28d. DESCRIBE HOW	NJURY OCCURE	ED .	
BY F	1 Netural 5 Pending Investigation	(300.01, 00)		M 1 YES 2 NO				
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At I building, atc. (Specify)	home, farm, stree	t, factory, office	28f. LOCATION (Street City or Town, State)		ural Route Number,	
	29a. CERTIFIER		202101112					
COMPLETED	TOTAL OTHY			t the time, data and place, and due n my opinion, daeth occured at the			use(a) and menner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)	
38 C	EB mcmill	in Osler	INTE	RN J208	19	13/2	29/9/	
10	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, Pri	THU D.	11 400	2122		
	31. DATE FILED (Month, Day, Year)	P32 REGISSRAR'S SIGNATURE	1(An)	JHH, BA	It, MIO	21200	>	
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<b>BALTIMORE, MARYLAND 21215-0020</b>	YSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician,	5 should b
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	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.						
	1. DECEDENT'S NAME (First, Middle, Li	HELEN ELIZA	BETH BR.	ANDT		2. DATE OF DEATH MONTH APRIL 3, 1	991 YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-24-2450	1 - M 2 X F 7	(In yrs. last birthday) 4 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	Month, Day, Year)	1 (	BIRTHPLACE (State or Fore Country) MARYLAND
OR	90. FACILITY NAME (If not institution, g SUMMIT NURSING		R LOCATION OF DEAT ISVILLE	гн	BAL T	OF DEATH		
DIRECTOR	MARYLAND B		110-	10c. CITY, TOWN OR LOCATION  CATONSVILLE				10d. INSIDE CITY LIMITS? 1 YES 2 X N
	100. STREET AND NUMBER 96 SMITHWOOD AV	ENUE			21228			OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 XXNever Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	if yes, spe	ENDENT OF HISPANIC Cuben, Mexican, 2 NO Specify:		ns or No 14.	RACE — American Indian Black, White, etc. Specify: WHITE
LETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u			16b. KIND OF BU		
E COMPL	17. FATHER'S NAME (First, Middle, Last, J. MILTON BRAND		LIBRAR	LAN		LIBRA E (First, Middle, Maide) LIZABETH	n Surname)	ł
TO BE	19a. INFORMANT'S NAME (Typo/Print) T. MARSHALL BRA				nd Number or Rural Ro			
	20a. METHOD OF DISPOSITION 1		b. PLACE AND DATE COMMENTS OF PLACE AND DATE OF	ARK CEMET	ERY 4	/6/91 BAL	OCATION — CHY FIMORE, N	MARYLAND
	21. SIGNATURE OF FUNERAL SERVIC	My ditte		1630 E	DMONDSON	AVENUE, C	ATONSV	FUNERAL HOM
CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE	OF):	idéal.	infar	ction	Interval Be Onset and
MEDICAL	PART II. Other algorificant cond		o PD	in the underlying	g cause given in P		N AUTOPSY DRMED? 2 APHO	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION DF CI OF DEATH? 1 YES 2 N
SICIAN:	25. WAS CASE REFERRED TO MEDICAEXAMINER? 1  YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Chec			
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF 28c. INJ	NO 5 Residence 6	Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUR	EED
TED BY	2 Accident investigat 3 Suicide 5 Could no 4 Homicide detarmine	28s. PLACE OF INJUF building, atc. (Sp	RY — At home, farm ecify)	street, factory, offic		281. LOCATION (Stree City or Town, State		Rural Route Number,
COMPLET	anal and	HYSICIAN: To the best of my kno MINER: On the basia of examinat						ause(s) and menner as st
BE	296. SIGNATURE AND TITLE OF CERT	Rome )	NI	-	29c. LICENSE NUM		29d. DATE S	IGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Ty)	e, Print)			•	11.
	UAMES	E. KOWE	1910	LISMORE	LANE, CATO	NSVILLE.	MARYLA	ND 21228

32. REGISTRAR'S SIGNATURE



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le law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	en siç	Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	n 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
aw r	as be	hept.	23 \$
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: The law

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L DIRECTOR: Att hours after deal item 28 is n

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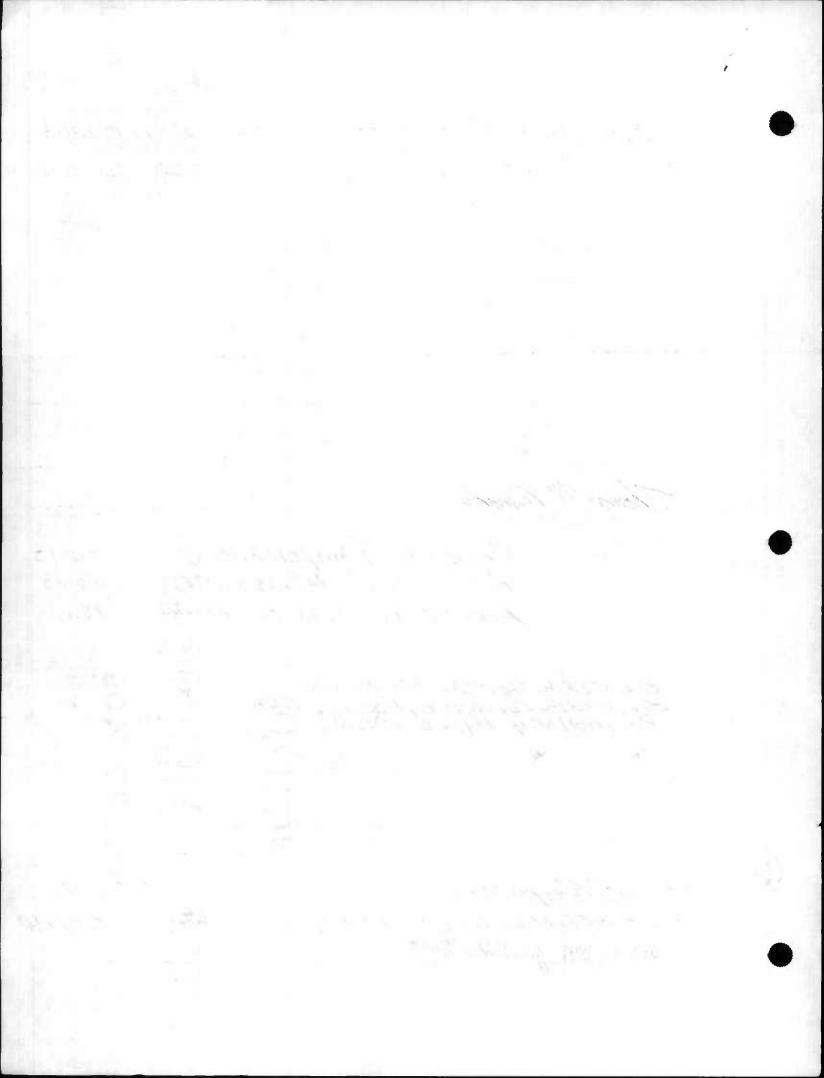
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 02 BARB BLOSER MONTH. 0230 tu A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 24 HRS. DAYS 1 M 2 1 2 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNIVOFMID Oto DIRECTOR nles RESIDENCE OF DECEDEN 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Pa. 1 X YES 2 NO Adams County Gettysburg FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 775 Sunset Avenue 17325 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Ri
1 ☐ YES 2 ☑ NO Specify: FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. Elementary/Secondary (0-12) College (1-4 or 5+) 12 Educator Education 4 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Wallace J. Johnson Elizabeth Swope BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 David C. Bloser III 775 Sunset Avenue Gettysburg, Pa. 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE Smithsburg Crematorium 4-3-91 Smithsburg, 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY Monahan F. H. 125 Carlisle Street 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdied or respiratory street. Approximate 5 ahock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition\_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate ADENOCAL

DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 200 NO 1 TES 2 NO WITH PUL MONARY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one EXAMINER? HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: ng Home 5 🗆 Residence 8 🗆 Other (Specify) 4 🗆 N 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Natural 5 Pending M 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Nomicide 29a. CERTIFIER 1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of szamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mgnth, Day, Year) 5MB 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) UNIT OF MID HOSP 22 S. GREENE IRIS R. KEVS. M.D 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	RTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE FUNERAL DIRECT be filed within 72 hours at	IMPORTANT: It item 2
6	

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND N	MENTAL HYGIENI REG. NO.	E 9	01 08879
	1. DECEDENT'S NAME (First, Middle, I	BENTZ JOI	nn Edwar	d BENT	Z, Jr.	2. DATE OF DEATH DAY YEAR 2 9/1		S. TIME OF DEATH 3/6 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1)				(Month, Day, Year) Country,		BIRTHPLACE (State or Foreign Country) Maryland
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION OF OEATH			9c. COUNTY	
OR	Good Samaritan Hospital			Baltimore			City	
티급	RESIDENCE OF DECEDEN		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
DIRECTOR	Maryland B	altimore	i	ltimore				LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?
ER	338 Elinor Avenue			21236			U.S.A.	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes	DECENOENT OF NISPAN, apocify Cuban, Maxicar YES 25 NO Specify			. RACE — American Indian, Black, White, atc. Specify:
BY	3 Widowed 4 Divorced	1948-1951		1				White
	15. DECEDENT'S (Specify only highest	EDUCATION	16a. DECEDENT'S (Give kind of	vork done during	ATION most of working	16b. KIND OF BUS	INESS/INOUS	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +) 4	Pl umber			Md. Sta	ate	
Š	17. FATHER'S NAME (First, Middle, Las	*			18. MOTNER'S NAI	ME (First, Middle, Malden		
BE	John Edward	Bentz, Sr.			Sophie			
2	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Town		
-	C. Carole Bent					ltimore.		
-1	UCPBurial 2 ☐ Cremation 3 ☐ Ramoval from State other place			l Cemet	cometery, crematory or	/4/91 Par		y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE		z az kwooc		E ANO ADDRESS OF FAC			al Home, Inc.
	· Marton &	Dippelpe.		711	O Belair B	oad Balti		
	23. PART I. Enter the diseases	, or complications that caused	the death. Do	not enter tha	moda of dying, such	es cardiac or respi	retory srres	t, Approximate
	shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  s. Ventricular Figulation / At that family  s. List only one ceuse on each line.  Interval Between Onset and Death  Onset and Death							
	DUE TO (OR AS A CONSEQUENCE OF):							1-7-6
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE Floreses or follow.							
PIFIC	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):							
E	resulting in death) LAST	d						
CAL	PART II. Other significent cond			and the same		Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
								COMPLETION OF CAUSE OF DEATH?
M		9				_		1   YES 2   10
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDIC	CAL T		-	8. PLACE OF OEATN (Chi	ack only one)		
2	EXAMINER?	HOSPITAL:	netions 3   DOA	OTHER:	Homa 5 Residence			
H.	27. MANNER OF CEATN	28a. DATE OF INJURY	28b. TIA	E OF 28c	. INJURY AT	28d. DESCRIBE HOW II	NJURY OCCU	REO
ВУР	1 Natural 5 Pending 2 Accident Investiga		***	M 1	WORK?			
	3 Suicide 6 Could no	28e. PLACE OF INJURY — At home, farm, street, factory, office    Could not be   28f. LOCATION (Street and Number or Rural Floute Number,   City or Town, State)   City or Town, State)						Rural Route Number,
٦	29a. CERTIFIER  (Chack only 1 CERTIFYING PNYSICIAN: To the bast of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.							
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
BE	296. SIGNATURE AND TIESE OF CER	THE PROPERTY OF THE PARTY OF TH	Resi	XWI	29c. LICENSE NU	ABER	29d. DATE 5	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	print)	100.11	65 PTA	101	
	31. DATE FILED (Month, Day, Year)	32. R#GISTRAB'S SIGN	IATURE	TOTE!	11AN 1	DHIR	-	
	APR 0 4 1991							

. 9 .  FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) Margaret Campbell

1 -

		5. SEX	6. AGE (In yrs. le	ist birthday)	IF UNDER 1 Y	EAR IF UN	DER 24 HRS.	7. DATE O				ACE (State or Foreign
1	218-46-3240	1 🗌 M 2 💢 F	84	YRS.	MONTHS D	MYS HOUR	S MIN.	NOV.	Day, Year)	906	Country) May	ryland
	9e. FACILITY NAME (If not institution, giv					OWN OR LOC		EATH			TY OF DEAT	
OR I	Union Memorial	Hospital			Bal	ltimor	e Cit	y				
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COU	NTY		10c. CIT	Y, TOWN OR I	LOCATION					10	d. INSIDE CITY LIMITS?
L DIRECTOR	Maryland			Ba	ltimor		<u> </u>				1 (	X YES 2 NO
FUNERAL	2707 Strathmor	e Ave.				101. ZIP C	214				.S.A.	T COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 W Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AI 1 YES 2 X WAR OR DATES	RMED NO	If ye	S DECENDEN ea, specify Co YES 2 X I	iben, Mexico	m, Puerto R		or No—	14. RACE — Black, W Specify:	American Indian, Thite, atc. White
E	15. DECEDENT'S E (Specify only highest gra		//	Give kind of	USUAL OCCL	UPATION ing most of wo	rking	16b.	KIND OF BUS	SINESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12) 8 yr¹s	College (1-4 or 5	+)	n Do NOT U	ique [	Dealer						
Š	17. FATHER'S NAME (First, Middle, Last)					18, M			iddle, Maiden	Sumame)	-	1 1
BE	John A.	Dau	ises				Kunig					^beck
2	190. INFORMANT'S NAME (Type/Print)  Mr. Paul J. (	`ampholl	11		ADDRESS (S				or, City or Tow		Code)	
	20e. METHOD OF DISPOSITION	ampuerr	20h PLAC		E OF DISPOS						City or Town,	State
	1 M Burtel 2 Cremetion 3 R R 4 Donation 5 Other (Specify)	emoval from State			or other place			/91			re,Md	
1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE Paul	L. Hartso		_	ME AND ADD						nd 21214
	+ tank of by	autor b	. Oc	0.11,01		onard	.1 R				-	ord Rd.
	23. PART i. Enter the diseases, cahock, or heart failui	or complications th	at caused the d	leath. Do								Approximate Interval Between
	disease or condition reaulting in death)		O (OR AS A CONSI	EQUENCE O	ne:							
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO	O OR AS A CONSE	EOUENCE O	F):							
AL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	O (OR AS A CONSE	EOUENCE O	P):	erlying caus	se given in	Part I.	24a. WAS AN		Alv	MILABLE PRIOR TO
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MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit	c. DUE TO DUE TO d	O (OR AS A CONSE	EOUENCE O	F):				PERFOI	RMED?	Al CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
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BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	DUE TO  d.  HOSPITAL: 1   Inpetient 2  28e. DATE C (Month,	O (OR AS A CONSI	EOUENCE O	OTHER: 4 Nursin	26. PLACE 0 og Home 5  8c. INJURY A WORK? 1  YES	F DEATH (C)	6 D Other	PERFOI  1 YES 2  (Specify)  CRIBE HOW	RMED?	All CC OH 1	MILABLE PRIOR TO OMPLETION OF CAUSE P DEATH?  YES 2 SON
D BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	d. DUE TO DUE TO d. Itoms contributing to the properties of the pr	O (OR AS A CONSI	EOUENCE O	OTHER: 4 Nursin	26. PLACE 0 og Home 5  8c. INJURY A WORK? 1  YES	F DEATH (C)	6 Other 28d, DES	PERFOI  1 YES 2  (Specify)  CRIBE HOW	RMED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Al CC OI	MILABLE PRIOR TO DOMPLETION OF CAUSE P DEATH?  ☐ YES 2 SCNO
ETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   PRO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation   Pending Inv	DUE TO  C. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  DUE TO	O (OR AS A CONSI	EOUENCE O  Frequiting  3 DOA  28b. Till IN	OTHER: 4 Nursin AE OF JURY M street, fectory	26. PLACE 0 ng Home 5  6c. INJURY WORK? 1 YES y, office	F DEATH (C) Residence r 2 NO	beck only one  5 Other  28d. DES  28f. LOC/City of	PERFOI  1 YES 2  (Specify)  (Specify)  CRIBE HOW I  ATION (Street or fown, Stete)  see(e) and ma	RMED?  LNO  INJURY OC  and Number	CURED  CORED  Tor Aural Rou	MILABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 XNO
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   PRO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation   Pending Inv	DUE TO  C. DUE TO  d	O (OR AS A CONSI	EOUENCE O  Frequiting  3 DOA  28b. Till IN	OTHER: 4 Nursin AE OF JURY M street, fectory	26. PLACE Or growing Home 5 86. INJURY A WORK? 1 YES y, office e, date end p	F DEATH (CI	6 Other 28d, DES 28f. LOCI	PERFOI  1 YES 2  (Specify)  (Specify)  CRIBE HOW I  ATION (Street or fown, Stete)  see(e) and ma	INJURY OC	All Cool of the Course (a) and the cause (a) and the cause (a) and the cause (b) and the cause (c) and	MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  ☐ YES 2 MO  te Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not determined (Check only one) 2 MEDICAL EXAMINER (Check only one) 1 VERTIFIER (Check only one) 1 VERTIFIER (Check only one) 1 MEDICAL EXAMINER OF DEATH (Check only one) 1 MEDICAL EXAMINER OF DEATH OF THE CONTROL OF THE CHARLES OF THE CANADA O	DUE TO  C. DUE TO  d	O (OR AS A CONSI	EOUENCE O  Frequiting  3 DOA  28b. Till IN	OTHER: 4 Nursin AE OF JURY M street, fectory	26. PLACE Or growing Home 5 86. INJURY A WORK? 1 YES y, office e, date end p	F DEATH (C) Residence r 2 NO	6 Other 28d, DES 28f. LOCI	PERFOI  1 YES 2  (Specify)  (Specify)  CRIBE HOW I  ATION (Street or fown, Stete)  see(e) and ma	INJURY OC	All Cool of the Course (a) and the cause (a) and the cause (a) and the cause (b) and the cause (c) and	ompletion of cause f Death?  ☐ YES 2 S(No
D BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not determined (Check only one) 2 MEDICAL EXAMINER (Check only one) 1 VERTIFIER (Check only one) 1 VERTIFIER (Check only one) 1 MEDICAL EXAMINER OF DEATH (Check only one) 1 MEDICAL EXAMINER OF DEATH OF THE CONTROL OF THE CHARLES OF THE CANADA O	DUE TO  C.  DUE TO  d.  HOSPITAL: 1   Inpetient 2  28e. PLACE building  1/SICIAN: To the best of the public of the best of the public of the p	O (OR AS A CONSI	BOUENCE O  EOUENCE O  resulting  3 □ DOA  28b. Till  home, farm, death occur ir investigati	OTHER: 4   Nursin ME OF JURY M street, fectory	26. PLACE Or gray Home 5 Sc. INJURY A WORK? 1 YES 1, office 1, dete end printed in the printed i	F DEATH (C) Residence 2 NO ace, end du course at the	28d, DES 28d, DES 28f, LOC/City of the cause time, date	PERFOI  1 YES 2  (Specify)  (Specify)  CRIBE HOW I  ATION (Street or Town, Stete)  ee(e) and me and place, as	INJURY OC  and Number  oner as stated due to till  29d. DAT	All Cool of the Course (a) and the cause (a) and the cause (a) and the cause (b) and the cause (c) and	MALABLE PRIOR TO MAPLETION OF CAUSE F DEATH?  YES 2 NO  te Number,  and menner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigated a Could not determined to determine (Check only one) 2 MEDICAL EXAMINER (Check only one) 1 CERTIFFIER (Check only one) 2 MEDICAL EXAMINER OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER (Check only one	DUE TO  C.  DUE TO  d.  HOSPITAL: 1   Inputient 2  28e. DACE be building  1YSICIAN: To the best of  FIER  WHO COMPLETED CA	O (OR AS A CONSI	BOUENCE OF THE PROPERTY OF THE	OTHER: 4   Nursin ME OF JURY M street, fectory mon, in my opin	26. PLACE Or gray Home 5 Sc. INJURY A WORK? 1 YES 1, office 1, dete end printed in the printed i	F DEATH (C) Residence 2 NO ace, end du course at the	28d, DES 28d, DES 28f, LOC/City of the cause time, date	PERFOI  1 YES 2  (Specify)  (Specify)  CRIBE HOW I  ATION (Street or Town, Stete)  ee(e) and me and place, as	INJURY OC  and Number  oner as stated due to till  29d. DAT	CURED  To Aural Rounded.  Te Signed (M. 12 )	MALABLE PRIOR TO MAPLETION OF CAUSE F DEATH?  YES 2 NO  te Number,  and menner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

CAMPBELL

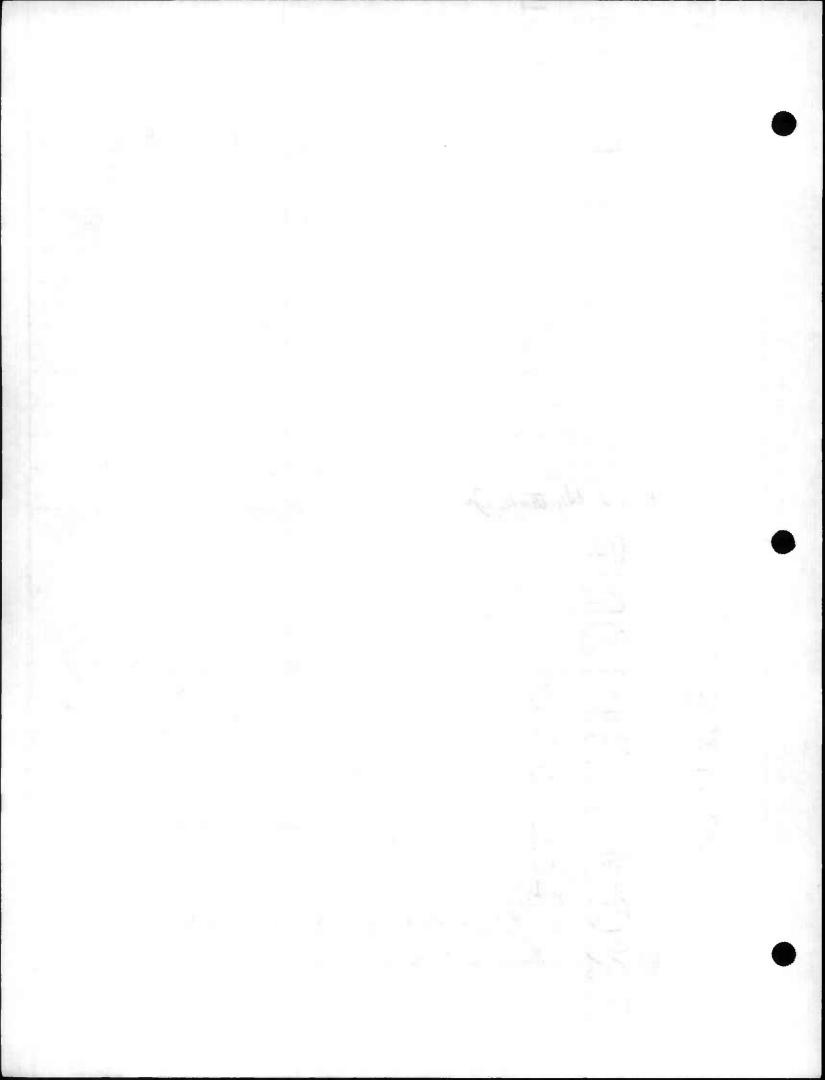
**MARGARET** 

5. SEX

Μ.

2. DATE OF DEATH DAY

3. TIME OF DEATH



-	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTMENT OF CERTIFICATE OF		MENTAL HYGIENE REG. NO.
. 0	ECEDENT'S NAME (First, M	iddle, Last)			2. DATE OF DEATH
	ANT LANV	PASMUALK	CERRATO	TTT	MONTH DAY

	1 - STATE REGISTRAR		CERTIF	ICATE OF	UCALD	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH
	ANTHONY 5	PASQUALG	CER	RATO	III	MONTH DA	91	rear .	0900 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTHPLA	CE (State or Foreign
	214-96-9441	1 🛛 M 2 🗆 F	25 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Dec. 13, 19		Md.	
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY. TOWN	OR LOCATION OF DEAT			Y OF DEATI	
œ	Mouth of Gunpowo	ler River			hase, Md.			imor	
6	RESIDENCE OF DECEDENT								
<u> </u>	10e. STATE 10b. COUNT	ſΥ		TY, TOWN OR LOCA	TION			100	I. INSIDE CITY LIMITS?
DIRECTOR	Md.		6	altimore				10	YES 2 NO
	10e. STREET AND NUMBER				H. ZIP CODE			N OF WHAT	COUNTRY?
18	5002 Ross Road			7	21214		USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER			CENDENT OF HISPANIC		or No- 1	. RACE -	American Indian, hite, etc.
	1 Never Married 2 X Married	FORCES? 1 YE			pecify Cuben, Mexican, S 2 NO Specify:	Puerto Ricen, etc.)			hite, etc.
BY	3 Widowed 4 Divorced				3(			specify: white	
	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BUS	INESS/INDU	STRY	
i i	Elementary/Secondery (0-12)	College (1-4 or 5+)	Ille. Do NOT	work done during mass retired.)	out or working				
릴		1	Surve	eyor					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	E (First, Middle, Meiden	Sumame)		
BE (	Anthony P. Cerrato	Jr.			Andrea J.	Krowe			
	19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILIN	O ADDRESS (Street	end Number or Rural Ro	ute Number, City or Town	n, State, Zip C	ode)	
5	Erica L. Cerrato		5002	Ross Road	Baltimore,	Md. 21214			
	20a, METHOD OF DISPOSITION 1 Description 2 Comments 3 Ref	2	other place)	SITION (Name of c	emetery, crematory or	20c. LO	CATION CI	ty or Town,	State
	4 Donation 6 Other (Specify)	novar from State	Parkwood	April 6	1991	Bal	timore	, Mary	land
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE			AND ADDRESS OF FACI				
	James of Gly	dden		Leona	ard J. Ruck	Inc. 5305 Ha	rford	Road 2	1214
	23. PART I. Enter the diseases, Dr		and the death. Do	not enter the m	ode of dulan such	as cording or resul	reton, erre		Approximate
	shock, or heart fellure	. Liet only one cause on	each line.	not anter the in	oue or dying, auch	aa cardiac or reapi	atory arre	, ,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	11. 2 - #	'						Onset and Death
	reaulting in death)	a. IT U.PUT	S A CONSEQUENCE	25)					
		DOE IT (ON A	S A CONSEQUENCE	or):					
O	Sequentially list conditions,	bDUE TO (OR A)	S A CONSEQUENCE	DEI:					
AT	If any, feeding to immediate cause. Enter UNDERLYING			,-					i a
윤	CAUSE (Disease or Injury		R A CONSEQUENCE	OF):					
<b>—</b>	that initiated execute	DUE TO (OR A							
늘	that initiated events resulting in dasth) LAST	DUE TO (OR A	3 A CONSCOURNCE						
CERT		DUE TO (OR A)	- CONSCOURNCE						
AL CERTIFICATION	PART II. Other algnificant condition	d		In the underlyl	ng cause given in P				RE AUTOPSY FINDINGS
ICAL	PART II. Other algnificant condition	d		In the underlyl	ng cause given in P	PERFOR	IMED?	AM CO	AILABLE PRIOR TO IMPLETION DF CAUSE
EDICAL	resulting in dasth) LAST	one contributing to death		In the underlyl	ng cause given in P		IMED?	CO OF	AILABLE PRIOR TO
MEDICAL	PART II. Other algnificant condition	one contributing to death		In the underlyl	ng cause given in P	PERFOR	IMED?	CO OF	ALABLE PRIOR TO MPLETION DF CAUSE DEATH?
MEDICAL	PART II. Other algorificant condition  Submersion  25. WAS CASE REFERRED TO MEDICAL	one contributing to death		28.	ng cause given in P	PERFOF	IMED?	CO OF	ALABLE PRIOR TO MPLETION DF CAUSE DEATH?
MEDICAL	PART II. Other algorificant condition	one contributing to death	n but not resulting	28. OTHER:		PERFOF  1  YES 2	IMED?	CO OF	ALABLE PRIOR TO MPLETION DF CAUSE DEATH?
MEDICAL	PART II. Other algnificant conditions of the con	d	but not resulting	28. OTHER: 4   Nursing Ho	PLACE OF DEATH (Chec	PERFOF  1  YES 2	NO NO	OF	ALABLE PRIOR TO MPLETION DF CAUSE DEATH?
PHYSICIAN: MEDICAL	PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural   6   Pending	HOSPITAL: 1   Inpatient 2   ER/O	n but not resulting	OTHER: 4   Nursing Ho ME OF   28c, II	PLACE OF DEATH (Checking & □ Residence 6	PERFOF  1 YES 2	NO NO	OF 1 (	ALABLE PRIOR TO MPLETION DF CAUSE DEATH?
D BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the con	HOSPITAL: 1   Inpetient 2   ER/O  28e. DATE OF INJUR  28e. PLACE OF INJUR  28e. PLACE OF INJUR  28e. PLACE OF INJUR	but not resulting	OTHER: 4   Nursing Ho ME OF UURY   1   28c. R	PLACE OF DEATH (Chec	PERFOR  1 YES 2  When the term of the term	NJURY OCCI	AM CO OF 1 (	AILABLE PRIOR TO MPLETION DF CAUSE DEATH?  YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the con	HOSPITAL:  1   Inpetient 2   ER/O  28e. PLACE OF INJUR  28e. PLACE OF INJUR	but not resulting	OTHER: 4   Nursing Ho ME OF UURY   1   28c. R	PLACE OF DEATH (Chec	PERFOR  1 YES 2  Other (Specify)  28d. DESCRIBE HOW IT  1 S H I N G  20f. LOCATION (Street City or Town, State)	NJURY OCCU	AM CO OF 1 (	ALABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the con	MOSPITAL: 1   Inpatient 2   ER/O 28e. DATE OF INJUR (Month, Dr.), Vea 3 - 20 - 4 28e. PLACE OF INJUR building, stc. (S	but not resulting	OTHER: 4 Nursing Ho ME OF Student Stud	PLACE OF DEATH (Checking & Death (Checking ) Dea	PERFOR  I VES 2  Other (Specify)  28d. DESCRIBE HOW I  FISHING  28f. LOCATION (Street City or Town, State)	NJURY OCCU	AMCOOPED SW	ALABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the con	HOSPITAL: 1   Inpetient 2   ER/O  26e. DATE OF INJUR (Month, Day, Ne. 26a. PLACE OF INJUR building, atc. (S	but not resulting	28. OTHER: 4 Nursing Ho HE OF 28c. II UURY 1 , street, factory, off	PLACE OF DEATH (Chec	PERFOR  I YES 2  Other (Specify)  28d. DESCRIBE HOW IT  I S H N G  28f. LOCATION (Street. City or Town, State)  MO LT H  o the cause(e) and mai	NJURY OCCI.	IRED  SW Rural Rout  Now M. Now M.	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the con	HOSPITAL: 1   Inpetient 2   ER/O  28a. PLACE OF INJUR 28a. PLACE OF INJUR 28a. PLACE OF INJUR 3   CONTROL 28a. PLACE OF INJUR	but not resulting	28. OTHER: 4 Nursing Ho HE OF 28c. II UURY 1 , street, factory, off	PLACE OF DEATH (Chec	PERFOR  1 YES 2  Other (Specify)  28d. DESCRIBE HOW IT  1 S H I N G  20f. LOCATION (Street City or Town, State)  MO LT H  o the cause(e) and maine, date and place, ar	NJURY OCCU	IRED  IRED  IRED  Cause(e) er	MANUEL PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  NUMBER OF CAUSE DEATH?
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the con	HOSPITAL: 1   Inpetient 2   ER/O  28a. PLACE OF INJUR 28a. PLACE OF INJUR 28a. PLACE OF INJUR 3   CONTROL 28a. PLACE OF INJUR	but not resulting	28. OTHER: 4 Nursing Ho HE OF 28c. II UURY 1 , street, factory, off	PLACE OF DEATH (Checking & Death (Checking & Dea	PERFOR  1 YES 2  Other (Specify)  28d. DESCRIBE HOW IT  1 S H I N G  20f. LOCATION (Street City or Town, State)  MO LT H  o the cause(e) and maine, date and place, ar	NJURY OCCU	IRED  IRED  IRED  Cause(e) er	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the con	HOSPITAL: 1   Inpatient 2   ERVO 26e. DATE OF INJUR (Month, Day, Vea 3 - 20 - 20 28a. PLACE OF INJUR building, stc. (S GUN POUN) SICIAN: To the best of my kn NER: On the best of examina	but not resulting  butpatient 3 Doa  TY 28b. TI  THY — At home, farm  pocify)  RY — Ri  lowledge, death occu  stion end/or investigat	OTHER: 4   Nursing Ho ME OF 28c, If SURY 1   , street, factory, off	PLACE OF DEATH (Chec	PERFOR  1 YES 2  Other (Specify)  28d. DESCRIBE HOW IT  1 S H I N G  20f. LOCATION (Street City or Town, State)  MO LT H  o the cause(e) and maine, date and place, ar	NJURY OCCU	IRED  IRED  IRED  Cause(e) er	MANUEL PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  NUMBER OF CAUSE DEATH?
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the con	HOSPITAL: 1   Inpatient 2   ER/O 28e. DATE OF INJUR (Month, Day, Vea 3   26a. PLACE OF INJUR (SICIAN: To the best of my kn NER: On the best of examina	DEATH (ITEM 27) (79)	28. OTHER: 4 Nursing Ho WE OF 28c. If y 1 , street, factory, off	PLACE OF DEATH (Chec	PERFOR  I YES 2  Other (Specify)  28d. DESCRIBE HOW IT  IS HING  28f. LOCATION (Street City or Town, State)  MO LIT H  o the cause(e) and mailme, date and place, and	NJURY OCCI PANO  NJURY OCCI PANA  and Number of panal of the  29d. DATE  4	JRED  JRED  SW Rural Route  Cause(e) er  SIONED (MA	MEABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  NOME TO SHOW THE PRIOR TO SHOW T
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpetient 2   ERVO 28a. PLACE OF INJUB 28a. PLACE OF	DEATH (ITEM 27) (7)	OTHER: 4   Nursing Ho Nursing Ho Nursing Ho 1   26c. if NURY   1   1   1   1   1   1   1   1   1   1	PLACE OF DEATH (Checking & Death (Checking & Dea	PERFOR  1 YES 2  Other (Specify)  28d. DESCRIBE HOW IT  1 S H I N G  20f. LOCATION (Street City or Town, State)  MO LT H  o the cause(e) and maine, date and place, ar	NJURY OCCI PANO  NJURY OCCI PANA  and Number of panal of the  29d. DATE  4	JRED  JRED  SW Rural Route  Cause(e) er  SIONED (MA	MANUEL PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  NUMBER OF CAUSE DEATH?
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the con	HOSPITAL: 1   Inpatient 2   ER/O 28e. DATE OF INJUR (Month, Day, Vea 3   26a. PLACE OF INJUR (SICIAN: To the best of my kn NER: On the best of examina	DEATH (ITEM 27) (7)	OTHER: 4   Nursing Ho Nursing Ho Nursing Ho 1   26c. if NURY   1   1   1   1   1   1   1   1   1   1	PLACE OF DEATH (Chec	PERFOR  I YES 2  Other (Specify)  28d. DESCRIBE HOW IT  IS HING  28f. LOCATION (Street City or Town, State)  MO LIT H  o the cause(e) and mailme, date and place, and	NJURY OCCI PANO  NJURY OCCI PANA  and Number of panal of the  29d. DATE  4	JRED  JRED  SW Rural Route  Cause(e) er  SIONED (MA	MEABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  NOME TO SHOW THE PRIOR TO SHOW T

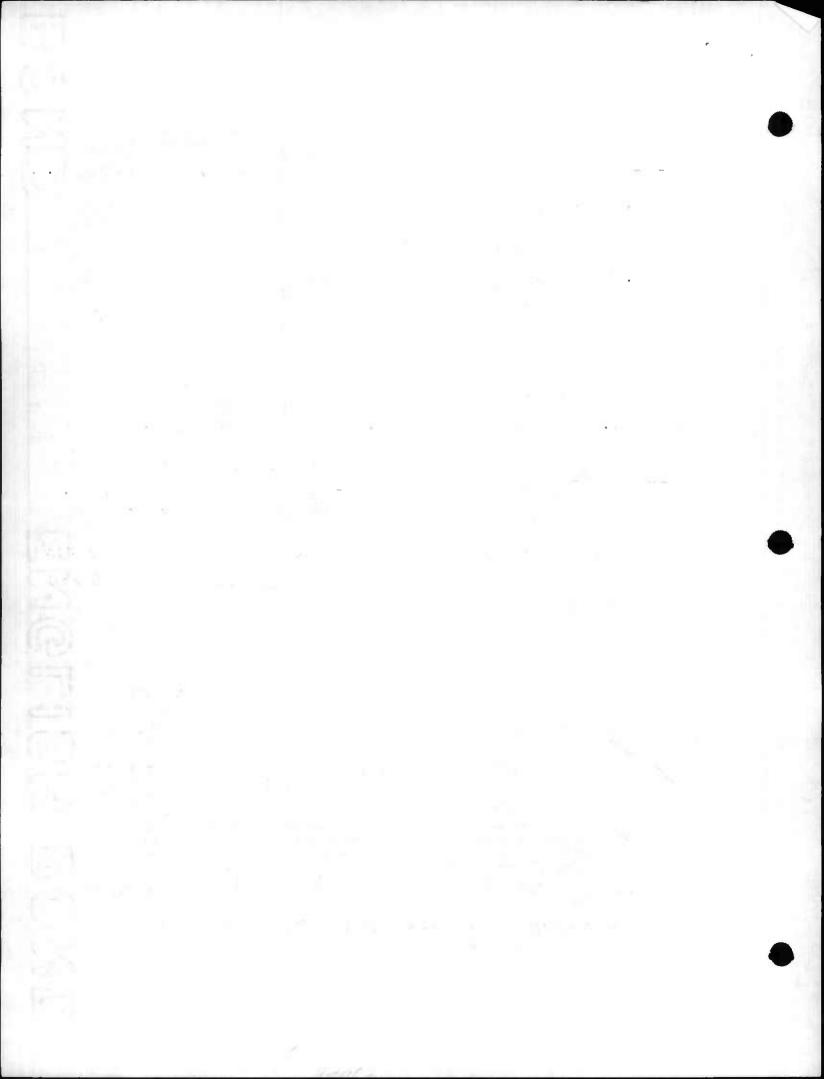


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nin 72 hours after death with the State Dept. of Health and Mental Hyglene prior to buriar, cremation, or removal	VT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical	ŀ
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	1 - STATE REGISTRAR				CERTIF	IOAIL	- 01						
1	1. DECEDENT'S NAME (First, Middle								2. DATE	OF DEATH	A.V.	WEAD	3. TIME OF DEATH
	Pauline	Pur	nell	Conl	.ey				O MONT	2	O.	9549	1820 <sub>M</sub>
	4. SOCIAL SECURITY NUMBER		. SEX		yrs. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH		6. BIRTH Countr	PLACE (State or Foreign
	213-12-5376	1	☐ M 2 💢 F	8	7 YRS.	MONTHS	DAYS	HOURS MIN.	07	n. Day. Year)	03	Countr	Md.
	9a. FACILITY NAME (If not institution	n, give street	and number)			9b. CITY,	TOWN (	OR LOCATION OF E	EATH		9c. COU	NTY OF D	EATH
FUNERAL DIRECTOR	Peninsula G		al Hos	pita	1		Sal	isbury				Wic	omico
ပ္က		COUNTY			10c. CI	TY, TOWN O	OR LOCAT	TION					10d. INSIDE CITY
	Md. W	lorces	ster			Bet	rlin	L					LIMITS?
اپ	10e. STREET AND NUMBER						101	. ZIP CODE			10g. CIT	IZEN OF V	HAT COUNTRY?
	312 South Ma	in St	-					21811				US	A
5	11. MARITAL STATUS		. WAS DECEDEN			13.	WAS DEC	ENDENT OF HISPA	NIC ORIGI	N? (Specify Ye	or No-	14. RACE	- American Indian,
BY F	1 Never Married 2 Marrie    Never Married   Never Married   Married   Married   Never Married	ed	FORCES? 1 IF YES, GIVE W					ecify Cuben, Maxic 2 X NO Spec		Rican, etc.)		Speci	, white, etc.  White
COMPLETED	15, DECEDEN			-10	6a. DECEDENT	S USUAL O	CCUPATIO	ON	166	b. KIND OF BU	SINESS/IN	DUSTRY	
=	(Specify only higher Elementary/Secondary (0-12)		npleted) College (1-4 or 5 :	,	Ille. Do NOT u	work done ( see retired.)	during mo	ast of working	1				
로ᆘ	12 yrs.		yrs.		Hote1	0wne	r			Hote:	Ĺ		
5	17. FATHER'S NAME (First, Middle, I						*	18. MOTHER'S N	AME (First,	Middle, Meiden	Sumeme)		
	Theodore M.	Purne	e11					Ess	ie Co	llins			
H H	19a. INFORMANT'S NAME (Type/Pri				19b. MAJLIN	G ADDRESS	S (Street a	and Number or Rura	/ Route Nun	nber, City or Tox	rn, State, Zi	p Code)	
2	Edward Ted Co	nlev			1020	)2 Be	avei	Dam Cr	eek I	Rd. Be	erlin	, Md	. 21811
	20a, METHOD OF DISPOSITION			20b. P	PLACE OF DISPO	SITION (Na	me of ce	metery, cremetory or		_		City or To	
- 1	1 KBurlel 2 Cremation 3 4 Donation 5 Other (Speci		from State	St	Paul	s Ch	urch	nyard			Ber1	in,	Md.
	21. SIGNATURE DE JOMERAN SER	**	SEE				-	ND ADDRESS OF F	ACILITY T	Burbage	Fur	era1	Home
	N. 4	16	Hubas							108 Wi. Berlin	Llian	ns St	811
	23. PART I. Enter the disees	es or con			the death. Do	not enter	the mo	ode of dyling, su					Approximate
ı	shock, or heert t	fallure. Lis	t only one ca	se on eac	th line.						•		Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition		Dogni	mata	2027 177		~~						48 hrs
H	resulting in death)	a	Respi	COR AS A C	T. A T. C	allu.	T.E						40 1118
		_	Left	Lowe	r Lobe	Pn	eum	onia					7 days
5	Sequentially list conditions,	b	DUE TO	(OR AS A C	ONSEQUENCE (	OF):							-
≃ b	if any, leading to immediate												
4	cause. Entar UNDERLYING	J	552 15										
- LA	CAUSE (Disease or Injury	}		(OR AS A C	CONSEQUENCE (	OF):							
HILLICALI		6		(OR AS A C	CONSEQUENCE (	OF):							
CERTIFICALI	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	DUE TO										
AL CERIIFICALI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant or	d	DUE TO				nderlyin	g cause given le	n Part I.	24a. WAS AF		24b	WERE AUTOPSY FINDINGS
JUAL CENTIFICATI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant co	d pnditions of	DUE TO	death but	not resulting		nderfyin	g cause given l	n Part I.		RMED?	24b	
J. S.	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant or	d pnditions of	DUE TO	death but	not resulting		nderfyin	g cause given l	n Part I.	PERFO	RMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant co	d pnditions of	DUE TO	death but	not resulting		nderlyin	g cause given l	n Part I.	PERFO	RMED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant or Severe Right 1.	d onditions of Deme	contributing to entia al Fra	death but	not resulting			g cause given le		PERFO	RMED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other significant constraint of Right I	c d onditions of Deme	contributing to entia	death but	not resulting	In the ur	26. P	LACE OF DEATH (C	Check only o	PERFO 1 VES	RMED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant or Severe Right  25. WAS CASE REFERRED TO METE EXAMINER?	c d onditions of Deme	contributing to entia al Fra	death but	e dent 3 DOA	OTHEI	26. P R: rsing Hon 28c. IN.	LACE OF DEATH (C	Check only o	PERFO 1 VES	AMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant or Severe Right  25. WAS CASE REFERRED TO MEET EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH	d onditions of pemer Pibis Dical H	contributing to entia al Fra	death but Ctur ER/Outpatt	e lient 3 DOA	OTHE	26. P R: using Hor 28c. IN.	LACE OF DEATH (C	Sheck only o	PERFO  1 YES  one)  or (Specify)  ESCRIBE HOW	RMED?	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant or Severe Right  25. WAS CASE REFERRED TO MEET EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH   X YES 4 Pendid   Neverthal	d d ponditions of pemer Pribis Dical H	contributing to entia al Fra  COSPITAL:  COS	death but  Ctur  ER/Outpett  RNJURY  -91  FINDURY	e dent 3 DOA  28b.TI 17(  At home, farm,	OTHEI	26. PR: nsing Hor 28c. IN. W1	LACE OF DEATH (Come 5 Persidence Supply AT PROPERTY PROPE	Check only o	PERFO  1 VES  one)  or (Specify)  ESCRIBE HOW  CATION (Street	INJURY OF	ccured .Vot	AMALAGLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant or Severe Right  25. WAS CASE REFERRED TO MEET EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH	d	contributing to entia al Fra  COSPITAL:  COS	death but Ctur  ER/Outpatt  RNJURY log, Man) — 91	e dent 3 DOA  28b.TI 17(  At home, farm,	OTHE	26. PR: rsing Horn 28c. IN. Wi	LACE OF DEATH (Come 5 Persidence Supply AT PROPERTY PROPE	Check only of 6 Oth 26d. DE	PERFO  1 VES  one)  or (Specify)  ESCRIBE HOW  ing t	O D T	ccured .Vot	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  8 Tell  Route Number,
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant or Severe Right  25. WAS CASE REFERRED TO METEXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH   X Netural   5 Pendi   Invest   Inves	d	contributing to entia al Fra  Cospital: Cospit	death but Ctur ER/Outpett INJURY 19, 1947 19 19 19 19 19 19 19 19 19 19 19 19 19 1	e lent 3 DOA 28b. TI # 170  At home, farm, 21 Sou	OTHEL 4 Nur MUNTY OF MUNTY OTHER 4 Nur MUNTY OTHER 4 Nur MUNTY OTHER 4 Nur MUNTY OTHER 4 Nur MUNTY OTHER 4 Nur	26. PR: rating Hor 28c. IN. W 1  tory, office	LACE OF DEATH (Come 5 Residence SURY) AT ORK? YES 25 NO	Check only of S of Other Pry 26f. Lo Be	PERFO  1 VES  Ner (Specify)  ESCRIBE HOW  ING t  CATION (Street y oc. Toyn, State)	INJURY OF	couned vot	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  8 Tell  Route Number,
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant or Severe Right  25. WAS CASE REFERRED TO MEE EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH X Natural 5 Pendi 2 Accident Invest 3 Suicide 6 Could 4 Homicide 6 Could 5 Check only 1 CERTIFYIN	d	contributing to entia al Fra  COSPITAL: Competent 2 Co	death but  Ctur  ER/Outpett  INJURY  St. (Specify  my knowled	e dent 3 DOA 28b. Ti 170 At home, farm, 21 Sou	OTHEL 4   Nur ME OF JO M , street, fact	26. PR: sing Hor 28c. IN. 1 □ tory, offic	LACE OF DEATH (Come 5 Residence SURY) AT ORK? YES 25 NO come Sta	Check only of 8 and Other Pry 26f. DE Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch.	PERFO  1 VES  Ner (Specify)  ESCRIBE HOW  ING t  CATION (Street y or, Toylor, State)  L 1 1 9	INJURY OF	coursed vot	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  8 fell  Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant or Severe Right 1  25. WAS CASE REFERRED TO MEE EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH 1 X Netural 5 Pendi 2 Accident 3 Suicide 6 Could deter  29a. CERTIFIER (Check only one)	d d d d d d d d d d	contributing to entia al Fra  COSPITAL: Competent 2 Co	death but  Ctur  ER/Outpett  INJURY  St. (Specify  my knowled	e dent 3 DOA 28b. Ti 170 At home, farm, 21 Sou	OTHEL 4   Nur ME OF JO M , street, fact	26. PR: sing Hor 28c. IN. 1 □ tory, offic	LACE OF DEATH (Come 5 Residence JURY AT DRK? YES 2 NO DR M Sta e and place, and de death occured at the	Check only of the control of the con	PERFO  1 VES  Ner (Specify)  ESCRIBE HOW  ING t  CATION (Street y or, Toylor, State)  L 1 1 9	INJURY OF DI and Number Man	couned vot	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  8 Fell Route Number,  nd
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant or Severe Right  25. WAS CASE REFERRED TO MEDIA STAMINER?  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d d d d d d d d d d	contributing to entia al Fra  COSPITAL:  COS	death but  Ctur  ER/Outpett  RNJURY - 91  FINJURY - etc. (Specify or to communication a	e dent 3 DOA  28b. Th  170  At home, farm, 21 Sou	OTHEL 4 Nur ME OF JOY M , street, fact th I	26. PR: sing Hor 28c. IN. 1 □ tory, offic	LACE OF DEATH (Come 5 Residence DEATH (Come 5 Residenc	Sheck only of a S Other Control of the Control of t	PERFO  1 VES  Ner (Specify)  ESCRIBE HOW  ING t  CATION (Street y or, Toylor, State)  L 1 1 9	INJURY OF DI and Number Man	COURED  VOT  FOR PURE STATE AND A STATE AN	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  8 Pell Route Number, nd a) and manner as stated.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant or Severe Right  25. WAS CASE REFERRED TO MEDIA STAMINER?  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d d d d d d d d d d	contributing to entia al Fra  COSPITAL:  COS	death but  Ctur  ER/Outpett  RNJURY - 91  FINJURY - etc. (Specify or to communication a	e dent 3 DOA  28b. Th  170  At home, farm, 21 Sou	OTHEL 4 Nur ME OF JOY M , street, fact th I	26. PR: sing Hor 28c. IN. 1 □ tory, offic	LACE OF DEATH (Come 5 Residence JURY AT DRK? YES 2 NO DR M Sta e and place, and de death occured at the	Sheck only of a S Other Control of the Control of t	PERFO  1 VES  Ner (Specify)  ESCRIBE HOW  ING t  CATION (Street y or, Toylor, Stele Y 1 N,	INJURY OF DI and Number Man	couned vot	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  8 Pell Route Number, nd a) and manner as stated.
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant or Severe Right 1  25. WAS CASE REFERRED TO MEE EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH 1 X Netural 5 Pendi 2 Accident 3 Suicide 6 Could deter  29a. CERTIFIER (Check only one)	d	contributing to entia al Fra  COSPITAL:  COSPITAL:  COMPLETED ON The best of a completed of a co	Ctur  ER/Outpett  RNJURY  Lex. (Specify  of INJURY -  of C. (Specify  my knowled  xamination a	e dent 3 DOA  28b. Th 17( At home, farm, 21 SOU  dge, death occur and/or investigat	OTHEL  4 - Nur  ME OF AURY  ME of AURY  The interest, fact  th I  med at the t  fon, in my of	26. PR: rsing Hon 28c. IN Wt 1  tory, offic Mai time, date	LACE OF DEATH (Come 5 Residence JUHY AT 7HK? YES 2 NO DE M Sta	Check only of a 6 Other Pry 2ef. Lo Be cure to the cure time, define t	PERFO  1 VES  ver (Specify)  ESCRIBE HOW  INS  CATION (Street  Y O.C. Town, State  Y L IN 9  sups(s) and ms ts and place, a	INJURY OF DI and Number Man	couned vot	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  8 Fell Pourse Number,  nd a) and manner as stated.  0 (Month, Day, Year)  7-91

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTA	L HYGIENE REG. NO.	2 1	O	0000
	1. DECEDENT'S NAME (First, Middle, Last)	)			2. DATE	OF OEATH		3. TH	ME OF DEATH
	RONALD EMORY DUC	CKWORTH			Apr	il 3. 1	991 YE	AR	M
	4. SOCIAL SECURITY NUMBER			NDER 1 YEAR IF UNDER 24 HRS	. 7. DATE	OF BIRTH	0.1	BIRTHPLACE	E (State or Foreign
	216=42=5366 90. FACILITY NAME (If not institution, give	1 M 2 F 46	YRS. MON	CITY, TOWN OR LOCATION OF	Jun	e 10, 1		ashin	gton D.C.
TOR	1926 St. Claire	Lane	Di	ındalk			Baltir	nore	
RE	10a. STATE 10b. COUN		THE CO.	WN OR LOCATION					INSIDE CITY LIMITS?
-	Maryland Balt	timore	Dundo	LR 101. ZIP CODE			10g. CITIZEN		YES 2 (X NO
ERA	7926 St. Claire	lano		21222			United		
D.	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 NO	13. WAS DECENOENT OF HISI If yee, specify Cuban, Mex		N? (Specify Yes o			nericen Indian,
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT	res <sup>7</sup>		olfy:			Specify: Wh	ite
COMPLETED BY FUNERAL DIRECTOR	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	de completed)		AL OCCUPATION fone during most of working red.)	161	b. KIND OF BUSI	NESS/INDUST		
릴	10th grade	Conego (I-4 of 6+)	Disabled						
	17. FATHER'S NAME (First, Middle, Last) Emory George Duc	kworth		16. MOTHER'S Ethel	name (First, Juani	Middle, Melden Si ta Pari	sh	Ъ	
TO BE	190. INFORMANT'S NAME (Type/Print) Ethel J. Du	ickworth	196. MAILING ADD 7926 SA	RESS (Street and Number or Au.					2
	20e. METHOD OF DISPOSITION 11€ \( \rightarrow \) \( \rightarrow \	20b.	PLACE AND DATE OF		DAT		ATION — City		
	4 Donation 5 Other (Specify)	Po2	tomac Memo	rial Gdns An		1 Keys	er, we	est v	irginia
	21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE		22. NAME AND ADDRESS OF Duda-Ruck Fu		Home o	6 Dune	dalk.	Inc.
	23. PART i. Enter the diseases, or	- Course		7922 Wise Av	enue.	Baltimo	re. Me	1. 21	222
	ahock, or heart failure IMMEDIATE CAUSE (Finel disease or condition	e. List only one cause on ae	ch line.				atory arrest.	,   	Approximate Interval Batween Onset and Death
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	0 .				1	/
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A DUE TO (OR AS A A	CONSEQUENCE OF):	RAIN L	25/0,	42			CMON
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	CDUE TO (OR AS A	CONSEQUENCE OF):					-	
ERI	resulting in death) LAST	d							6807
A P	PART II. Other significent condition	ona contributing to death bu	it not resulting in th	e underlying cause given	in Part i.	24a. WAS AN A PERFORM	MED?	AMAIL	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH?
PHYSICIAN: MEDIC									YES 2 NO
ž							1		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	26. PLACE OF DEATH	(Check only o	one)	-		
IZS	1 VES 2 NO	1 ☐ Inpatient 2 ☐ ER/Outpe	itlent 3 DOA 4 D	Nursing Home 5 - Reelden	-			-	1000
Ė	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2 NO	280. 08	ESCRIBE HOW IN	JUNY OCCUR	EU	
ED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28a, PLACE OF INJURY	— At home, ferm, atree	i, factory, office		CATION (Street any or Town, State)	nd Number or I	Rural Route i	Number,
COMPLETED	290. CERTIFIEN 1 CERTIFYING PHY	YSICIAN: To the best of my knowle	ados deeth occurred et	the time date and place and	due to the o	even(e) and many	ner on elekad	_	
M C	anal /	NER: On the basis of examination						evee(a) and	manner as stated.
ш	295 THENATURE AND TITLE OF GERTUF	IER C		29c. LICENSE	NUMBER	0	29d. DATE SI	GNED (Mon	th, Day, Year)
TO B	June U	NAM W		DIG	646	7	14	13/	91
	LOUIS O. DC.	SGN 1012	OLA (ITEM 27) (Type, Prin	NETS	B	PUDO	Mil	2/2	24
	APR 4 1991	32 REGISTRARYS SIGNA	TURE LARGE						35 3

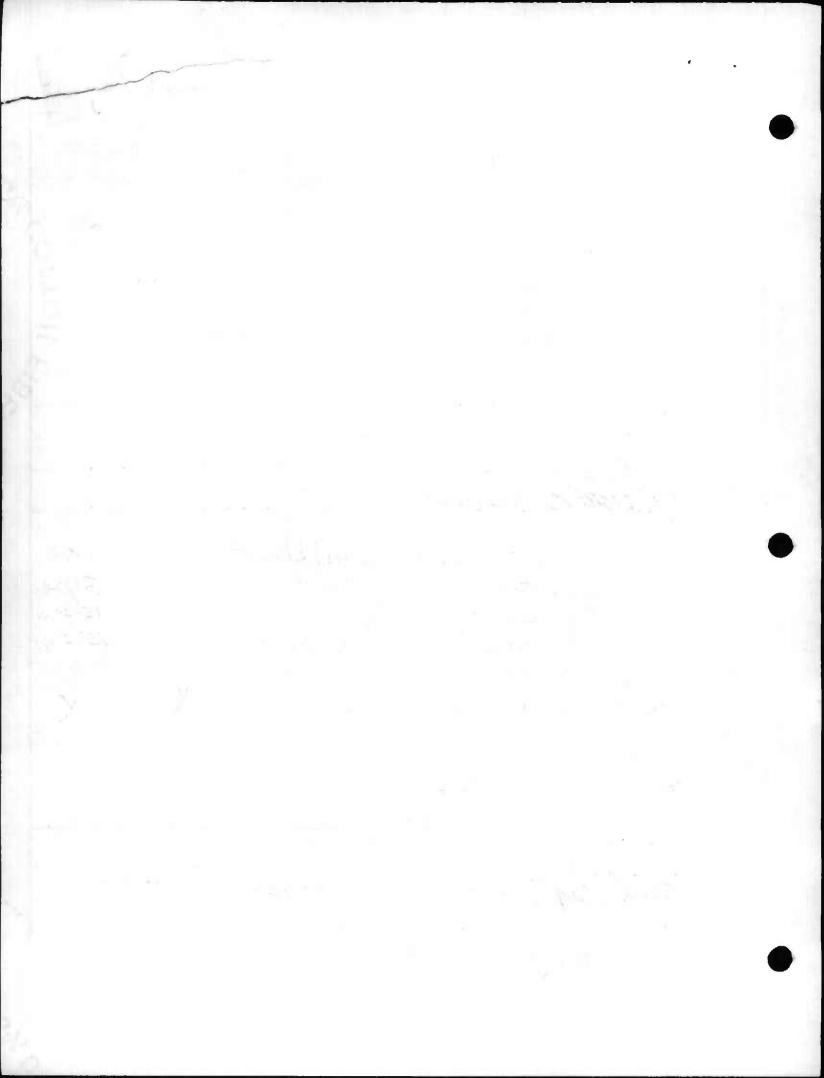


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THE HOSPITAL DR ATTENDING PHYSICIAN: The Law requires that the death certificate be encured within any included the may be retained by the hospital	ERA	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, & from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOS	FUN	Air.	NY
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	1 - FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND I		GIENE 3. NO.		A CO O II
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
İ	RUTH	Do	rothy	I	OOVE	4		1	м.
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	In yrs. last birthday)			7. DATE OF BIR (Month, Day, )	TH fanc)	8. BIRTH	IPLACE (State or Foreign
	213-03-9547	1 M 2 A F 72	YRS.	MONTHS DAYS	HOURS MIN.	10-11-			yland :
	9a. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, TOW	N OR LOCATION OF OR	ATH	9c. COU	NTY OF E	EATH
DIRECTOR	North Arundel Hos	pital		Glen	Burnie	-	Ann	e Ar	undel
EC	10s. STATE 10b. COUNTY		10e. CI	TY, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
ä	MD Anne A	rundel	Pa	sadena					1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?
E	620 Pine Dr.				21122		U.S	.A.	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES			ECENDENT OF HISPAN				E — American Indian, k, White, etc.
BY F	1 Never Married 2 A Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 U V	specify Cuban, Mexica ES 2 NO Specify	r, <del>Puerto Mican, (</del> Y:	rtc.)	Spec	tty:
									White
Ĕ	15. DECEDENT'S EOUC (Specify only highest grade of	ATION completed)	18a. DECEDENT'S (Give kind of life. Do NOT a	work done during	ITION most of working	16b. KIND	OF BUSINESS/INI	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		1000			**		
COMPLETED		No	Home M	aker	I as assessment		Home	-	
8	17. FATHER'S NAME (First, Middle, Last) William Edward Me	andra Car			16. MOTHER'S NA		Maiden Surname)		
BE	19a. INFDRMANT'S NAME (Type/Print)	seke Sr.	Top Man no	0 ADDDECC (0)	Naom1	Snyder	Town Comm. 70	- C- d-1	
2						Houte Number, City	or lown, State, 24	0 (000)	
	James M. Dove	200		As # 1	cemetery, cremetory or	1.	20c. LOCATION —	City or T	own State
	1 ★ Burial 2 Cremation 3 Ramo	oval from Stata	other place)						
	21. SIGNATURE OF FUNERAL SERVICE LICE		Jen nav	22. NAME	rial Park	CILITY	sien_bu	rnie	, Md.
	Slaver K	2 Ilinda	1		gleton Fu		ome		
	Haroux K	J CIPRISON		1 S	econd Ave	. S.W.	Glen Bu	rnie	, Md. 21061
	23. PART i. Enter the diseases, or conshock, or heart fellure. L			not anter the	mode of dying, suc	ch aa cerdlec o	r reapiratory ar	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	D . 1 .	(11		10	/			Onset and Death
	disease or condition resulting in death)	Mayous	Klur	nenus	n/Lon	mentia			170
		DUE TO (OR AS	CONSEDUENCE	OF): 1 - L	4				7.4.
S	Sequentially list conditions,	, Alunu	rum	W/V	xcca ur	1			5922.
F	if any, leading to immediate cause. Enter UNDERLYING	Chames	COMSE TO	alen	2				15-204
(5)									
Ĕ	CAUSE (Disease or injury	DUE TO (OR AS	CONSEQUENCE	on: N	~				
RTIFIC		DUE TO OPR AS	CONSEQUENCE	Rese	e Deser	se			15-20 m
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	CONSEQUENCE	Reso					15-20 yr.
AL	CAUSE (Disease or injury that initiated events	DUE TO (OR AS,	CONSEQUENCE	lin the underly		Pert i. 24a.	WAS AN AUTOPSY PERFORMEG?	24	15-Zay
AL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions	_		50	ying cause given in	Part i. 24s.		24	
AL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions	DUE TO GR AS, a contributing to death be		50	ying cause given in	Part i. 24s.	PERFORMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
AL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions	_		50	ying cause given in	Part i. 24s.	PERFORMED?	24	ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions  Colors  Appeternsive (a)  25. WAS CASE REFERRED TO MEDICAL	ardiouse		Jeans	ying cause given in	Part I. 24a.	PERFORMED?	24	ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  Colors  Hyperfensive (	_	urlas K	28 OTHER:	ying cause given in	Part i. 24a.	YES 2 NO	24	ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  COUCLES  FAME CASE REFERRED TO MEDICAL EXAMINERY  1 VES 2 NO  27. MANNER OF DEATH	MOSPITAL:	petient 3 (DOA	26 OTHER: 4   Nursing I	ying cause given in	Part I. 24a.  1  heck only one)  6 Other (Spec	YES 2 NO		ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  FALLER CONTROL CONTROL  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Out (Morth, Day, Year)	petient 3 (DOA	OTHER: 4 Nursing I ME OF VALUE	PLACE OF DEATH (CI	Pert I. 24a.  1	YES 2 NO	CCURED	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  COLUMN  PART II. Other significent conditions  COLUMN  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpatient 2   EP/Out	petient 3 (DOA 28b. Ti	OTHER: 4 Nursing I ME OF VALUE	PLACE OF DEATH (CI	Pert I. 24a.  1	YES 2 NO  2//y) E HOW INJURY OF	CCURED	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  FALLER OF DEATH  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	MOSPITAL: 1   Inpatient 2   ER/Out (Month, Day, Year) 28a. PLACE OF INJURY	petient 3 (DOA 28b. Ti	OTHER: 4 Nursing I ME OF VALUE	PLACE OF DEATH (CI	Part I. 24a.  1   heck only one)  6   Other (Special Control of the Control of th	YES 2 NO  2//y) E HOW INJURY OF	CCURED	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  PART II. Other significent conditions  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   VES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending investigation  3   Sufcide 8   Could not be determined  29e. CERTIFIER 1   CERTIFYING PHYSII	HOSPITAL:  1 Inpatient 2 ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 28b. Till 19 Petient 3 DOA 28b. Ti	OTHER: 4 Nursing i  ME OF NURY M 1 , street, factory, o	PLACE OF DEATH (CI- tome 5 Residence INJURY AT WORK? YES 2 NO office  data and place, and due in, death occured at the 29c LICENSE NU	Part I. 24a.  1	(Street and Number, State)  end manner as st	or or Rural	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  PART II. Other significent conditions  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   VES   2   NO  27. MANNER OF DEATH  1   Natural   5   Pending investigation  3   Sufcide   8   Could not be determined  29e. CERTIFIER   CERTIFYING PHYSIC  2   MEDICAL EXAMINE  20. MEDICAL EXAMINE  20. NAME AND ADDRESS OF PERSON INTERPRETATION OF PERSON INTE	HOSPITAL:  1   Inpatient 2   ER/Out  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 28b. Till 19 Petient 3 DOA 28b. Till 19 Petient 3 Pe	OTHER: 4 Nursing i  ME OF NURY M 1 , street, factory, of the time, in my opinion  Doe, Print)	PLACE OF DEATH (CI- tome 5 Residence INJURY AT WORK? YES 2 NO office  data and place, and du in, death occurred at the	Part I. 24a.  1	(Street and Number, State)  end manner as st	or or Rural	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Route Number,

Lilia Saighson

DHMH-18 Rev 1/89



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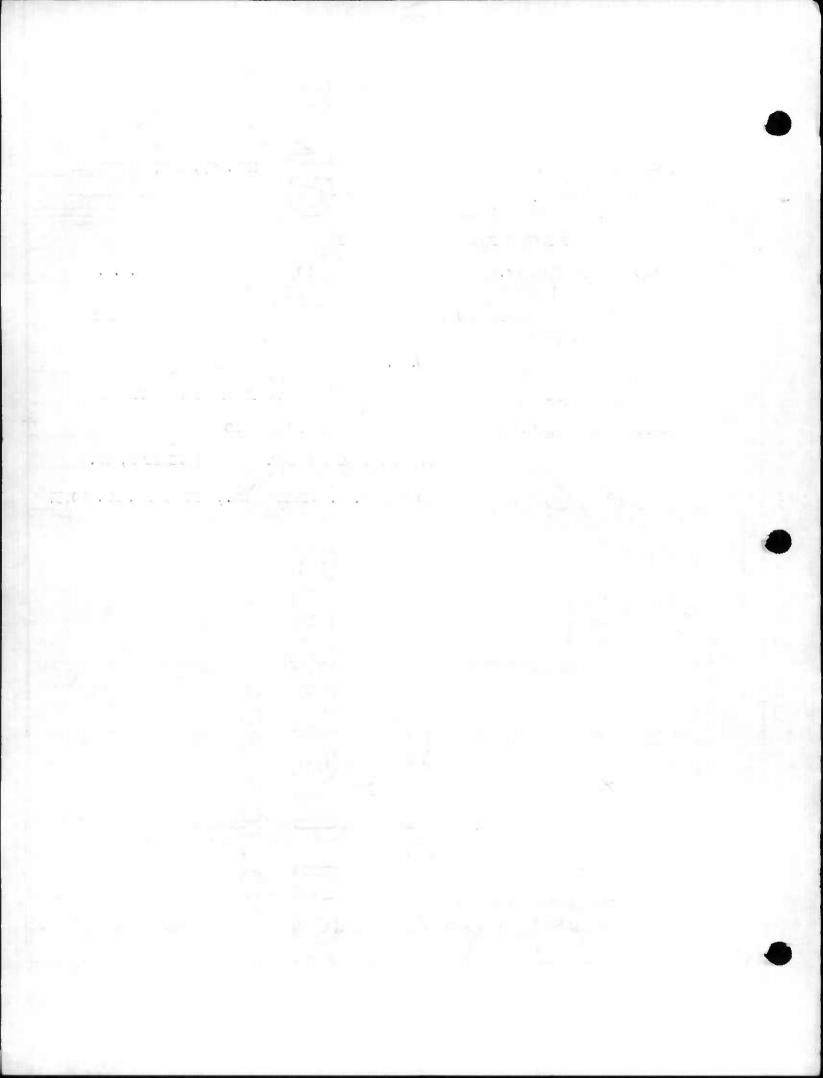
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SPITAL OR ATTENDIN	hin 72 hours after de	Wt. If them 28 Is n
HE HOSPITAL OR ATTENDITY	nd within 72 hours after de	IMPORTANT. If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	THE HOSPILE PHYSICIAN, THE IAM REQUIRES THAT WE ARREST CHITICISE DE SECURE OF WHITE ATTRIBUTES AND A REPORTED FOR ARREST OF ARREST OF A REPORTED FOR A REPORT OF A	TO THE ENCENTIAL CHARTISTICAN, I'VE law requires mat new centre be executed writin careaus after bean in the properties of attention physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, the first and central the State Dept. of Health and Mental Hydries prior to burial, cremation, or removal.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

_	N U.S. ARMED 2 NO	9b. CIT	DAYS H BOWJE  101. ZI  102. ZI  103. WAS DECENITE  1 yes, specification	F UNDER 24 HRS. OURS MHN. LOCATION OF DE LE N IP CODE 20715 DENT OF HISPAN By Cuben, Mexican	ATH	8AV IRTH (, 'b'sa') 25, 19 P	947 N c. COUNTY OF OPTINCE	DEW YORK  DEATH  GEORGES CO  10d. INSIDE CITY LIMITS?  1 X YES 2 NO WHAT COUNTRY?
2 F F Lamber)  Ridge La  DECEDENT EVER II CES? 1 X YES  S.S., GIVE WAR OR D.  CTIVE DU  D.  101-4 or 5+)	10c. CIT	9b. CIT	DAYS H BOWJE  101. ZI  102. ZI  103. WAS DECENITE  1 yes, specification	LOCATION OF DE LE N IP CODE 20715 DENT OF HISPAN By Cuban, Mexican	(Month, Day MAR。 ATH	25, 19 P	947 N c. COUNTY OF OPTINCE	DEATH GEORGES CO  10d. INSIDE CITY LIMITS? 1  YES 2  NO WHAT COUNTRY?
Ridge La DECEDENT EVER II CES? 1 X YES ES, GIVE WAR OR D CTIVE DU D) (1-4 or 5+)	10c. CIT	9b. CIT	FY, TOWN OR I BOW I 100 LOCATION BOW IE 100. ZI 101. ZI 104. ZI 105. WAS DECENI	LOCATION OF DE	ATH	9c P	c. COUNTY OF Prince	Georges Co  10d. Inside city Limits?  1 💢 YES 2   WHAT COUNTRY?
Ridge La DECEDENT EVER II CES? 1 X YES ES, GIVE WAR OR D. CTIVE DU 0 101-14 or 5+)	N U.S. ARMED 2 NO ATES TY	TY, TOWN	BOW IE  10f. Zi  3. WAS DECEN	IP CODE 20715 DENT OF HISPAN by Cuban, Mexican		P 10	Prince	Georges Co  10d. INSIDE CITY LIMITS? 1 X YES 2 NO WHAT COUNTRY?
GEORGES  Ridge La  DECEDENT EVER II CES? 1 X YES ES, GIVE WAR OR D. CTIVE DU  ) (1-4 or 5+)	N U.S. ARMED 2 NO ATES TY	13	BOW IE  10f. Zi  3. WAS DECEN If yes, specif	IP CODE  20715  DENT OF HISPAN by Cuban, Mexican	IC ORIGIN? (Sc	10	Og. CITIZEN OF	10d. INSIDE CITY LIMITS? 1 X YES 2 NO WHAT COUNTRY?
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Ridge La DECEDENT EVER CES? 1 X YES ES, GIVE WAR OR D CTIVE DU 0 0 (1-4 or 5+)	N U.S. ARMED 2 NO ATES TY	13	BOW IE  10f. Zi  8. WAS DECENI	IP CODE  20715  DENT OF HISPAN by Cuban, Mexican	IC ORIGIN? (Sc			1 X YES 2 NO
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CES? 1 X YES ES, GIVE WAR OR D CTIVE DU  (1-4 or 5+)	2 NO ATES		If yes, specif	fy Cuban, Mexical	IC ORIGIN? (Sc	44. 44		S.A.
CTIVE DU	ATES TTY						No- 14. RAC	CE — American Indien, ck, White, atc.
(1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u			NO Specify		, etc.)	Spe	c//y: WHITE
	life. Do NOT u	work done	OCCUPATION e during most of	of working	18b. KtN	D OF BUSINE	SS/INDUSTRY	T V day de de de de de de de de de de de de de
<u>}</u> +		se retired.	.)					
	Intelli	igen	ce Off	icer	U.	S. Na	VV	
			1	8. MOTHER'S NA	WE (First, Middle	), Maiden Surr		
SO				MA	RIE I	OUISE	ZAMM	IELLO
	19b. MAILING	ADDRE	SS (Street and	Number or Rural F	12	ity or Town, St	tete, Zip Code)	
ISSO		SAI	ME AS	ITEM	# 10			
				lame	DATE	20c. LOCAT	ION — City or 1	lown, State
	ARLING	CON	NATION	IAL CEM.		ARL	INCTON	, VA.
DUE TO (OR AS	A CONSEQUENCE O		16-		-			Onset and De
DUE TO (OR AS	A CONSEQUENCE C	OF):						
outing to death t	but not reaulting	In the	underlying o	cause given in		PERFORME	:D?	4b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
			26. PLAC	CE OF DEATH (Ch	eck only one)			
	patient 3 🗆 DOA	OTHI	ER: lursing Home	5 Rasidence	8 Other (Sc	ecity)		
(Month, Day, Year)		:00a	28c. INJUR	RY AT			JRY OCCURED	
				5 2 K NO	SELF	INFLI	CTED	
building, etc. (Spe HOME	Y — At home, farm, acify)	street, fa	actory, office		City or To	own State)		
					to the cause(s	and manner	r an stated.	
4.0			2					ED (Month, Day, Year)
mp				O.C.M.I	E		3-8-1	991
ETED CALLED OF T	EATH (ITEM 27) (Typ	e, Print)						_
	DUE TO (OR AS DU	MOOOS  Store MOOOS  MOO	MOOO91  MOOOP  MOOO	ARLINGTON NATION  22. NAME AND  22. NAME AND  23. NAME AND  24. NAME AND  25. NAME AND  26. NAME AND  27. NAME AND  28. NAME AND  28. NAME AND  29. NAME AND	ARLINGTON NATIONAL CEM.  22. NAME AND ADDRESS OF FAM  22. NAME AND ADDRESS OF FAM  22. NAME AND ADDRESS OF FAM  23. NAME AND ADDRESS OF FAM  24. NAME AND ADDRESS OF FAM  25. NAME AND ADDRESS OF FAM  26. PLACE OF DEATH (Ch.  26. PLACE OF DEATH (Ch.  27. PLACE OF DEATH (Ch.  28. PLACE OF INJURY (Mornit, Dey, Veer)  28. PLACE OF INJURY (Mornit, Dey, Veer)  28. PLACE OF INJURY (Mornit, Dey, Veer)  28. PLACE OF INJURY (Mornit, Dey, Veer)  28. PLACE OF INJURY (Mornit, Dey, Veer)  28. PLACE OF INJURY (Mornit, Dey, Veer)  28. PLACE OF INJURY (Mornit, Dey, Veer)  29b. 6 20 21 28c. INJURY AT WORK?  27. NAME AND ADDRESS OF FAM  28. PLACE OF DEATH (Ch.  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY At home, farm, street, factory, office building, stc. (Specify)  HOTTIC  The best of my knowledge, desth occurred at the time, data and place, and dua a basia of axamination and/or investigation, in my opinion, death occurred at the	ARLINGTON NATIONAL CEM.  22. NAME AND ADDRESS OF FACILITY  W. W. CHAMBERS CO.,  Intoins that caused the death. Do not enter the mode of dying, such as cardiac  y ona cause on each lina.  NSHOT WOUND OF HEAD  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  26. PLACE OF DEATH (Check only one)  27 TAL:  26. PLACE OF DEATH (Check only one)  27 TAL:  28 DATE OF ENJURY  (Month, Dey, Veer)  -8 91 found 6:32AM 1 YES 2 K NO  281. LOCATION  281. LOC	ARLINGTON NATIONAL CEM.  ARLINGTON NATIONAL CE	ARLINGTON NATIONAL CEM.  ARLINGTON NATIONAL CE



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

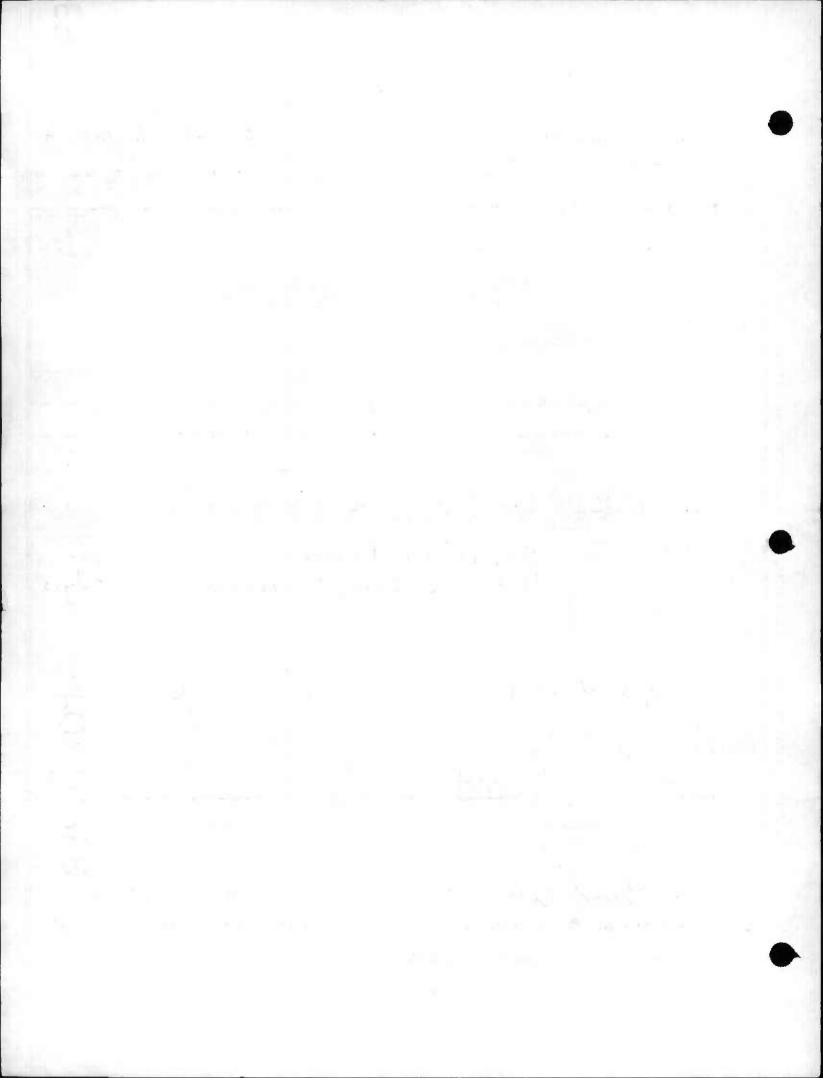
1. DECEDENT'S NAME (Firs	A. Dill						2. DATE MONT	OF DEATH	,	YEAR 97	3. TIME OF DE	
4. SOCIAL SECURITY NUM	1. 4. 11	5, SEX	6. AGE (in yrs. is	at hirthelms	IF UNDER 1 YEA	R IF UNDER 24 HRS.	-	OF BIRTH			PLACE (State or	A M
579-20-676		1 M 2 X F	68		MONTHS DAY		(Mont	h, Day, Year)		Country	)	roregn
9a. FACILITY NAME (If not					Ab CITY TOW	N OR LOCATION OF D		5,192	9c. COUNT	MD.		
SUBURBAN HO	SPITAL					ESDA	ZAIR				GOMERY	
RESIDENCE OF DE	10b. COUNT	Υ		10c, CITY	TOWN OR LO	CATION				T	10d. INSIDE CI	TY
100	MONT	GOMERY		OLI	NEY						LIMITS?	7
MD					Т	10f. ZIP CODE			10a, CITIZ		HAT COUNTRY	
18221 RC	LLING	MEADOW W	ΑY			208	32		USA			
11. MARITAL STATUS		12. WAS DECEOEN			13. WAS (	ECENDENT OF HISPA	NIC ORIGII	1? (Specify Yea	or No-	14. RACE	— American In	dien,
1 Never Married 2 3 Widowed 4 Div		FORCES? 1	YES 2 S	MO		specify Cuban, Mexic rES 2 NO Spec		Rican, etc.)		Specify		
,		1									WHITI	5
(Specify or	Very sept. S	e completed)	S	ECEDENT'S I Give kind of w le. Do NOT use	USUAL OCCUP rork done during	ATION most of working	168	. KIND OF BUS	INESS/INDU	STRY		
Elementary/Secondary	0-12)	College (1-4 or 5	+)					77.0	) (T)			
12	Aiddle 1 11	0	H	OMEMAI	KER	40 140001000000000000000000000000000000	AME CO		ME	2233		
17. FATHER'S NAME (First, I						18. MOTHER'S N				NAT.		
CHARLES	SHEI	LOR		AL 86 8 M 11.1-	ADDRESS II		RGARE		TERSO			
194. INFORMANT'S NAME						et and Number or Rura						
CHARLES R.		DN				NEY LANE		VEY, MI		)832		
20a. METHOD OF DISPOSI 1 ☑ Burlal 2 ☐ Cremet	on 3 🗆 Ren	noval from State	of cemetar	y, crematory	or other place)		DAT		CATION — C			
4 Donation 5 Other		CENSEE	- GA	TE OF	HEAVE	AND ADDRESS OF F	ACII ISU	SII	VER	SPRI.	NG, MD	•
an SIGNATURE OF PUNER	SERVICE L	1/0	//	/		IEL H. BA		FUNER.	L HON	Œ		
Mar	refo	1.10a	her			25 LAYTON					SVILLE	, MD. 2
23. PART I. Enter the	liseases, or	complications the	t caused the d	leeth. Do n							Approxi	mata
immediate Cause (F		List only one ce	use on each iir	16.	-							Between nd Death
disease or condition_	<b>→</b>	. Resp	ivato	214	ta:	luve					6	
resulting in death)	•	DUE	(OR AS A CONS	EOUENDE OF	7:		_				1173	
		· Meto	Station	2/1	read	lure st Co	Weil	nıma			~2-	INS
Sequentielly list cond if any, leading to imm	ediate	DUE TO	(OR AS A CONS	EOUENCE OF	7:			12/	•		-	1
cause, Enter UNDERL' CAUSE (Disease or in	ING	C										
that initiated events		DUE TO	(OR AS A CONS	EOUENCE OF	7):							
resulting in death) LA	" L	d										
PART II. Other algnific	ant conditio	na contributina to	death but not	resulting i	n the underl	ving cause given i	n Part I.	24a, WAS AN	AUTOPSY	24h	WERE AUTOPS	FINDINGS
hypers		_		uinig (		, J. J. J. J. J. J. J. J. J. J. J. J.		PERFOR	MED?	2.40	ANAILABLE PRIC	OR TO
1111	24 6	NIN-					_	1 🗆 YES 2	NO.		OF DEATH?	
- / *							— 1	′			1   YES 2	] NO
or was 0107 person	70 1450:011											
25. WAS CASE REFERRED EXAMINER?	IO MEDICAL	HOSPITAL:			OTHER:	L PLACE OF GEATH (C	theck only o	ne)				
1 TYES 2 100						Home 5 Residence	-					
27. MANNER OF DEATH  1 Natural 5	Pending	/ 28s. DATE O	Payl Your	28b. TIM	URY	INJURY AT WORK?	28d. DE	SCRIBE HOW I	NJURY OCC	UREO		
2 Accident	Investigation	(/	///			YES 2 NO	-		4.00			
3 Suicide 8 Homicide	Could not be determined	286. PLACE building	OF INJURY — At I , atc. (Specify)	nome, farm, s	HITEET, TACTORY, (	инсе		CATION (Street I or Town, State)	ing Number	or Hural R	oute Number,	
											_	
anal sing						data and place, and d						
one) 2 ME	DICAL EXAMIN	IER: On the basis of	examination and/o	r investigatio	n, in my opinio	n, death occured at ti	he time, dat	a and place, ar	d due to the	cause(a	) and manner a	s stated.
29b. SIGNATURE AND TITE	E OF CERTUFI	ER /				29c. LICENSE N	UMBER		29d. DATE	SIGNED	(Month, Day, Ye	nr)
124-	5	8 m	MI			70.20	299	2.	13	130	91	
30. NAME AND ADDRESS	OF PERSON W	HO COMPLETEO CAI	ISE OF DEATH (IT	TEM 27) (Type,	Print)	200	.1			W		
11 1000 1 0/11	, 5	KIRL	1111	1040	0 00	my Ave	K	Ma'	[_	MI	700	25
KAL HRV											) - JEIV	
29b. SIGNATURE AND TITI	E OF CERTUFI	ER	MI	) TEM 27) (Type,	Print)	29c, LICENSE N		2.				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-traitist pagmit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

Seria Tairdson-Randelle



THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.  O THE FOREITAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  MPORTANT: It item 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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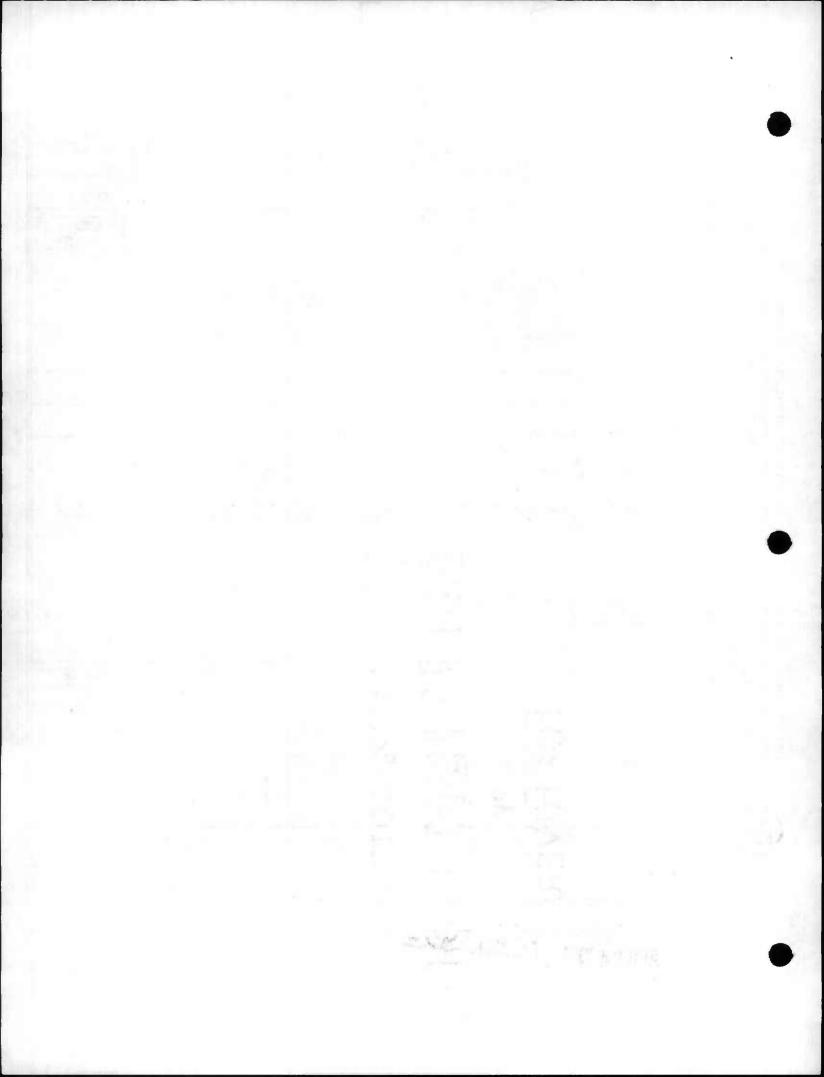
1 - STATE STATE REGISTRAR				MENTAL HYGIENE REG. NO.	-71 00	001
1. DECEDENT'S NAME (First, Middle, Last)	<b>+</b>			2. DATE OF DEATH MONTH DAY	YEAR	
4. SOCIAL SECURITY NUMBER 5. SE	6. AGE (In yrs. lest b			7. DATE OF BIRTH (Month, Day, Year) 5-8-19		te or Foreign
	number) Key	96. CITY, TOW	A 1 to	ATH	9c. COUNTY OF DEATH	
10a. STATE 10b. COUNTY					LJMIT	87
10e. STREET AND NUMBER	5+		10f. ZIP CODE		10g. CITIZEN OF WHAT COUN	TRY?
1 Never Merried 2 Merried FC	PRCES? 1 YES 2 NO YES, GIVE WAR OR DATES	If yes,	specify Cyben, Mexicar	, Puerto Rican, atc.)	r No— 14. RACE — America Black, White, ato Specify:	an Indian,
	ge (1-4 or 5 +) (Give	kind of work done during NOT use retired.)	most of working	16b. KINO OF BUSIN	IESS/INDUSTRY	
	liott		18. MOTHER'S NAI	INA HA	arden	
Clarence E	lliott 4	734 K	mberle	igh Rd.	BAlto, MD	.2/2/2
1 Buriel 2 Cremation 3 Removal fro 4 Donetion 5 Other (Specify)	om State of cemetary, co	ematory or other place) SON Fores	t Vet Come	4-591 DIN	ings Mills, A	
→ Lum C B.	nown	W;	lliam <	1206		
	nly ona cause on each line.		noda of dying, auch	n as cardiac or reapira	Inte	profilmata erval Between let and Death
Sequanticity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in death) LAST	Obstructi DUE TO (OR AS A CONSEQUE Chronic	ve Ur ENCE OF): Renad	opathy ! Insu	t Itticier	rcy	
Coronary Artery Multiple Presumed	Disease/PI	obable s	CEC	PERFORM 1 VES 2	NO OF DEATH	PRIOR TO ON OF CAUSE 7
1. DECEDITIVE MARKE (Pirt, Middle, Last)  1. DECEDITIVE MARKE (Pirt, Middle, Last)  1. DECEDITIVE MARKE (Pirt, Middle, Last)  1. DECEDITIVE MARKE (Pirt, Middle, Last)  1. DECEDITIVE MARKE (Pirt, Middle, Last)  1. DECEDITIVE MARKE (Pirt, Middle, Last)  1. DECEDITIVE MARKE (Pirt, Middle, Last)  1. DECEDITIVE MARKE (Pirt, Middle, Last)  1. DECEDITIVE MARKE (Pirt, Middle, Last)  1. DECEDITIVE MARKE (Pirt, Middle, Last)  1. DECEDITIVE MARKE (Pirt, Middle, Last)  1. DECEDITIVE MARKE (Pirt, Middle, Last)  1. DECEDITIVE MARKE (Pirt, Middle, Last)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, Middle, Middle, Middle, DeceDitive)  1. DECEDITIVE MARKE (Pirt, Middle, M						
TABLE STATE  REGISTRAR  CERTIFICATE OF DEATH  FIGURE OF CERTIFICATE  CERTIFICATE OF DEATH  CERTIFICATE OF DEATH  CERTIFICATE OF DEATH  FIGURE OF CERTIFICATE  CERTIFICATE OF DEATH  FIGURE OF CERTIFICATE  CERTIFICATE OF DEATH  FIGURE OF CERTIFICATE  CERTIFICATE OF DEATH  FIGURE OF CERTIFICATE  CERTIFICATE OF DEATH  FIGURE OF CERTIFICATE  CERTIFICATE OF DEATH  FIGURE OF CERTIFICATE  CERTIFICATE OF DEATH  FIGURE OF CERTIFICATE  CERTIFICATE  CERTIFICATE OF DEATH  FIGURE OF CERTIFICATE  COLOR OF COLOR		281. LOCATION (Street em City or Town, State)	d Number or Rural Route Numb	06,		
(Check only						ner es stated.
Fresly W	D Stay	4	_		29d. DATE SIGNEO (Month, De	y, Year)
V		27) (Type, Prifit)				-141
and the second s	la Davidson-Ronda	2				

Let Elliott + 134 North-strategy to the tra-

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be refained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal.	medicai examiner must be notified at once.
<b>EMISSION OF VITAL RECORDS, P.O. BOX 68760,</b>	TO THE HOS IT IN THE POING PHYSICIAN; The law requires that the death certificate be executed within 24	TO THE FUNE WILL THE THE After this certificate has been signed by the attending physician and completely fills	be filed within a comment death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Miridle Leets			0					2. DATE OF	DEATH.			3. TIME OF DEATH		
í	ALBINA	BARBA	ARA		F	ILIP	PELI	LI		MONTH 04	02	NY.	91EAR	7:35 PM		
ì	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In )	rrs. lest birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH			IPLACE (State or Foreign		
	074-20-0012	2	1 M 2 XF	64	YRS.	MONTHS	DAYS	HOURS	MIN.	10 26		26	NEW	YORK		
	9a. FACILITY NAME (If not in							OR LOCATI				9c. COU	NTY OF D	EATH		
DIRECTOR	NORTH ARUNI		SPITAL AS	SSOCIA	ATION	G	LEN	BURN	IE				Α.Α.	COUNTY		
	RESIDENCE OF DEC	10b. COUNTY	,		10c. CIT	ry, TOWN	OR LOC	ATION						10d, INSIDE CITY		
	MD	ANNE	ARUNDEL		CR	OFTO	N						LIMITS?			
- 11	10e. STREET AND NUMBER		THIOHDEL		1 010	01 10.		01. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?		
	912 Easthan	n Ct. A	Apt Tl				12	21114				U.	S.A.			
DI FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X NO	13.	If yes, s		n, Mexica	NIC ORIGIN? ( in, Puerto Rici y:		or No—		E — American Indian, k, White, etc.		
3		EDENT'S EDU		10	Sa. DECEDENT'S	USUAL C	CCUPAT	TION	laa	16b. K	ND OF BUS	SINESS/IN	DUSTRY			
	Elementary/Secondary (		College (1-4 or 5	+)	life. Do NOT u	ise retired.)	)	NOSE OF MORE	119							
Σ	10		NONE		HOMEM	AKER		,			1 HOM					
COMPL	17. FATHER'S NAME (First, M	liddle, Last)						-1-10		ME (First, Mid	dle, Maiden	Surname)				
N N	FRANK		LICEK		I				BINA					LECANDA		
2	19a. INFORMANT'S NAME (		OFTIT						r or Rural	Route Number,	City or Tow	n, State, Zi	p Code)			
	MICHAEL J.		CLLL	201 5	SA:	ME A			_	DATE	200 10	CATION —	Chu es *	wan State		
	1 N Burial 2 Crematic	on 3 🗆 Rem	oval from State	of cen	netary, cremator yland	v or other	placel		atar	1						
	21. SIGNATURE OF SUNERA	71	INSEE	Les	yranu			AND ADDRE			TORO	MINDA	ظناناة	, MD		
	23. PART & Enter the d	nd V.	Ding	rater	2	1	SEC	COND .	AVE.		GLEN			MD 21061		
EKIILICALION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING ury	b. METO	O (OR AS A C	ONSEQUENCE CONSEQUENCE CO	OF): O) OF):	11/1	nuc um		Anc.	120	pr A				
MEDICAL C	PART II. Other algorifica	THE	contributing to	o deeth but	not reaulting	in the u	inderlyl	ng cause	given in		4a. WAS AN PERFOI YES 2	RMED?	24	D. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 24 NO		
1	25. WAS CASE REFERRED 1	TO MEDICAL		_			26.	PLACE OF I	DEATH (C	heck only one)		-				
2	EXAMINER?		HOSPITAL:	☐ ER/Outpeti	ient 3 🗆 DOA	OTHE		me 5 🗆 R	tesidence	6 Other (	Specify)					
T PHTSICIAN:	1	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. Til	ME OF JURY M	V	NJURY AT VORK?	□ NO	28d. DESCI	RIBE HOW	INJURY O	CURED			
IED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — I, etc. (Specify	- At home, farm,	, street, fa	ctory, of	fice			ION (Street Town, State)		er or Rural	Route Number,		
COMPLETED	one)		ICIAN: To the best of											a) and manner as stated.		
O BE C	296. SIGNATURE AND TITLE	-15	theel	~-				29c. LIC	ENSE NU	MBER 2/5		29d. DA	TE SIGNE	(Month, Day, Year)		
	JAMES T. M		N, M.D./	7706	QUARTE		LD R	OAD/	GLEN	BURNI	E, M.	ARYL	AND 2	21061		
	31. DATE FILED (Month, Day,	1991	32. REGISTR	AR'S SIGNAT	ander											

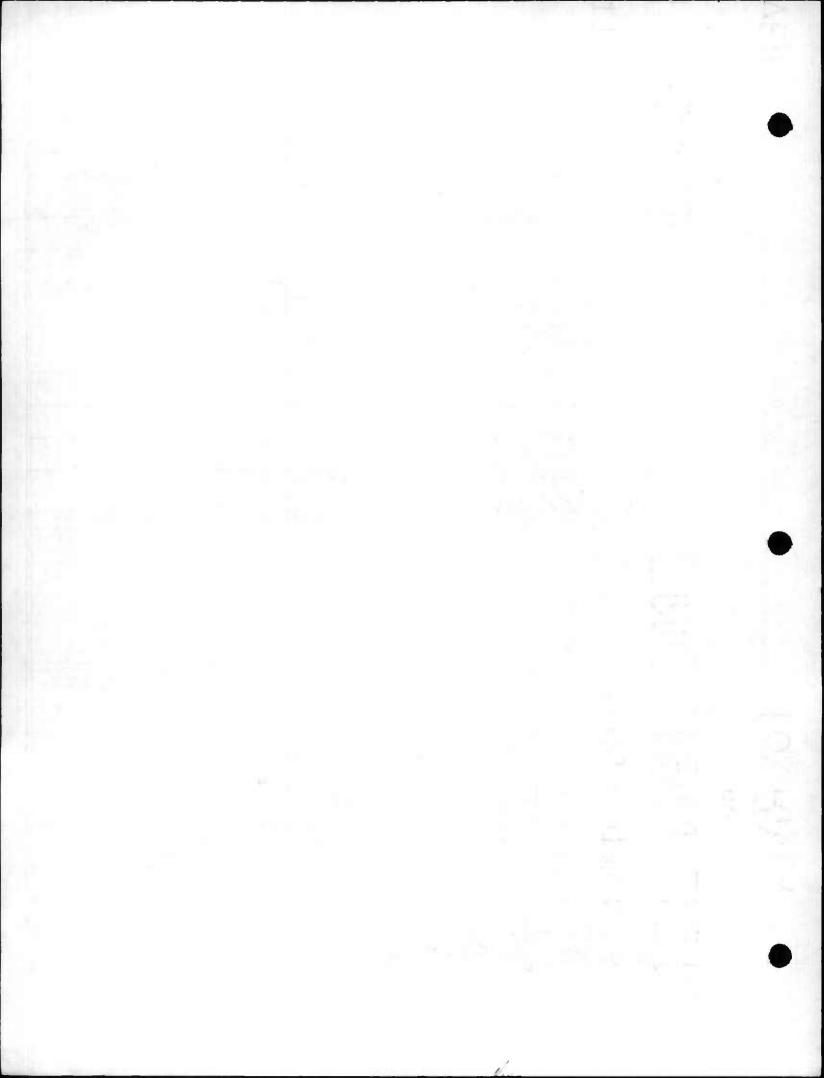


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should

REGISTRAR	STATE OF MAR	RYLAND / DEPARTM CERTIFICA	ATE OF DEATH	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Mic CARRIE		GREEN		2. DATE OF DEATH DAY 04 - 01 - 91	4400 4 00	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-28-52	15 1 M 2 × F	77 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-20-13	Country)	VA.
98. FACILITY NAME (If not institu UNION MEM RESIDENCE OF DECE	ORIAL HOSPIT		BALTIMORE		COUNTY OF DEA	гн
	Db. COUNTY		IORE, CITY		×	Od. INSIDE CITY LIMITS?  YES 2 NO
100. STREET AND NUMBER 2054 KE	NNEDY AVENU	E	101. ZIP CODE 21218	10g.	USA	AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Me 3 X X/Idowed 4 Divorce	I IF VES GIVE WAR	YES 2XXNO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Spec		14. RACE — Bleck, V Specify:	American Indian, White, etc.
15. DECEDI (Specify only his Elementary/Secondary (0-12)	ENT'S EDUCATION ghest grade completed) ) College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during most of working tired.)	16b. KIND OF BUSINES:	S/INDUSTRY	
17. FATHER'S NAME (First, Middle		KITCHEN	18. MOTHER'S N	AME (First, Middle, Maiden Surna	· .	777
SIMON B	OLDEN Print	19b. MAILING AD	CAR  PRESS (Street and Number or Rura			
	PIERCE		. 20th STRE			21218
20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 4 Donation 6 Dither (Sp	3  Removal from State	20b. PLACE AND DATE OF of cemetary, crematory or VOSHELL M	EMORIAL GAR	DENS BALT	IMORE,	MD.
21, SIGNATURE OF FUNERAL S	DO The		WM.C. MARC	ACUTY Н F.H. 1101	E. NO	RTH AVE
	a. Myora do Due to one	on each ilne.	orenary and			Approximate interval Between Onset and Dea
Sequentially list condition if any, leading to immedicause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	G C	AS A CONSEQUENCE OF):	orenary arts	ery disease.		
		eth but net resulting in t	he underlying ceuse given i	n Part I. 24s. WAS AN AUTO	nev out v	
PART II. Other significant	pathic Ityper	trophic Sule	nordic Stenos	PERFORMED  1   YES 2   N	7 0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Idio	pathic Itypes,		ROWI'L STENOS  28. PLACE OF DEATH (	PERFORMED  1 □ YES 2 X N	7 0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
I dio  25. WAS CASE REFERRED TO I  EXAMINER?  1 □ YES 2 1 1 NO	MEDICAL HOSPITAL:  1   Inpetient 2   El	NOutpetient 3 K DOA 4	28. PLACE OF DEATH (CTHER:	PERFORMED  1 YES 2 N  Check only one)  8 Other (Specify)	? A C C C C C C C C C C C C C C C C C C	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
Z5. WAS CASE REFERRED TO PEXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  PENEURI 5   Pe	MEDICAL HOSPITAL:  1   Inpatient 2   El Month, Day,	R/Outpettent 3 M DOA 4  IURY 28b. TIME 0  Nour	28. PLACE OF DEATH (CTHER: Nursing Home 6 Residence	PERFORMED  1 VES 2 N  Check only one)	Y OCCURED W	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!
Z5. WAS CASE REFERRED TO I EXAMINER?  1 YES 2 NO  27. MANNER DEATH  F Netural 5 Pe 2 Accident Inv 3 Suicide S Co	MEDICAL HOSPITAL:  1 Inputent 2 En  26a. DATE OF INJ.  (Month, Day, mestigation	R/Outpetlent 3 M DOA 4  URY 28b. TIME 0  INJURY A horise/term, stre	28. PLACE OF DEATH (C THER: Nursing Home 6 Residence F WORK? M 1 YES 2 NO	PERFORMED  1 VES 2 N  Check only one)  8 Other (Specify)  28d, DESCRIBE HOW INJURE	Y OCCURED WA	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  VA -
Z5. WAS CASE REFERRED TO DEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  THE Natural 5 Pe 2 Accident Im 3 Suicide 8 4 Homicide 86  29e. CERTIFIER (Check only)	MEDICAL  HOSPITAL:  1 Inpatient 2 En  MEDICAL  HOSPITAL:  1 Inpatient 2 En  Month, Day,  westigation  auld not be  28a. PLACE OF its  building, etc.	NOutpetient 3 M DOA 4  IURY 29b. TIME 0 INJURY A (Noting term, street)  Knowledge, death occurred to	28. PLACE OF DEATH (t THER: Nursing Home 6   Residence F 28c. INJURY AT WORK? M 1   YES 2   NO st, factory, office	PERFORMED  1 VES 2 N  Check only one)  28d. DESCRIBE HOW INJUR  TO UN CO 1  28t. LOCATION (Street and N City or Town, State)	Y OCCURED WAY OCCURED WAY OCCURED WAY OCCURED WAY OF Flural Floring as stated.	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  VES 2 NO  NA  Thomas Pound  Thomas Pou
Z5. WAS CASE REFERRED TO DEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  THE Natural 5 Pe 2 Accident Im 3 Suicide 8 4 Homicide 86  29e. CERTIFIER (Check only)	MEDICAL  HOSPITAL:  1 Inpetient 2 Einending restigation and not be termined  28e. PLACE OF its building, etc  YING PHYSICIAN: To the best of my AL EXAMINER: On the besis of examples	NOutpetient 3 M DOA 4  IURY 29b. TIME 0 INJURY A (Noting term, street)  Knowledge, death occurred to	28. PLACE OF DEATH (I THER: Nursing Home 6 Residence F WORK? M 1 YES 2 NO st, factory, office In my opinion, death occured at the	PERFORMED  1 VES 2 N  Check only one)  2 In Other (Specify)  3 In Other (Specify)  3 In Other (Specify)  3 In Other (Specify)  4 In Other (Specify)  4 In Other (Specify)  4 In Other (Specify)  4 In Other (Specify)  4 In Other (Specify)  4 In Other (Specify)  5 In Other (Specify)  5 In Other (Specify)  5 In Other (Specify)  6 In Other (Specify)  6 In Other (Specify)  6 In Other (Specify)  6 In Other (Specify)  6 In Other (Specify)  6 In Other (Specify)  6 In Other (Specify)  6 In Other (Specify)  6 In Other (Specify)  6 In Other (Specify)  6 In Other (Specify)  6 In Other (Specify)  6 In Other (Specify)  6 In Other (Specify)  6 In	Y OCCURED WAY OCCURED WAY OCCURED WAY OCCURED WAY OF Flural Floring as stated.	Port of Cause of Death?  YES 2 NO  NA -  Market Port of Cause of Death?  Market Port of Cause of Death?  Market Port of Cause of



FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

LOIS

5. SEX

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

7. DATE OF BIRTH (Month, Day, Year 1 M 2 F 213-30-8827 03-21-Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and no 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 4975 DENMORE AVENUE BALTIMORE City 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Baltimore City permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 21215 4975 DENMORE AVENUE APT-3burial-transit urs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Maxicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced as the COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete nse n Por Flementary/Secondary (0-12) College (1-4 or 5+) 12th DOMESTIC page 5 should be detached at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) EDWARD N. WASHINGTON SR. DOROTHY WEST notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 9 JOHN В. GREEN DENMORE /BALTIMORE AVE. Pe 20s\_METHOD OF DISPOSITION
1 Burlet 2 Cremetion 3 Removal from Stale
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE examiner must the funeral director, ARRISON OREST VET 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gl adup w WM.C. MARCH F.H. 1101 E. NORTH AVE. ana filled in by the front on or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each 0 **IMMEDIATE CAUSE (Finel** has been signed by the attending physician and completely filled. Dept. of Health and Mental Hygiene prior to burial, cremation, a 23 shows any Injury, or other traumatic event, the it disease or condition resulting in death) DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within CERTIFICATION Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events QUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem the State HOSPITAL: OTHER: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 6 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATN 28d, DESCRIBE NOW INJURY OCCURED 26b. TIME OF marked, this c 1 Natural 6 Pending Investiga L DIRECTOR: After thi 2 hours after death w f Item 28 is mark 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

The properties of the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

The properties of the large data and place and due to the cause(s) and manner as stated.

The properties of the large data and place and due to the cause(s) and manner as stated. THE FUNERAL E

TO THE FUNERAL E

BE filed within 72 h

IMPORTANT: If II HOSPITAL 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the time, data and piace, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 20 2 WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON OP NISHA 300 ausch 31. DATE FILED (Month, Day, Year) 30. REGISTRAR'S SIGNATURE 04

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

6. AGE (In yrs. lest birthday)

GREEN

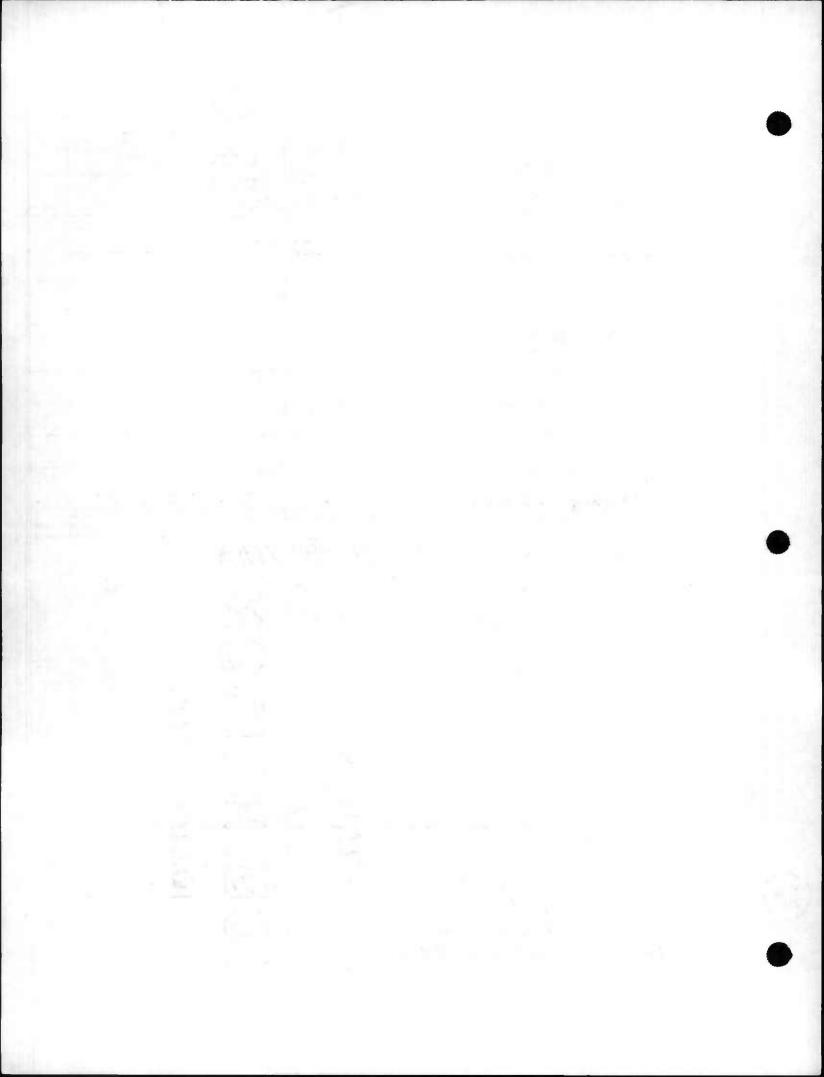
IF UNDER 24 HRS.

2. DATE OF DEATH MONTH

3

91 08890 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 3. TIME OF DEATH YEAR 31 9 8. BIRTHPLACE (State or Foreign Country) 33 MD 9c. COUNTY OF DEATN 10d. INSIDE CITY LIMITS? YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE - American Indian, Black, White, etc. Specify: Black 16h KIND OF BUSINESS/INDUSTRY MD. 21215 20c. LOCATION — City or Town, State OWINGS MD Approximata Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year)



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DIVISION OF VITAL RECORDS, P.O. BOX 68/60	
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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
) THE HOSPITAL OR ATTENDING PA	O THE FUNERAL DIRECTOR: After the filed within 72 hours after death w	APORTANT: If Item 28 is marke

1. DECEDENT'S NAME (First, Middle, Last)	)				2. DATE OF DEATH		3. TIME OF DEATH
CHARLES		DINS SR			04-02-		EAR
4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
213-30-3149	1√1 M 2 □ F	59 YRS.	MONTHS DAYS	HOURS MIN.	11-26-	31	Country) M D
9a. FACILITY NAME (If not institution, give				N OR LOCATION OF D		9c. COUNTY	OF DEATH
	IAL HOS	PITAL	BALT.	IMORE, M	ID.		
RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	тү	19c. Cl	TY, TOWN OR LO	CATION			10d. INSIDE CITY
MD		B	ALTIMOR	RE, CIT	Υ		LIMITS?
10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZER	N OF WHAT COUNTRY?
	irte Ave			2121			USA
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Olvorced	12. WAS OECEDENT FORCES? 1 [ IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 X NO IR OR DATES	If yes,		NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.) ffy:	s or No 14	Black, White, etc.  Specify: BLACK
15. DECEDENT'S ED	UCATION	16a. OECEDENT	S USUAL OCCUPA	TION	16b. KIND OF BU	SINESS/INDUS	TRY
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 6+)		f work done during use retired.)				
12th		CONS	RUCTI	ON WORKE			
17. FATHER'S NAME (First, Middle, Last) Earl Giddins				18. MOTHER'S N. Mabl	AME (First, Middle, Maider e Wilso		
19a. INFORMANT'S NAME (Type/Print)	•		10 1000000 (0)				
	ddins				Poute Number, City or To		MD.21218
20a, METHOD OF DISPOSITION  **Burlal 2   Cremation 3   Ra		20b. PLACE AND DA			OATE 20c. LO		
Notice   Companies   Companie	moval from State	of cemetary cremato	EMORTA	PARK	RA	NDALL	STOWN, MD
23. PART I. Enter the diseases, or	Wana-	ح		C. MARCH	F.H. 11	01 E.	NORTH AVE
shock, or heart failure iMMEDIATE CAUSE (Final		e Dn aach lina.					t, Approximate Interval Betw
shock, Dr haart failure	a. List only one caus	concest	WE !				t, Approximate Interval Betw
shock, or heart failure iMMEDIATE CAUSE (Final disease or condition	a. DUE TO 6	CONCEST	(VE U	ment (	MILURE		Approximate interval Betwoonset and Do
shock, Dr heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	a. DUE TO (	concest	(VE 1) OF):	ment (	MILURE		Approximate interval Betwood Onset and Do
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shock, Dr heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in dasth)  PART II. Other significant conditions.	a. DUE TO ( b. DUE TO ( c. DUE TO ( d. DUE TO ( 1	OR AS A CONSEQUENCE  OR AS A CONSEQUENCE  OR AS A CONSEQUENCE  OR AS A CONSEQUENCE  CERTOutpatient 3 □ DOA  INJURY □ 26b. T	OF):  OF):  OF):  OF):  OF):  OF):  IME OF 28c.	/ing cause given in  PLACE OF DEATH (Cotome 5 ☐ Rasidence INJURY AT	Part I. 24a. WAS A PERFO	N AUTOPSY RMED?	Approximate Interval Betw Onset and Dr. Trans.  Trans.  24b. WERE AUTOPSY FINDI ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
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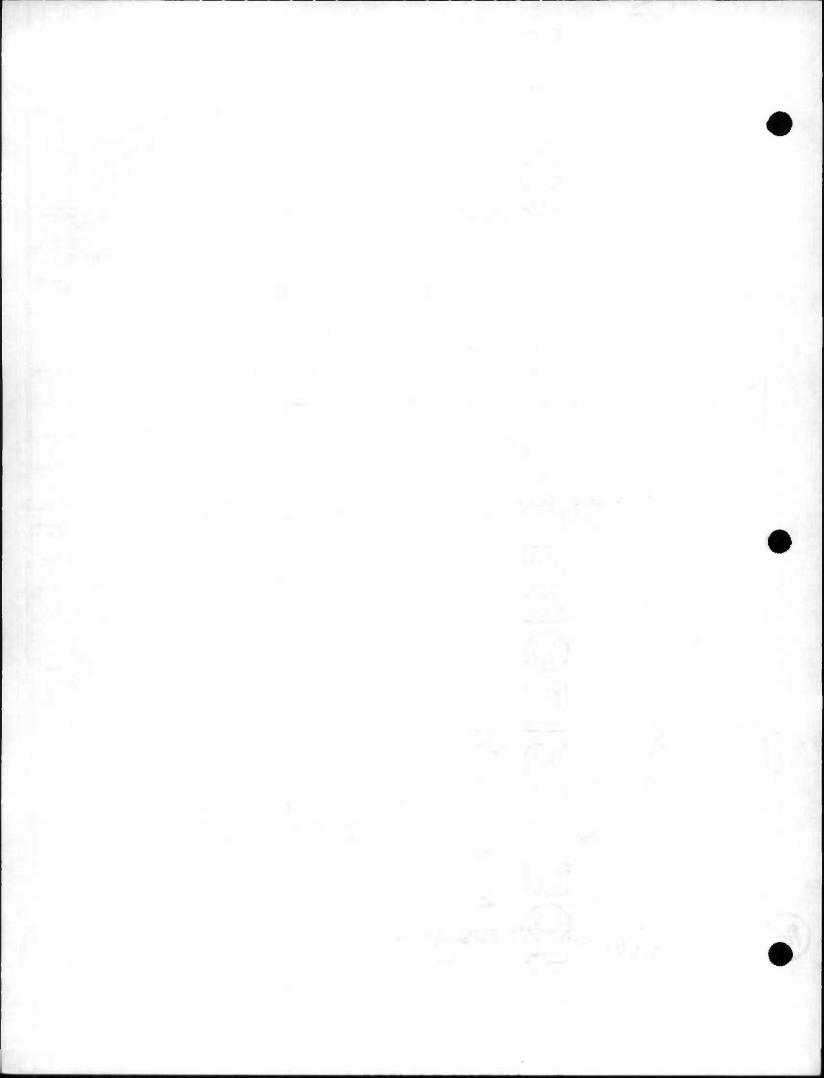


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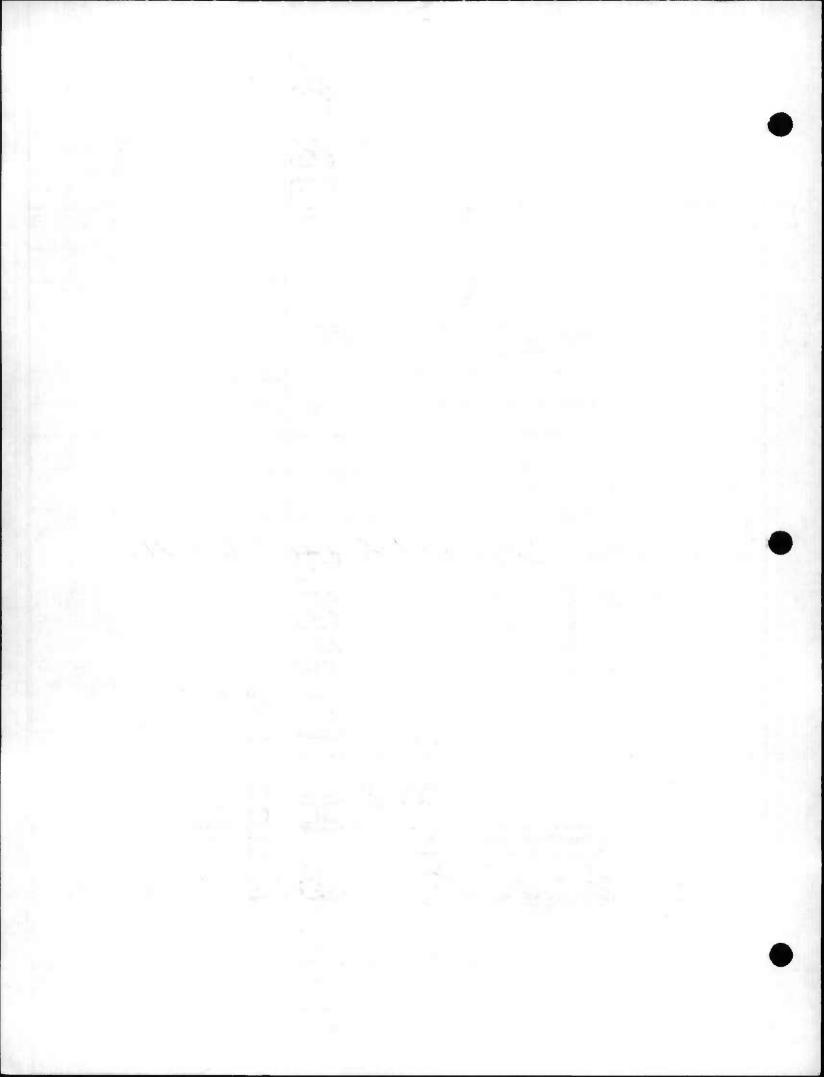
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	for STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT				MEN	TAL HYG		-	1	0889	32
Į.	1. DECEDENT'S NAME (First, Middle, Last)									ATE OF OEAT	DAY		YEAR	3. TIME OF DEA	ТН
		INTER							Ap	ril 2	, 1	991		11:30 F	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. ia		IF UNDER 1	DAYS	IF UNDER	MIN.	(M	TE OF BIRTS onth, Day, Ye	ar)		6. BIRTH Count	HPLACE (State or Fi	oreign
	215-10-0372	1 M 2   F	78	YRS.						y 25,		12		ryland	
œ	9s. FACILITY NAME (If not institution, give at	· ·			9b. CITY,			ON OF O	EATH				NTY OF C		
2	Meridian Cromwell	Nursing	Home		Bal	tim	ore					Ba:	ltim	ore	
EC	10s. STATE 10b. COUNTY			10c, CIT	Y, TOWN OF	LOCAT	ION							10d. INSIDE CIT	Y
DIRECTOR	Maryland Baltin	nore												LIMITS?	NO
	10e. STREET AND NUMBER	101 0		1		101	ZIP COD	E			T	10g. CITI	ZEN OF	WHAT COUNTRY?	`
FUNERAL	7101 Chambers Road	1					212	34				11.5	S.A.		
5	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. A				ENDENT	OF HISPAN		IGIN? (Speci			14. RAC	E — American Indi k, White, etc.	lan,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES	NO			2 NO			rto Ricen, st	c.)		Spec	tty:	
		WWII			1									i te	
TE	15. DECEOENT'S EDUC (Specify only highest grade		(0	ECEDENT'S Give kind of a. Do NOT u	work done do	CUPATIO	DN ast of worki	ing		16b. KIND 0	F BUSI	NESS/IND	DUSTRY		
<u>ا د</u>	Elementary/Secondary (0-12)	College (1-4 or 8	+)		se roured.)					Λ		(	24.1		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		LUI	river			18. MOT	HER'S NA	ME (E)	at, Middle, M		an (	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_
	The state of the s							rain					Mc 1 a	ughlin	
BE	19s. INFORMANT'S NAME (Type/Print)		16	b. MAILING	ADDRESS	(Street a				lumber, City o	or Town,			ugililii	
5	Mr. James I. Wrig	nt			Steve					son.				1204	
х	20a, METHOD OF DISPOSITION		20b. PLACI	AND DAT	E OF DISPO	SITION	(Name							own, Stats	
	1 M Buriel 2 Cremation 3 A Remarks 4 Donation 5 Other (Specify)	aval from State	- New C	athe	dral dral	cem	eter	У Д	1/5/	91 B	alt	imor	re.	Maryland	1
	21. SIGNATURE OF PONEDAL MERVICE LIC	ENSE			22. N	AME A	ND ADDRE								
	France Ho	ist III			Le	9RE	rd J	FORH	CK.	; Bai	to.	Md	21	21/	
	23. PART I. Enter the diseases, Dr o		at caused the d	eath. Do	not enter t	the mo								Approxim	nate
	ahock, or heart failure.  iMMEDIATE CAUSE (Finel	List Dnly one ca	use Dn each lin	0.	F . 10			1		0				Onset an	
	disease pr condition resulting in death)	CAR	CIN	01	NA	1	PX	Re	5/	W	65	CA.	NI		
1	resulting in death)	DUE TO	OR AS A CONSE	OUENCE O	F):										
z	Convention list and distance	b													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):										
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C	(OD 40 4 00)	OUTUAL O											
Ë	that initiated events resulting in death) LAST	DUE IC	OR AS A CONSE	OUENCE U	<del></del>									i	
		d			-									1	
4	PART ii. Other algnificant condition	a contributing to	death but not	resuiting	in the und	derlyin	g cause	given in	Part		AS AN A	UTOPSY	24	MAILABLE PRIOF	
2											ES 2			COMPLETION OF OF DEATH?	
WEL														1 YES 2	NO
ä															
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				-	LACE OF	DEATH (C)	heck on	ly one)					
7	1 TES 2 NO		☐ ER/Outpatient	3 🗆 DOA	OTHER 4 Murs		ne 8 🗆 R	iesidence	6 🗆	Other (Specif	y)				
5		28s. DATE O	F INJURY Day, Year)	28b. TIR	ME OF JURY	W	JURY AT DRK?		28d.	OESCRIBE I	HOW IN	JURY OC	CURED		
PHY	27, MANNER OF DEATH	(minimum)			М	1 🗌		□ NO							
BY PHYSICIAN: MEDICA	27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident investigation														
BY	1 Natural 8 Pending 2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY — At h	ome, farm,	street, facto	ry, one				City or Town,		nd Numbe	r or Rural	Route Number,	
BY	1 Metural 8 Pending Investigation 3 Suicide 6 Could not be determined	28e. PLACE building	, etc. (Specify)				H,			City or Town,	State)			Route Number,	
BY	1 Metural 8 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSICAL COURSE)	28e. PLACE building	etc. (Specify)	leath occur	red at the ti	me, date	and plac		s to the	City or Town,	State)	ner as sta	ited.		
BY	1 Netural 8 Pending investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. PLACE building	etc. (Specify)	leath occur	red at the ti	me, date	and plac		s to the	City or Town,	State)	ner as sta	ited.		stated.
E COMPLETED BY	1 Metural 8 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSICAL COURSE)	28e. PLACE building	etc. (Specify)	leath occur	red at the ti	me, date	and plac		s to the	City or Town,	State)	ner as sta	ited. he cause(		
BE COMPLETED BY	1 Netural 8 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. PLACE building	nt my knowledge, c	leath occurr r investigati	red at the tio	me, date	and plac	ared at the	s to the	City or Town,	State)	ner as sta	ited. he cause(	s) and manner as	
E COMPLETED BY	1 Netural 8 Pending investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. PLACE building CIAN: To the basis of COMPLETED CAL	nt my knowledge, c	ieath occur i investigati	red at the til on, in my op	me, date	and place death occur 29c. LIC	cense NU	to the time,	City or Town,	State)	ner as sta	ited. he cause(	s) and manner as	

32. REGISTRAR'S SIGNATURE Lina Savidson-Randall

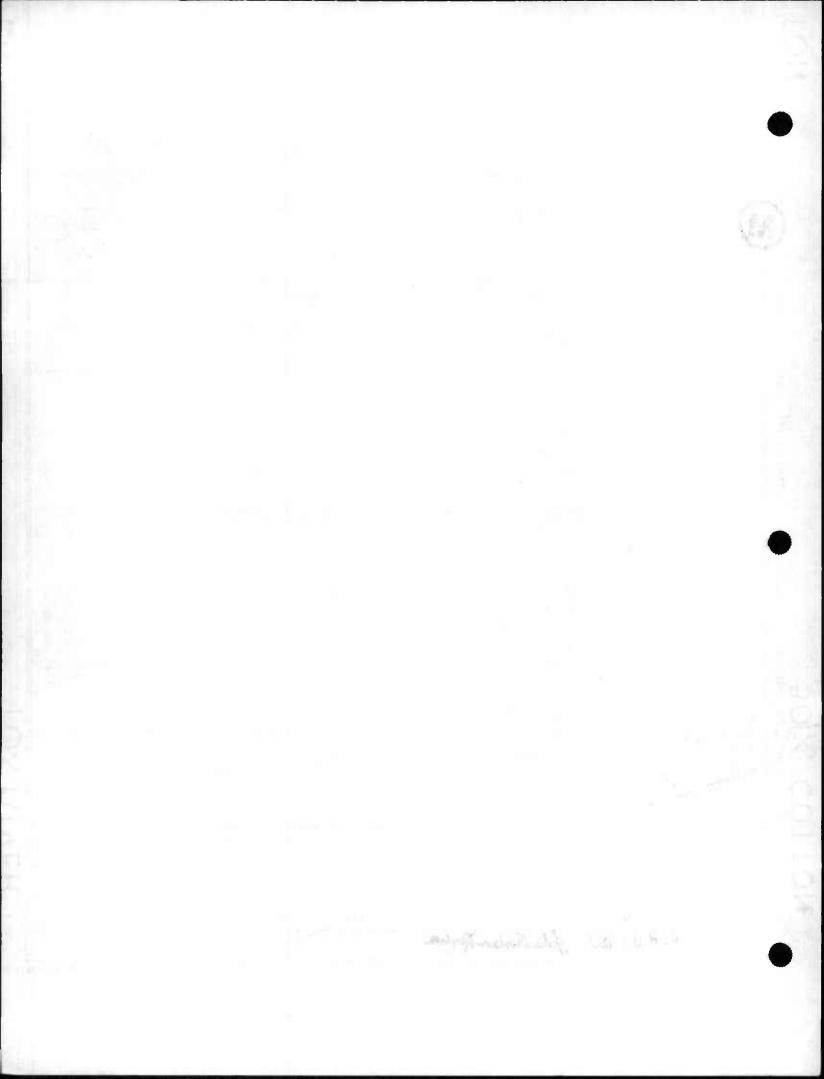
31. DATE F)LEO (Month, Day, Year)

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BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit in	i, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physicials.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-turnut permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE REGISTRAR			(	ERTIF	ICATE	OF	DEATH		REG. NO	).			
1. DECEDENT'S NAME (First	t, Middle, Last)	**						2. DATE	OF OEATH	AY	YEAR	3. TIME O	F DEATH
VERONICA					HICH	KMAN	ī	04	02	199		12:	02
4. SOCIAL SECURITY NUM 218-58-89		5. SEX 1  M 2 F	6. AGE (In yrs. 37	last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont 8 —	of BIRTH h. Day, Year) 5-53		Country	PLACE (Sta	_
9a. FACILITY NAME (# not BON SECOU							R LOCATION OF DE			9c. COUR	NTY OF O		
RESIDENCE OF DE	CEDENT									1			
Md.	10b. COUNT	Υ			v, rown or alti								DE CITY IS? 2 \(  \text{NO}\)
10e. STREET AND NUMBER	3					10f.	ZIP CODE			10g. CITI	ZEN OF W	HAT COUN	TRY?
1601 Bal	mor C	t.					2121	7			U.	S.A	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Div	- Alle - Lat	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 V		H	yes, spe	ENDENT OF HISPAN city-Cuban, Mexica 2 ANO Specify	n, Puerto	N? (Specify Ye Rican, etc.)	s or No	Black	- America , White, etc. Blace	C.
	CEDENT'S EDU nly highest grad (0-12)		·)	(Give kind of life. Do NOT u	work done du se retired.)	iring mos	stant	164	Nu 1	rsiness/inc			
17. FATHER'S NAME (First,							18. MOTHER'S NA	ME (First,	Middle, Maiden	Surname)			
Freddie	Jacks	on					Grace						
19a. INFORMANT'S NAME							nd Number or Rural I						
Carrie J	ohnso	n		1629	W. I	Mul	berry S						223
20ar METHOD OF DISPOSE 1 D Burial 2 Cremat	TION Ion 3 - Ren	noval from State	20b. PLA	CE AND DAT	E OF DISPOS	SITION	(Name	DAT	TE 20c. LC	OCATION -	City or To	wn, Stata	
4 Donation Donation	or (Specify)		Kin	ig Me	moria	al_	Pk. Cer	$n \downarrow 4 /$	6 Ba	alto	., M	ld.	
21. SIGNATURE OF FUNER	AL SERVICE LI	IN.	n ll	1	171 Ba	12-	Pk. Cen DADDRESS OF FA 14 W. N ., Md.	Nort 21	rvin h Ave	CARI	ROLL	, F/I	ł
disease or condition reaulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ediate YING jury	¢		SEQUENCE C	CO (40		SM						
PART II. Other algoritic	-	d tons contributing to	death but no	ot resulting	in the und	derlying	cause given in	Part i.	24a. WAS AI PERFO	RMED?	24b.	OF DEATH	E PRIOR TO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL					ACE OF DEATH (Ch	eck only o	nne)				
XX YES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:		5 - Residence	6 🗆 Oth	er (Specify)				
	Pending Investigation	28a. DATE Of (Month, L		28b. TH	ME OF JURY	28c. INJU WOI 1  Y		28d. DE	SCRIBE HOW	INJURY OC	CURED		
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28a. PLACE (	OF INJURY — At , etc. (Specify)	home, farm,	street, facto	ry, office			CATION (Street or Yown, State		r or Rural f	Route Numb	ide;
CONSULT OFFIN		SICIAN: To the best o										a) and man	ner se stat
290 SIGNATURE AND TIT						1	29c, LICENSE NUI					) (Month, Da	
30. NAME AND ADDRESS	mey	rell	ISE OF DEATH	ITEM AT .	- Bul-1)		_	CME		▶04		03	199
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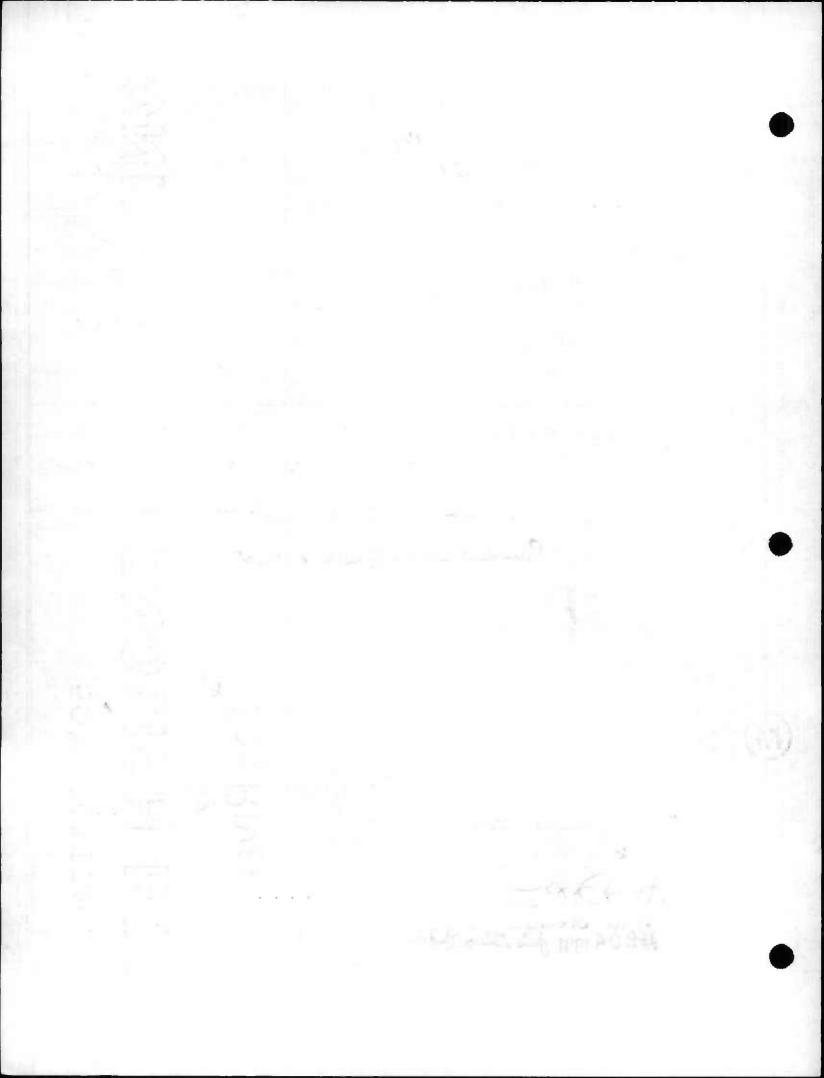
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OB ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
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	1. DECEDENT'S NAME (First, Middle, Le	HOWLETT Mi	ldred E	Howle	tt	2. DATE OF MONTH	DAY	YEAR 1991	TIME OF DEATH
BE COMPLETED BY FUNERAL DIRECTOR	212-16-2185	6. SEX 6. AGF	In yrs. lest birthday 81 YRS.	IF UNDER t YE		7. DATE OF (Month, 2)	Nay, Year)	8. BIRTHPL Country)	ACE (State or Forei
	90. FACILITY NAME (If not institution, gi Good Samaritan	Hosp.		96. СІТУ, ТО	WN OR LOCATION OF D	EATH	9c. COI	INTY OF OEA	тн
	RESIDENCE OF DECEDENT  10a, STATE  10b, COU			TY, TOWN OR L					Dd. INSIDE CITY
	10e. STREET AND NUMBER			Balto.	101. ZIP CODE		10g. CI		AT COUNTRY?
	4404 LaSalle A  11. MARITAL STATUS  1  Never Married 2  Merried	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2. NO	If ye	21206 DECENOENT OF HISPA s, specify Cuben, Mexic YES 2 X NO Speci	an, Puerto Ric	Specify Yee or No-	Black, 1	- American India White, atc. White
	3 Widowed 4 Divorced	EDUCATION	16a. OECEDENT	S USUAL OCCU	PATION		IND OF BUSINESS/IN		willte
	(Specify only highest g	College (1-4 or 5 +)			g most of working		ALL PERSONNELLE		
	12 17. FATHER'S NAME (First, Middle, Last)		Sales	person	18. MOTHER'S N		ane Bryan Idle, Malden Surname)	t	
	William Young				Mary 1				
10	19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rural				
	Wallace E. You	20	b. PLACE AND DA		Ave. Gler	Burn	ie. Md. 2		. Stata
	1 Burial 2 Cremetion 3 5	Removal from State of	Parkwoo				Balt	o. Mo	1.
_	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
2		2 011							
7	1 John )	2014	~	Joh 641	n C. Mille 5 Belair F	r Inc.	Lto., Md.	2120	5
7	23. BORT L Enter the diseases, shock, or heart fails iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one cause on e	each line.	Joh 641 not enter the	n C. Mille 5 Belair F	r Inc.	Lto., Md.	21200 rrest,	Approxim
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M. RECORDS, P.O. BOX 68760, DIVISION OF VI

1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEATH
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4. SOCIAL SECURITY NUMBER	5. SEX (	B. AGE (In yrs. lest birt		F UNDER 1 YEAR	IF UNDER 24 HI		OF BIRTH		0. BIRTI	HPLACE (State or Foreign
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RESIDENCE OF DECEDENT						- y				
10e. STATE 10b. COUNT	1	10	Oc. CTTY, T	TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
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Elementary/Secondary (0-12)	College (1-4 or 5+)						Mr	6	uee)	/
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BALTIMORE, MARYLAND 21215-0020

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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be or		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
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2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	Ξ

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	91-1778-510													
	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND /		TMENT				MENTAI	L HYGIEN REG. NO.		91	088	96
	1. DECEDENT'S NAME (First, Middle,	Last)							2. DATE	OF DEATH	NY	YEAR	3. TIME OF DE	ATH
	Elizabeth		Kenney						04	02		991	7:43	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH		6. BIRT	HPLACE (State or	Foreign
	217-46-2619	1 🗆 M ZX F	80	YRS.	MONTHS	UATS	HOURS	mire.	07	15	10		IARYLAN	1D
	9e. FACILITY NAME (If not institution,	, give street and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE	EATH		9c. COU	NTY OF	DEATH	
OR	558 S. Bentalo	u Street			Ba1	time	ore (	City					-	
DIRECTOR		OUNTY		100 CIT	Y, TOWN								10d. INSIDE CI	
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FUNERAL	11. MARITAL STATUS		NT EVER IN U.S. AR	1450	140	WW 0 050							.A.	
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	YES 2 NAME OR DATES	4O		If yes, sp		n, Mexica	in, Puerto I	f? (Specify Yea Rican, atc.)	or No-	Blac Spec	E — American in ck, White, atc. clly: WHITE	dlan,
8	15. DECEDENT		18a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b	KIND OF BU	SINESS/IN	DUSTRY		
E	(Specify only highes Elementary/Secondary (0-12)	College (1-4 or 5	Alfo.	Do NOT u	work done se retired.)	dunn <b>g</b> mo	st of workli	ng						
COMPLETED	12	0		HC	USE	WIFI	Ξ			HOM	EMAK	ER		
S S	17. FATHER'S NAME (First, Middle, La	nst)					16. MOT	HER'S NA	ME (First, I	Middle, Maiden	Sumame)			
BE C	MICHAEL ALT						EL	IZA	BETH	H BEC	K			
	19a. INFORMANT'S NAME (Type/Prin	()	191	b. MAILING	AOORES	S (Street a	nd Numbe	r or Rural	Floute Numi	ber, City or Tow	n, State, Zi	p Code)		
2	PAUL M. KEN	NEY		2214	WE	STR	IDGE	RO	AD-I	CIMON	IUM,	MD.	21093	
	20s. METHOD OF DISPOSITION	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name OATE 20c. LOCATION — City or Town, State												
	4 Donation 5 Donation 5 Other (Specify	1	_ GLEN	HAV	EN	CEMI	ETER	Y	4/	5 GLE	N BU	JRN]	Œ,MD.	
	21. SIGNATURE OF CUMERAL SERV	ICE LICENSEE	1		22. D	NAME AL	ADDRE	SS OF FA	CILITY	ע ביואו	וגסים	п	OME 210	261
	1 Lau	1 d. K.	myme	w	4	26	CRA]	IN H	WY.	S.W.G	LEN	BUE	RNIE, MI	).
	23. PART I. Enter the disease	, or complications th	at caused the da	sth. Do									Approxi	
	ahock, or heart fe	Rure. List only one ca	use on each line	9.				•						Between nd Death
	disease or condition resulting in death)	ANTO	NOS/	Coni	010	-	2	in	160	ala	62	360	1	
	resulting in death)	DUE TO	O (OR AS A CONSE					10 4	007			1000		
z	the second contract of the second	<b>C</b> b.												
RTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO	O (OR AS A CONSE	OUENCE C	P):									
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c							_					
E	that initiated events	OUE TO	O (OR AS A CONSE	OUENCE C	OF):									
H	resulting in death) LAST	d											_	
0	PART II. Other algnificent cor	nditions contributing t	o death but not i	resulting	in the u	nderivin	g ceuse	alven in	Part I.	24a. WAS AN	AUTOPSY	24	Ib. WERE AUTOPSY	FINDINGS
MEDICAL										PERFO			AVAILABLE PRIC	OT RC
									_	1 TYES	200		OF DEATH?	
									_				1 TYES 2	NO
A	25. WAS CASE REFERRED TO MEDI	CAL .		-		00.00	105.05.5	PATH 604	heck only or				N/A	
SICIAN:	EXAMINER?	HOSPITAL:			OTHE	R:	v							
HYS	27. MANNER OF DEATH	1   Inpatient 2	ER/Outpatient 3	28b. TH		_	IURY AT	asidence	8 Othe	SCRIBE HOW	IN HIRV OV	~ IDED		
0	1 Natural 5 Pendin	(Month.	Day, Year)		JURY	WC	ORK? YES 2	7 800	280. DE	SCHIBE HOW	INJUHY O	CUMED		
B	2 Accident Investig	ation	OF INJURY — At he	- 6	atmost 4s			NO	201.100	AT1001 (0		0	l Route Number,	
8	3 Suicide 8 Could   4 Homicide determ	not be building	, etc. (Specify)	orine, territi,	street, rec	aory, one				or Town, State		or or riural	ryoute Number,	
ᇤ	29a. CERTIFIER			-										
COMPL	(Check only	PHYSICIAN: To the best												
Ö	2 MEDICAL E	XAMINER: On the basis of	examination and/or	investigati	lon, In my	opinion, o	Seath occu	red at the	time, date	and place, as	nd due to	the cause	e(a) and menner a	a stated.
ш	29b. SIGNATURE AND TITLE OF CE	RTIFIER					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	ED (Month, Day, Ye	ar)
0 8	AVE	xxx					O.C	M.E				04	02 19	91
	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CA	USE OF DEATH (ITE	M 27) (%n	e Print)									

Penn Street.

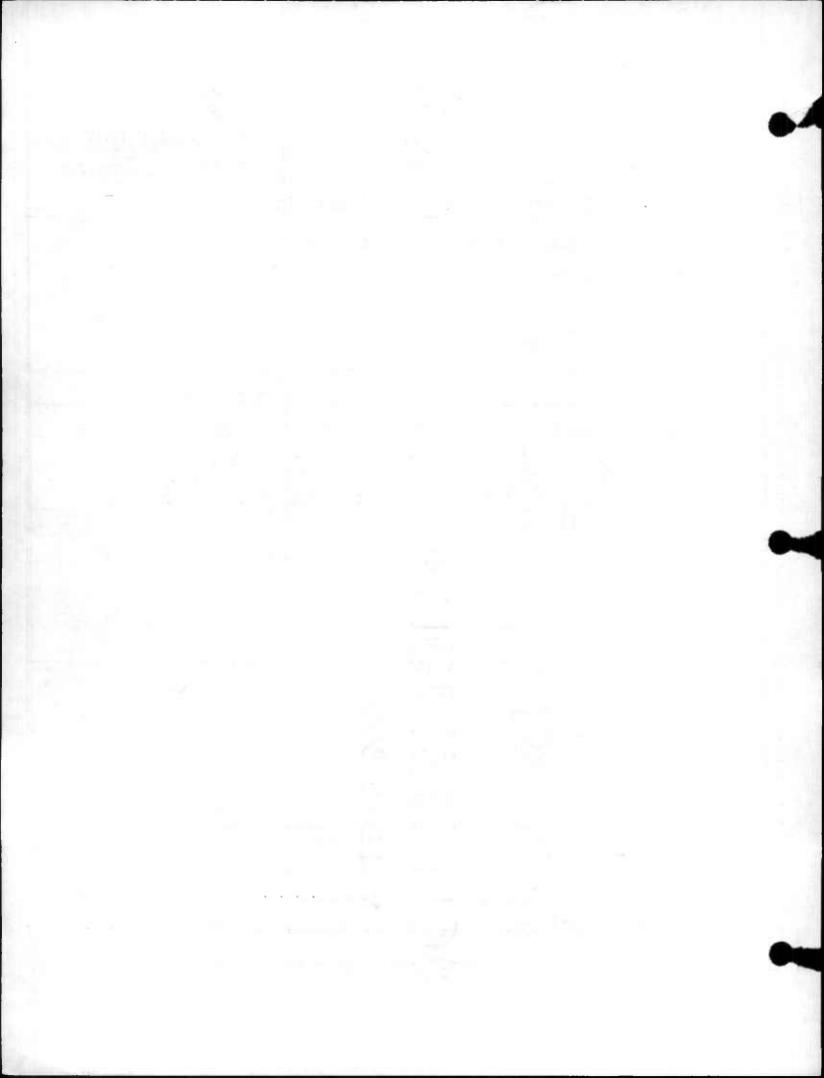
AOORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

31. DATE FILED (Month, Day, Year)

ADD 4. 1991

Baltimore Maryland 21201



2		Ħ
should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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MER	thin	NAT.
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TOT	he file	MPC
7	-	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND I	MENTAL HYGIEN	<b>E</b> 9	1 08897
- 1	1. DECEDENT'S NAME (First, Middle, Last)	ter John KILI			2. DATE OF DEATH MONTH DA	1991	3. TIME OF DEATH 4:30 a M
	4. SOCIAL SECURITY NUMBER 5. 100 03 7339 1	SEX 6. AGE (In yrs. lea	yrs. IF UNDER	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01/01/06	N.	BIRTHPLACE (State or Foreign Country) EW York
TOR	9a. FACILITY NAME (If not institution, give street  Franklin Square Ho  RESIDENCE OF DECEDENT			ssville 2123		Baltin	
DIRECTOR	Maryland Balti	more	Essex				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	26 B Glenwood Road			10f. ZIP CODE 21221			U.S.A.
BY	11. MARITAL STATUS  1	2. WAS DECEDENT EVER IN U.S. AF FORCES? 1 ☐ YES 2 ☑ IF YES, GIVE WAR OR DATES	NO	WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 ☐ YES 2 💢 NO Specify	n, Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) (G College (1-4 or 8+)	ECEDENT'S USUAL Of Sive kind of work done in Do NOT use retired.)  Machinst	CCUPATION during most of working	186. KIND OF BUS		RY
BE CON	17. FATHER'S NAME (First, Middle, Last) Peter Ki	llickowski		16. MOTHER'B NA Ali	ME (First, Middle, Malden Ce ?	Surname)	
10		-in-law) 3	Kilmory	S (Street and Number or Rural Court Balti	more Maryl	and 21	236
	20e. METHOD OF DISPOSITION  1 57 Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)  21. SIGNATULE OF FUNERAL SERVICE LIGEN	of cometary Garde		ith Cemetery	4/5/91 Ba		e County, Md.
	ans be	ndnist	B	name and address of fa ruzdzinski F 407 Old East	uneral Hom		e Md 21221
	IMMEDIATE CAUSE (Final	Restrictive L	.u <b>n</b> g Dise				Approximate Interval Between Onset and Death
NO	Sequentially list conditions, b	Cardiopulmona	ry Arres	t			
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE					
BY PHYSICIAN: MEDICAL CE	PART II. Other aignificent conditions of	contributing to death but not	resulting in the u	nderlying ceuse given in	Part I. 24a. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
SICIAN:		IOSPITAL:	OTHE	28. PLACE OF DEATH (C) R: rsing Home 5  Residence			
SY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUR	ED
	3  Buicide 8  Could not be 4  Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, street, fac	ctory, office	281. LOCATION (Street and City or Town, Stete)	and Number or	Rural Route Number,
COMPLETED	CONSTRUCTION OF THE PARTY OF TH	AN: To the best of my knowledge, d On the bests of examination end/or					euse(e) end menner ee stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	K. I	0 2 1 0	29c. LICENSE NU	MBER	29d, DATE S	IGNED (Month, Day, Year)

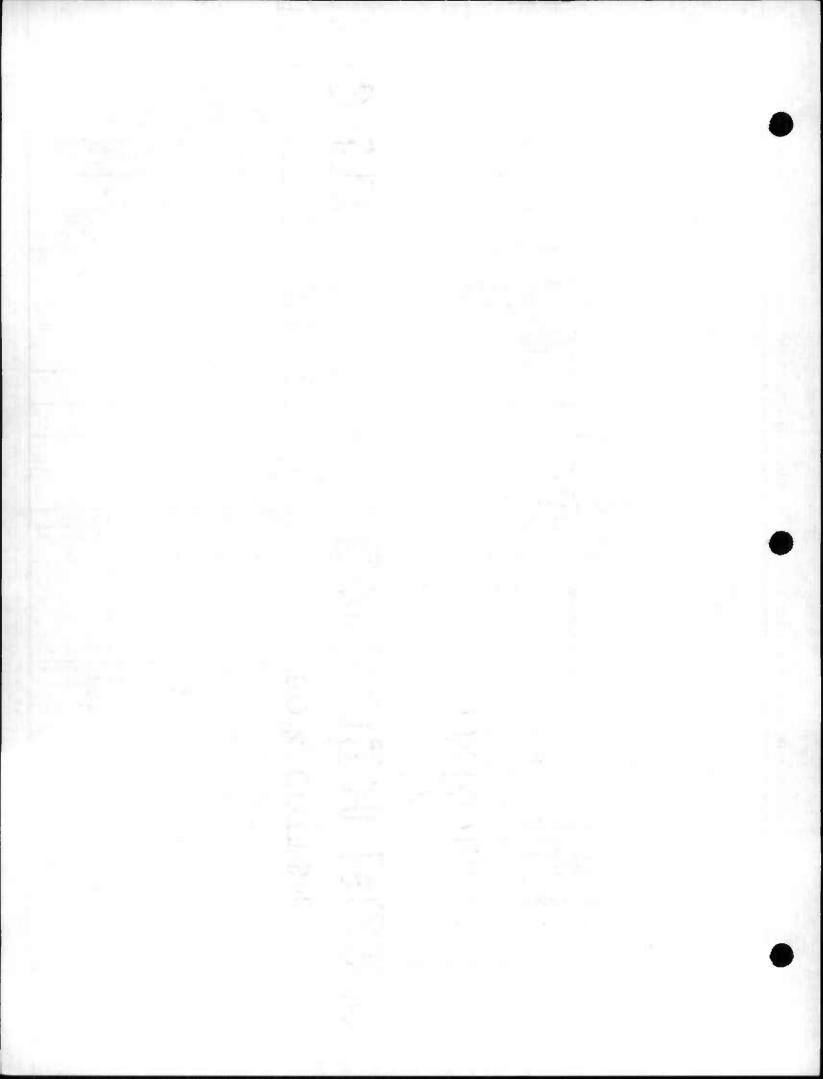
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Frenesa Hall, M.D. 9000 Franklin Square Dr., Balto., 21237

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

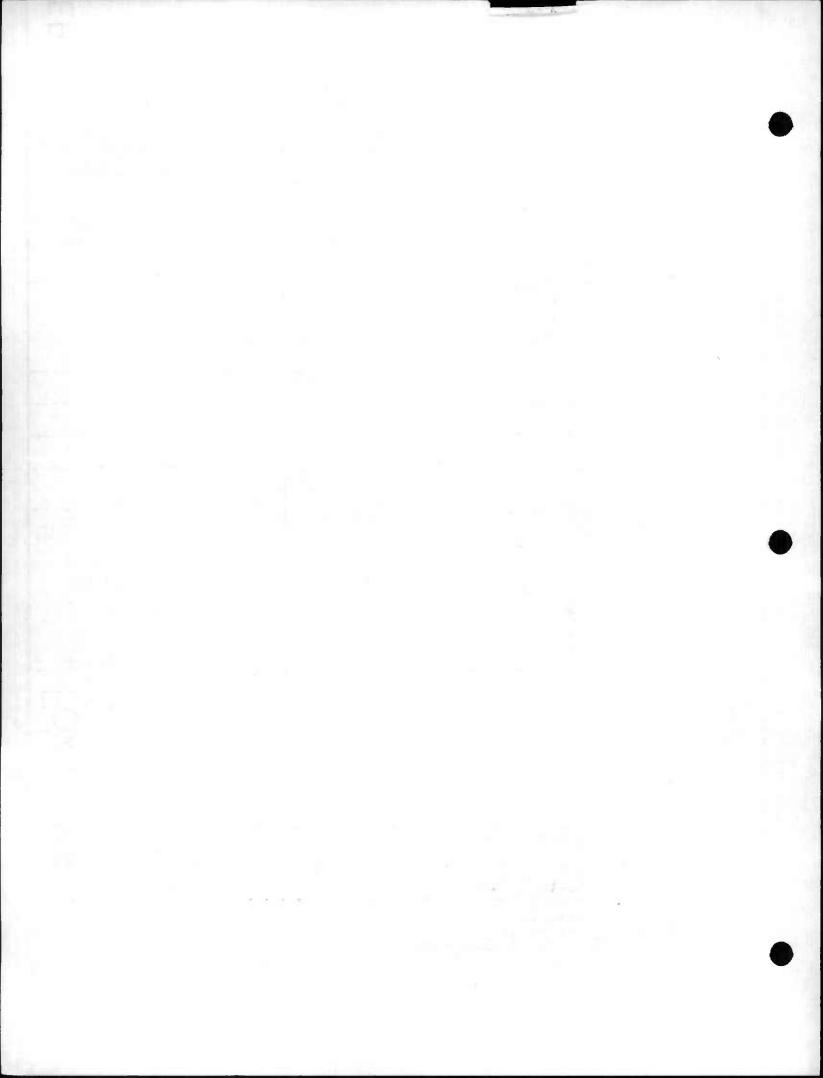
DHMH-16 Rev 1/89



THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARY		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO		08898			
1. DECEDENT'S NAME (First, Mid	die, Last)			2. DATE OF DEATH	AY YI	3. TIME OF DEATH			
CAROLYN	ANN	L	EYKO		1 199				
4. SOCIAL SECURITY NUMBER 215-42-5501		/ O MONTH	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	1 □ M 2 🔀 F	40 YRS.			1942	MARYLAND			
9e. FACILITY NAME (If not institut	ion, give street end number)	9b. C	TATE CITY		9c. COUNTY	OF DEATH			
FALLSTON GEN RESIDENCE OF DECED 100. STATE 108 MARYLAND	VERAL HOSPITAL		FALLST	UN	HARF	ORD			
10e. STATE 108	. COUNTY	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY			
MARYLAND	HARFORD	FORE	EST HILL			1 TES XX NO			
10e. STREET AND NUMBER			10f. ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?			
1600 CRESTO	N DRIVE		21050		U. 8	S. A.			
100. STREET AND NUMBER  1600 CRESTO  11. MARITAL STATUS  1 Never Merried 2 Mer  3 Wildowed 4 Divorced	I JF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES XX NO Speci	en, Puerto Ricen, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE			
15. DECEDE	NT'S EDUCATION hest grade completed)	16a. OECEDENT'S USUA		16b. KINO OF BU	SINESS/INDUS	TRY			
15. DECEDE (Specify only hig Elementary/Secondary (0-12) NA 17. FATHER'S NAME (First, Middle	College (1-4 or 5+)	Me. Do NOT use retire	one during most of worlding od.)						
NA	NA	HOMEMAKE	ER	OWN	HOME				
17. FATHER'S NAME (First, Middle			18. MOTHER'S N	AME (First, Middle, Malder	Surname)				
ALBERT THOMAS				T. KALINO					
19e. INFORMANT'B NAME (Type/			BESS (Street and Number or Rural			•			
	S LEYKO (HUSBANI		RESTON DRIVE,						
20e METHOD OF DISPOSITION	3 ☐ Removal from State	ST. STANISI	CEMETER	7	Hydes				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
SCHIMUNEK FUNERAL HOMES, INC. 9705 BELAIR ROAD, BALTIMORE, MD. 21236  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, [Approximate									
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Onset and Death  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):									
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.									
PART II. Other significant	conditions contributing to deeth		RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \( \subseteq \) NO					
25. WAS CASE REFERRED TO MEXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH									
25. WAS CASE REFERRED TO M EXAMINER?	HOSPITAL:	ОТІ	26. PLACE OF DEATH (C	theck only one)					
1 N YES 2 NO	1 Inpatient 2X ER/Ou	utpatient 3 DOA 4 D	Nursing Home 5 - Residence						
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED			
2 Accident Inve	stigation	RY — At home, farm, street,	1 YES 2 NO	NO 281, LOCATION (Street end Number or Rural Route Number,					
3 Suicide 8 Cou 4 Homicide dete	old not be building, etc. (Sc	pecify)		City or Town, State		· mar mr / TOURSE / TERRITORY,			
one)	ING PHYSICIAN: To the best of my kno.								
296. SIGNATURE AND TITLE OF	CERTIFIER		29c, LICENSE N	JMBER	29d. DATE S	IIGNED (Month, Day, Year)			
298. SIGNATURE ANOUNTEE OF	Unya		0 C M	F	•	4/02/1001			
30. NAME AND ADDRESS OF PE	RISON WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, Print)				YLAND 21201			
APR 0 4 1991	Julia Daydon	fandell:							



menone an animalated with the death and fleath to animals designed within the contract the contract to the contract to entered the adults.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The ISAM requires that the dearn certificate be executed within 5-75-bits after bean range or recalled by the toophila or alternormy physician.	TOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	THE HOSPITAL OR ALLENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this cer	be filed within 72 hours after death with th	IMPORTANT: If Item 28 is marked, o

Augusto R.

1991

deLeon,

	FOR 1 STATE	STATE OF I					MENTAL HYGIEN	IE .	}	0889	9
	negistrar  1. oecedent's name (First, Middle, Last)  Catherine	E va	CE		MBERT	DEATH	2. DATE OF DEATH MONTH, 1 2,	and .	YEAR	3. TIME OF DEATH 11:17	Dм
	4. SOCIAL SECURITY NUMBER 215-01-2139	5. SEX	6. AGE (In yrs. las:		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/11/03	1991	Country	PLACE (State or Fore	-
OR	90. FACILITY NAME (If not institution, give Franklin Square				9ь. СІТУ, ТОЖН О Balti	R LOCATION OF OR		1	TY OF O	EATH	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  Maryland  Cit	•			y, town or Locat	ON				10d. INSIDE CITY LIMITS? 1 J YES 2 N	10
FUNERAL D	10e. STREET AND NUMBER  2622 Fleet Str			Da.	101	ZIP CODE			ZEN OF W	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 355 Widowed 4 Divorced	FORCES?	IT EVER IN U.S. AR	MED	13. WAS OEC	ENOENT OF HISPAI	NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:		14. RACE	- American Indiar c, White, etc. dy: White	١,
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		+) (G.	ive kind of Do NOT u		at of working	16b. KINO OF BU				
BE COMP	8 17. FATHER'S NAME (First, Middle, Last)		Gustav 1		- Homemal	18. MOTHER'S NA	<u>  Baltim</u> ME (First, Middle, Maide) Bittorf		<u>ity</u>	Water De	pt.
TO B	196. INFORMANT'S NAME (Type/Print) Mrs. Anne Nurk	iewicz					Aoute Number, City or Too Itimore, M.		Code) .221		
	20e_METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Rer 4 □ Donation 5 □ Other (Specify) □ 21. SIGNATURE OF FUNERAL SERVICE L		other pl	ace)		tery 4/			MD.	Home, In	
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ca	use on aach line	i.	not enter the mo		ch aa cardlac or rea	piratory and	rest,	Approxime Interval Be Onset and	tween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  Myocardial Infarction  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	Sepsis  Performed?  1 Ves 2 No Of							AWAILABLE PRIOR 1 COMPLETION OF COOP OEATH?	TO AUSE		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   XO   XO   XO   XO   XO   XO   XO										
BY	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only (Ch						a lo line cause(a) and m			a) and manner as st	ated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFI	e From	MI MI	) EM 27) /5~	Print)	29c. LICENSE NU	MBER	29d. OAT	ZZ	(Month, Day, Year)	

eon, M.D. 9000 Franklin Square Drive, Baltimore, MD

132. REGISTRAR'S SIGNATURE

Achie Davidson-Randelle

OHMH-18 Rev 1/89

ITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARYLAND 21215-0020  N: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician. Itself in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should state Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.  Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE FIGURAL OF VITAL RECORDS, P.O. BOX 68760, TO THE FIGURAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or attending physician. TO THE PRESENT OF THE THIS CERTIFICIAN SHEET HIS CERTIFICIAN AND AND AND AND AND AND AND AND AND A	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

4 0000000000000000000000000000000000000		OL	-NIIII	CATE	JI DEAIII	P	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		YEAR	3. TIME OF DEATH
Crystal	Nicole			Montgo	omery	04	01		91	11:26 A M
4. SOCIAL SECURITY NUMBER 214-31-6057	5. SEX 6.	AGE (In yrs. les		MONTHS DAY	YS HOURS MIN.	7. DATE OF I (Month, Da	ly, Year)		Country	LACE (State or Foreign ) l and
9s. FACILITY NAME (if not institution, give street and number)					WN OR LOCATION OF DI	4 60	-90 <u> </u>	9c. COUNT		
Anne Arundel Gen	eral Hosp	ital		Aı	nnapolis			Anne	Aru	ndel
RESIDENCE OF DECEDENT	•									
10s. STATE 10b. COUNTY				, TOWN OR LO						10d. INSIDE CITY LIMITS?
Md. Anne	Arundel		Glei	n Burn						1 YES 2 NO
124 Bliss Lane					101. ZIP CODE 21060				A.	HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. AR	MED		DECENDENT OF HISPAI			or No— 1	4. RACE	- American Indian, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR				YES 2 NO Specif		ir, <b>u</b> (c.)		Specify	
15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S U	USUAL OCCUP	PATION a most of working	16b. KIN	ID OF BUSI	NESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	e retired.)	g most of working					
No	No	N	lone				lone			
17. FATHER'S NAME (First, Middle, Last)	M				16. MOTHER'S NA			urname)		
John P. Montgome	гу	46	MAII INC	ADDRESS (Co.	Karen  Teet and Number or Rural	M. Woo		Chain 7in 1	Code <sup>1</sup>	
John P. Montgome	ry	194		As #		HOUND NUMBER; (	City or lown,	State, ZID C	2000)	
28a, METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Rem	oval from State	of comptany	cromotoni	OF DISPOSIT	,	DATE	1	ATION — C		•
4 Donation 5 Other (Specify)		Glen	Haver	n Memo	rial Park		Gler	n Bur	nie,	Md.
21. SIGNATURE OF PUMERAL SERVICE LI	ENSEE	./			gleton Fur		lome			
HUNGELL	11/100				econd Ave.			Burn	nie,	Md. 21061
ahock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)				7-l-	Death	So	mer	6	D	Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	R AS A CONSE								
that initiated events resulting in death) LAST										
Total ling in county Exci	d									
	d	eath but not i	resulting i	n the under	1ving ceuse given in	Part I. 24	a. WAS AN A	UTOPSY	24b.	WERE AUTOPSY FINDINGS
PART II. Other algorificant condition	d	eath but not i	reaulting i	n the under	lying ceuse given in		a. WAS AN A	AED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
	d	eath but not i	reaulting i	n the under	lying ceuse given in			AED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	d	eath but not i	reaulting i	n the under	lying ceuse given in		PERFORM	AED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other algoriticant condition  25. WAS CASE REFERRED TO MEDICAL	d	eath but not i	reaulting i		lying ceuse given in	\rightarrow\right	PERFORM	AED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algolificant condition	d			OTHER:		neck only one)	PERFORM	AED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL:	ER/Outpatient 3	DOA 28b. TIM	OTHER: 4   Nursing E OF 28c	8. PLACE OF DEATH (C	neck only one)	PERFORM YES 2 (	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   28e. DATE OF IN	ER/Outpatient 3 JURY Year) INJURY — At hc	DOA 28b. TIMI	22 OTHER: 4   Nursing E OF 28c URY 1	Home 5 Residence LINJURY AT WORK? YES 2 NO	heck only one)  e Other (S  28d. DESCR	PERFORM YES 2 (	JURY OCCI	URED	ANALIBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 5 Could not be detarmined  29e. CERTIFIER 1 CERTIFIED BASES	HOSPITAL: 1   Inpatient 2   E   26a. DATE OF IN (Month, Day, 28a. PLACE OF building, et	ER/Outpatient 3 IJURY Year) INJURY — At ho	DOA 28b. TIMI INJI INJI INTO, ferm, a	OTHER: 4   Nursing E OF 28c URY M 1	Home 5 Residence INJURY AT WORK? YES 2 NO	e Other (S 28d. DESCR 28f. LOCATH City or 1	PERFORM YES 2   pocify) HBE HOW IN ON (Street ar. State)	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	URED  or Rural R	AMAILBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2 NO  27. MANNER OF DEATH  1  Neturel 5 Pending Investigation  2  Accident Investigation  3  Suicide 5 Could not be detarmined	HOSPITAL: 1   Inpatient 2   E	ER/Outpatient 3 IJURY Year) INJURY — At ho c. (Specify) y knowledge, de	26b. TIMI	OTHER: 4   Nursing E OF 286 URY M 1 street, factory,	6. PLACE OF DEATH (CI Home 5  Residence : INJURY AT WORK?   YES 2  NO office  dets and place, and du	e Other (S 26d, DESCR 26f, LOCATH City or 1	PERFORM YES 2 (  pecify) HSE HOW IN ON (Street arte) own, State)	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	URED or Rural R	AMALBALE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 DYES 2 NO
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2 NO  27. MANNER OF DEATH  1  Netural 5 Pending Investigation 3 Suicide 5 Could not be detarmined  29e. CERTIFIER (Check only	HOSPITAL:  1 □ Inpetient 2 ∑ E  26e. DATE OF In (Month, Dey,  28e. PLACE OF In building, et  ICIAN: To the best of m  ER: On the best of san	ER/Outpatient 3 IJURY Year) INJURY — At ho c. (Specify) y knowledge, de	26b. TIMI	OTHER: 4   Nursing E OF 286 URY M 1 street, factory,	66. PLACE OF DEATH (C) Home 5  Residence NINJURY AT WORK? YES 2 NO office  dets and place, and du on, death occured at the	e Other (S  26d. DESCR  26f. LOCATH City or 1  s to the cause time, data and	PERFORM YES 2 (  pecify) HSE HOW IN ON (Street arte) own, State)	JURY OCCI  And Number of the state due to the 29d. DATE	URED or Rural R	AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 DYES 2 NO  Noute Number,  and manner as stated.  (Month, Day, Year)
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO  27. MANNER OF DEATH  1   Neturel 5   Pending Investigation 3   Suicide 5   Could not be detarmined  29s. CERTIFIER (Check only one)  2   MEDICAL EXAMIN	HOSPITAL: 1   Inpatient 2   E 26a. DATE OF IN (Month, Day, 28e. PLACE OF building, et	ER/Outpatient 3 IJURY Year) INJURY — At ho c. (Specify) IN knowledge, do mination and/or	26b. TIMI INJ ome, ferm, e	OTHER: 4   Nursing E OF 28c URY M 1 street, factory, and at the time, in, in my opini	Nome 5 Residence  Nome 5 Residence  NORK? YES 2 NO office  dets and place, and du on, death occurred at the	e Other (S  26d. DESCR  26f. LOCATH City or 1  s to the cause time, data and	PERFORM YES 2 (  pecify) HSE HOW IN ON (Street arte) own, State)	JURY OCCI	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO  27. MANNER OF DEATH  1   Neturel 5   Pending Investigation 3   Sulcide 5   Could not be detarmined  29s. CERTIFIER (Check only one) 2   MEDICAL EXAMINI  29b. SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL: 1 Inpatient 2 X E 26a. DATE OF IN (Month, Day.  28e. PLACE OF building, at iCIAN: To the best of m ER: On the bests of sxar	ER/Outpatient 3 IJURY Year) INJURY — At ho c. (Specify) IN knowledge, do mination and/or	26b. TIMI 26b. TIMI INJI 26b. TIMI Investigatio	OTHER: 4   Nursing E OF 28c URY M 1 street, factory, and at the time, on, in my opinis	66. PLACE OF DEATH (C) Home 5  Residence NINJURY AT WORK? YES 2 NO office  dets and place, and du on, death occured at the	e Cother (S  26d. DESCR  26f. LOCATH City or 1  a to the cause( a time, data and	PERFORM YES 2 (  Decily) HBE HOW IN ON (Street are fown, State)  a) and many d place, and	JURY OCCIO	ured or Rural R	AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 DYES 2 NO  Noute Number,  and manner as stated.  (Month, Dey, Year)  1 1991

3.24 M 3 poor 15 

medical examiner must be notified at once.	MPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
s, or removal.	he filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.
ID THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fil-
nours after death. Page 6 may be retained by the hospital or attending physician.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAN	D / DEPAR					ENTAL HYGIEN REG. NO	_	91	08901
1. DECEDENT'S NAME (First, Middle, Last)	JAMES	В. 1	MURRAY				- 1	2. DATE OF DEATH DATE OF APRIL 3, 1	991	YEAR	3. TIME OF DEATH 8:51 A.
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yr	s. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 H	IRS.	7. DATE OF BIRTH (Month, Day, Year)		Counti	IPLACE (State or Foreign y)
214-26-8023  Se. FACILITY NAME (If not institution, give a	1 M 2 G F	74	YRS.	AL OUTY	701111	OR LOCATION (		AUGUST 19		PE NTY OF D	NNSYLVANIA
13 HOLMES AVENUE	treet and number)					ILLE	OF DEA	TH		ALTIM	
RESIDENCE OF DECEDENT									DI	TLI II	
10a. STATE 10b. COUNT				Y, TOWN OF							10d. INSIDE CITY LIMITS?
MARYLAND BAL'	TIMORE		CA'	CONSVI		ZIP CODE			100 CIT	TITEN OF V	1 YES 2 NO
13 HOLMES AVENUE					-	21228			College .	J.S.A	
11. MARITAL STATUS	12. WAS DECEDER	IT EVER IN U.	S. ARMED		AS DEC	ENDENT OF H		C ORIGIN? (Specify Yes	_	14. RACI	- American Indian.
1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES?	YES 2	I [] NO			ecify Cuben, M 2 X NO S		, Puerto Rican, etc.)		Spec	r, White, etc.
											WHITE
15. DECEDENT'S EDU (Specify only highest grade	completed)		a. DECEDENT'S (Give kind of Illa. Do NOT u	Work done do work done done do	CUPATION TO THE	ON ast of working		16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	MAJOR	,				U.S.A	RMY		
17. FATHER'S NAME (First, Middle, Last)			1110 011			18. MOTHER	'S NAM	E (First, Middle, Maiden			
JAMES B. MURRAY						DORA	A A	. DUNN			
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number or I	Rural Ro	oute Number, City or Tow	n, State, Zi	p Code)	
DOLORES P. MURRA		E)	13 H	DLMES	AVI	ENUE, CA	ATOI	NSVILLE, M.			
20a. METHOD OF DISPOSITION  1. Buriel 2 Cremetion 3 Rem  4 Donation 5 Other (Specify)	noval from Stata		ACE AND DATE							ORE, M	MIN, State  LARYLAND
21. SIGNATURE OF FUNEBAL SERVICE U	nez	L	>	LEH 163	ROY 30 I	EDMONDS	RUSS	SELL C. W AVENUE, C.	ATONS	SVILL	ERAL HOMES E,MD.21228
23. PART I. Enter the disesses, or shock, or heert feliure.  IMMEDIATE CAUSE (Fine) disease or condition								·			Approximate interval Between Onset and Deat
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted evente resulting in deeth) LAST	b	O (OR AS A CO	PASEQUENCE CONSEQUENCE CO	OF):	<u></u>	W.C.	ert	- Wise	UR	,	6 0 fee
resulting in deeth) LAST	d										1
PART ii. Other aignificant conditio	ns contributing to								RMED?	248	MERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatle	ent 3 🗆 DOA	OTHER	:	LACE OF DEAT		ck only one)  3  Other (Specify)			0.73
27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF JURY M	W	JURY AT ORK? YES 2 N		28d, DEŞCRIBE HOW	INJURY O	CCURED	18.11
3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE building	OF INJURY — , atc. (Specify)	At home, farm,	street, facto	ory, offic	:0		28f. LOCATION (Street City or Town, State	and Numbe	er or Rurel	Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS											s) and menner as stated.
3   Suicroe   8   Could not be   4   Homicide   8   Certifier   CERTIFYING PHYSION   2   MEDICAL EXAMIN   29b. SIGNATURE AND TITLE OF CERTIFIER	rey (	Elo,	$m\rho$			29c. LICENS	E NUMI	BER	29d. DA	TE SIGNE	(Month, Day, Year)
JEFFREY COLE M.1	/				SULT	TE 208	BAI	LTIMORE, 1	MD.	2122	8

32. REDISTRANTS SENATURE



_	REGISTRAR CERTIFICAT	E OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)  Weblett, Michael		2. DATE OF DEATH MONTH DAY	YEAR 2 A M					
	214-56-9102 1 M 2 D F 4/ YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/23/49	8. BIRTHPLACE (State or foreign					
TOR	90. FACILITY NAME (If not institution, give street and number)  90. CIT  Francis Scott Key Medical Center  RESIDENCE OF DECEDENT	BALTIMON	e City sc. coun	TTY OF DEATH					
FUNERAL DIRECTOR	MARY AND 106. COUNTY 10c. CITY, TOWN	or Location of Timore		10d. INSIDE CITY LIMITS? 1 LAS 2 NO					
NERAL	10e. STREET AND NUMBER  160 4 6 A 1 Rd;  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13.	2122	2/	I S A					
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexical  1 YES 2 HO Specify	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, atc.					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16a. DECEDENT'S USUAL (Give kind of work done) if the Do NOT use retired.  Un em Di	o during most of working	16b. KIND OF BUSINESS/IND	USTRY					
	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Melden Surname)	ow					
TO BE	- 1.11: DAILITE DESS	Arkivood A	Noute Number, City or Town, State, Zip	nd. 21217					
	20a. MECHOD OF DISPOSITION 1 Description   2 Cremation   3 Removal from State   20b. PLACE AND DATE OF DIS of addressly, dematory if other   4 Donation   5 Other (Specify)	mem Part	PATE 20c. LOCATION - 0	Di Co, Md.					
	* Joseph L. Russ	NAME AND ADDRESS OF WAR	North Ave. B.	115. Ind 21216					
	23. PART Enter the disease, or complications that caused the deeth. Do not enter abock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  A CONSEQUENCE OF:			eat, Approximate interval Between Onset and Death					
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  The patopenal Synchrone S								
AL CE	PART II. Other aignificant conditions contributing to deeth but not resulting in the	underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO					
MEDICAL			1 _ YES 2 ( 10	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO 1	28. PLACE OF DEATH (Ch ER: ursing Home 5  Residence							
ву рну	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Day, Year)  2 Accident Investigation	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCC	CURED					
	2 Accident 3 Sulcide 6 Could not be detarmined 4 Nomicide detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)								
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my								
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  1. 14. Dock - 17D		30	E SIGNED (Month, Day, Year)					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) H. VOSSGECK, FSWMCFT, 49  31. DATE FILED (Month, Day, Year)	40 Easter	n Ave. Balt.	PSSIS MOM					
	APR 0 4 1991 gulia fundament								

211 102 150 BALL PEL VR LID = 28 galaplane mg PARCOL NebleT This hilliam R. Neblett Francische Gerten Gerten HE DO TUS MANNET FOR HEALT OF THE MAN.

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SION OF VITAL RECORDS, P.O. BOX 68760,	The state of the s
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Impartion, the Altrology of the management of th
THAL OR ALLENDING PRESIDENT. THE LAW FEUL RAL DIRECTOR: After this certificate has been size to have after death with the State Dept. of H: If Item 28 is marked, or item 23 show

08903 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIEN REG. NO.	E 31	U	903
	1. DECEDENT'S NAME (First, Middle, Last)	'nel				2. DATE	OF DEATH		SAR 3. TI	IME OF DEATH
1	4. SOCIAL SECURITY NUMBER 256-16-9185	5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (		8.	BIRTHPLAC	E (State or Foreign
5	90. EACHLITY NAME (If not institution, give	m, HOSP	91	BAIL	RLOCATION OF DE	CI,	ty	9c. COUNTY	OF DEATH	
DIRECTOR	100. STATE 10b. COUNT	Y	10c. CITY, T	DWN OR LOCAT	ion nore		1		10d.	INSIDE CITY LIMITS?
UNEHAL	848 GLENWO	ed Ave.		101	ZIP CODE 21212			10g. CITIZEN	S.A	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Mairried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 LINO	If yes, sp	ENDENT OF HISPAN acity Cubery Mexico 2 NO Specify	n, Puerto F		or No 14.	RACE - A Black, Whi	mericen Indian, ite, atc.
EIEDI	15. DECEDENT'S EDU (Specify only highest gradi Elamentary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo		16b.	KIND OF BUS	BINESS/INDUS	TRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)		Home	MAK	18. MOTNER'S NA	ME (First, A	Aiddle, Meiden	Surname)	0	١
IO BE	199, INFORMANTS NAME (Type/Print)	Smith	19b. MAILING AS	DDRESS (Street a	nd Number or Ryral I	Pigute Numb	per, City or Tow	n, State, Zip Co	ch do)	2.0.0
	20e. METHOD OF DISPOSITION  1 Detries 2 Cremation 3 Rem  4 Denotion 5 Other (Specify)		b. PLACE AND DATE Of Semetary, crematory or Arry 500		Name (Name	17/2	20c. LO	CATION — City	or Town,	and a
100	21. SIGNATURE OF FUNERAL SERVICE LI	L. Pus	D)	Jase	ON XIE	215	Ave	NETH	I Ch	ome
	23. PAFITI. Enter the disesses, or ehock, or heert failure.  IMMEDIATE CAUSE (Finel	. List only one ceuse on e	eech line.					ratory arrest		Approximate Interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS	ESTIVE A CONSEQUENCE OF):	HERR	IT TAI	LUR	KE		İ	
NICH	Sequentielly liet conditions, if any, leading to immediate	· HYPE	RTENSIO A CONSEQUENCE OF):	2						
HILICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
CAL CE	PART II. Other significent condition	ns contributing to deeth	but not reculting in	the underlyin	g ceuse given in	Part I.	24s. WAS AN PERFOI	RMED?	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE
PHYSICIAN: MEDIC						_	1 TYES	NO	OF I	DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL			28. P	ACE OF DEATH (CA	eck only or	10)			6.5
2	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out		OTHER:	e 5 🗆 Residence	6 🗆 Othe	r (Specify)			
T.	27. MANNER OF DEATN  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	YY WO	URY AT PRK? YES 2 NO	28d. DES	CRIBE HOW	NJURY OCCUP	RED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e PLACE OF INJUR	Y — At home, farm, atre			281. LOC City	ATION (Street or Town, State)	end Number or	Rural Route	Number,
COMPLETED	onel	SICIAN: To the best of my know IER: On the basis of examinati								I manner as stated.
BE CC	29b. SIGNATURE AND TITLE OF CERTIFI		10		29c. LICENSE NU	MBER		_	IGNED (Mor	nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, P	rint)	1)311	-	1 .	13	APR	
	BRIAN C, W	) ALLA CE		02 E.	33005	F. 1	SALTH	noct,	MD	21218
B	APR 0 4 1991	Julia Davidson	Gandelle							

Entliner Oil or Bernoul Ace. Hermoner mapour Smith France Freezing A Line Salah Marika Marika Marika

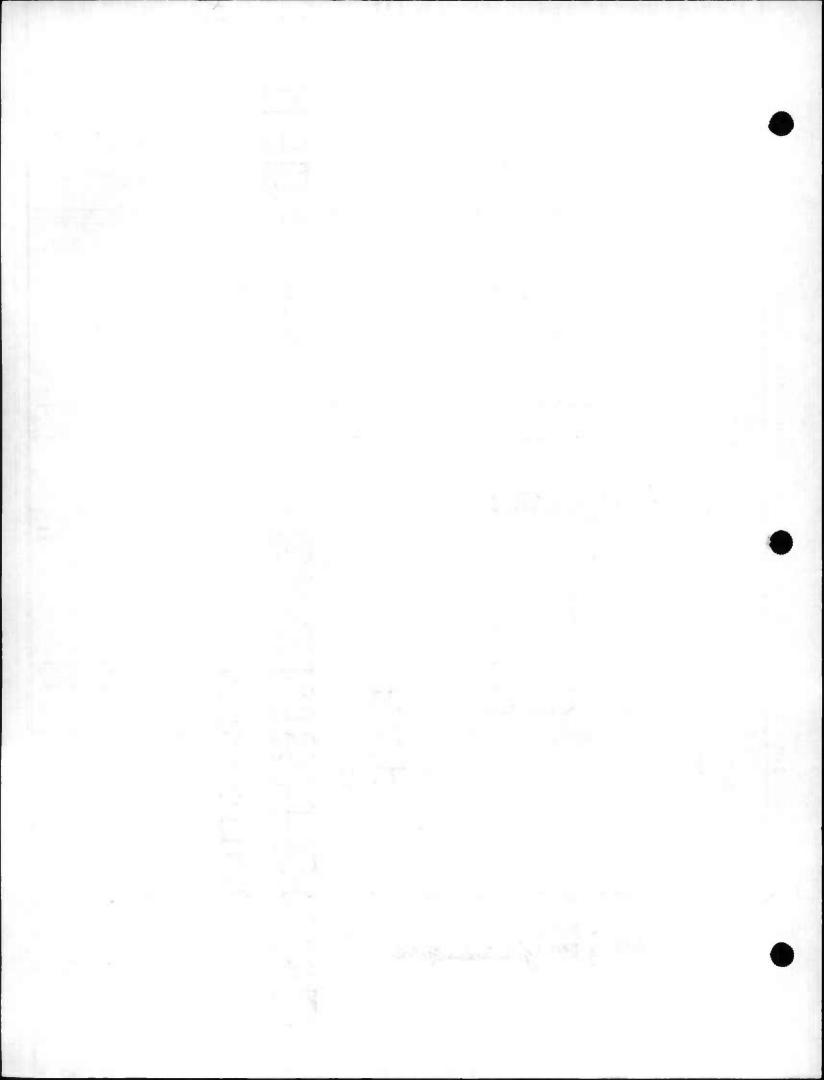
		s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the Grant part of Health and Merital Hurlian prior in burial, crimmation, or removal.	
040001414	al or attending physician.	for use as the burial-transit	
	rSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	page 5 should be detached	be notified at once.
	lours after death. Page 6 ma	d in by the funeral director, or removal.	ted, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
500.00	ate be executed within 24 n	s certificate has been signed by the attending physician and completely filled in by the first the State Deat of Health and Merital Huises prior to build cremation, or removal	traumatic event, the
	uires that the death certifical	signed by the attending ph Health and Mental Hyniene	ws any injury, or other
	3 PHYSICIAN: The law requ	r this certificate has been	arked, or Item 23 sho
1	HOSPITAL OR ATTENDING	TIMERAL DIRECTOR: After	TTANT: If Item 28 is m
-	E	即	R

	FOR	STATE OF N	MARYLAND /	DEPAR	RTMENT	r of h	IEALTH	AND I	MENTAL HY	GIENE 9	1 0	8904	
	1 - STATE REGISTRAR			ERTIF						G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE MONTH	DAY	YEAR 3.	TIME OF DEATH	
	Helen Elizabe	th Nutt	8. AGE (In yrs. les		IF UNDEF	Nesse	IF UNDER		7. DATE OF BIF	2/ 9		8-11	
	213-74-9142	1 □ M XXF	97	YRS.	MONTHS	DAYS	HOURS	MIN.	2/22/	1894	94 BIRTHPLACE (State or Foreign Country) Maryland		
œ	9a. FACILITY NAME (If not institution, give st				9b. CITY	r, TOWN C	OR LOCATI	ION OF DE	ATH		TY OF DEAT		
TO.	Summit Nursing	ноше			<u> </u>					Ва	ltim	iore	
DIRECTOR	MD Balt	imore		10c. CI1	ry, town (	OR LOCAT	TION					INSIDE CITY LIMITS?  YES XX NO	
	10e. STREET AND NUMBER			1	-	101	. ZIP COD	E		10g. CITIZ	EN OF WHA	AT COUNTRY?	
ER,	60 Dungarrie R	oad					21	228			USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 7 Widowed 4 Divorced	T EVER IN U.S. AF YES 2X AR OR DATES	MED MO		If yes, sp		an, Maxica	IIC ORIGIN? (Spen, Puerto Rican,	etc.)	14. RACE — Black, V Specily: Whit	American Indian, White, etc.		
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	+)	ECEDENT'S Bive kind of a. Do NOT u	work done ise retired.)	during mo		ing	12.5 130.2	OF BUSINESS/INDU		e		
MO	17. FATHER'S NAME (First, Middle, Last)	own	Lnc	uise	WILE	7	18, MOT	HER'S NA		wn home Maiden Sumame)	_		
	Alexander Keen									The state of the s	mbox		
) BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRES	\$ (Street a	and Numbe	or or Rural I	Route Number, Cit	eth Cha y or Town, State, Zip	Code)	1043	
2	Katherine E. R	oss	2	3360	-F N	I. C	hat	ham	Road /	Ellicot 20c. LOCATION - C	t Ci	ty MD	
	20a. METHOD OF DISPOSITION 1 1√2 Squitel 2 □ Cremetion 3 □ Reme	oval from State	of cemetars	v cremator	v or other i	place)	(Name		DATE	20c. LOCATION — C	ity or Town	, State	
	4 Donation 8 Other (Specify)	erece .	- Loud	lon	Park		10 4000	ESS OF FA	14/4/	91 Balt	imor	e, MD	
			1. J.	)						Funeral	Hom	e, Inc.	
	Sterling Ashton Funeral Home, Inc.  736 Edmondson Ave/Balto MD 21228  23. PART I. Enter the discesses, or complications that caused the deeth. Do not anter the mode of dying, such as cordice or respiratory arreat, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final discesse or condition resulting in death)  Sterling Ashton Funeral Home, Inc.  736 Edmondson Ave/Balto MD 21228  Approximate interval Betwee Onset and Death  Onset and Death  Onset and Death  Out TO (OR AS A CONSEQUENCE OF):												
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
PHYSICIAN: MEDICAL CE										TERE AUTOPSY FINDING MARABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF	DEATH (Ch	eck only one)				
Sic	1 VES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHE 4 PNu		ne 5 🗆 A	Tesidence	8 Other (Spe	clty)			
ВУ РНҮ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. IN. WC (Month, Day, Year) INJURY WC						□ NO	28d. DEŞCRIBI	E HOW INJURY OCC	URED		
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE C building,	OF INJURY — At h , atc. (Specify)	ome, farm,	, street, fac	ctory, offic	ca	-	28f. LOCATION City or Tow	(Street and Number m, State)	or Rural Rou	te Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	<del></del>										and menner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Dey, Year)											
BE	James 3.	RALL	- 11	17	-		44	131		<b>&gt;</b> 4	4/2	191	
2	30 NAME AND ADDRESS OF PERSON WH	O CONTRIBETED CALL	SE OF DEATH (IT	THE OTHER	D-i-s		1	- 11	, -		/	7//	

OWE

Day. 31. DATE FILED MONTH OF Yber)

32. REGISTRAR'S SIGNATURE
Suite Deviden Randon



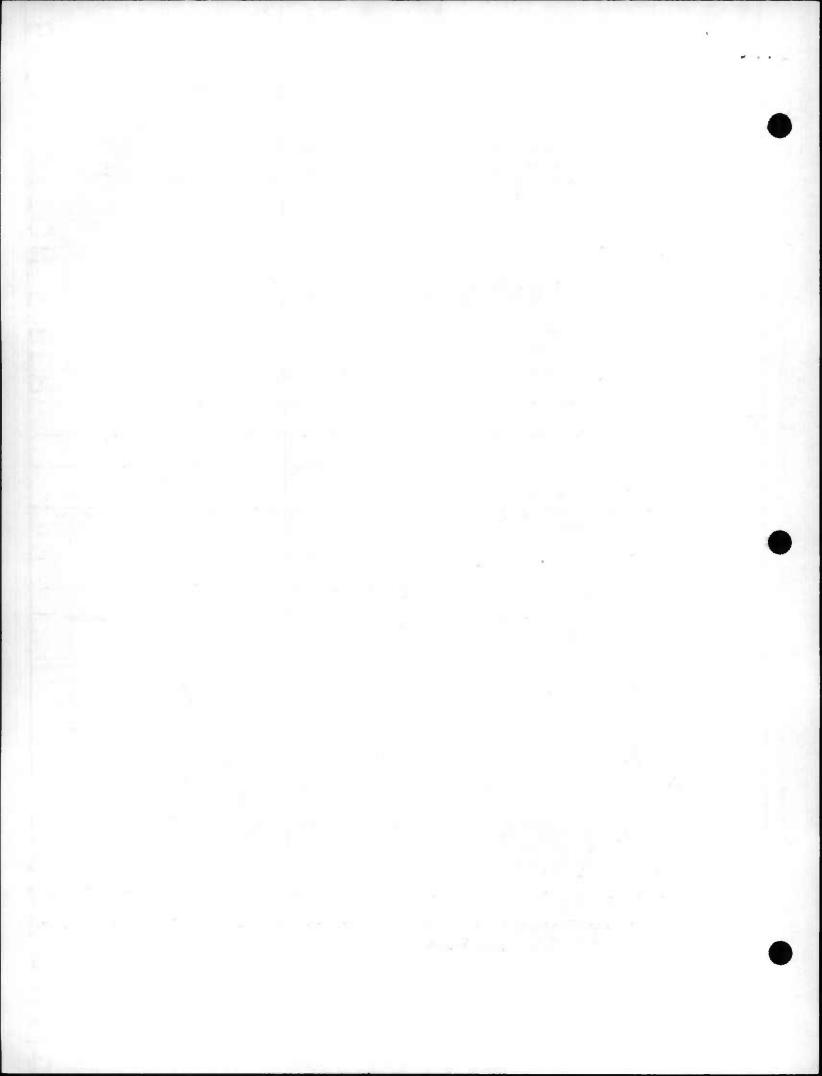
TO THE HOSPINL OR ATTINDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

31. DATE PLED (Month, Day 1991

_1	STATE REGISTRAR	SINIE UP I	MARYLAND / CE		ICATE					EG. NO.		
}	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH DAY	YEAR	3. TIME OF DEATH
		)rtt							4-3	7 -		6:15 P.M
	4. SOCIAL SECURITY NUMBER 220-22-8908	5. SEX	B. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR	HOURS	24 HRS. MIN.	7. DATE OF E	0-1900	Cou	THPLACE (State or Foreign ntry)
ŀ	9a. FACILITY NAME (If not institution, give at		90	THS.								lto. Md.
.	Lorien Frankford		Home				imor		ATH	9c. 0	COUNTY OF	DEATH
9	RESIDENCE OF DECEDENT	Nulsing	nome	_		Dall	TIIIOT	e				
DIRECTOR	10a. STATE 10b. COUNTY			10c. CF	TY, TOWN	OR LOCAT	ION					10d. INSIDE CITY
ā	Md.			В	alti	nore						CELVES 2 NO
4 [	10e. STREET AND NUMBER					101	ZIP CODI			10g.	CITIZEN OF	WHAT COUNTRY?
	5009 Frankford A	venue					2	1206			U	.S.A.
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married		TEVER IN U.S. AR						IC ORIGIN? (S	pecify Yee or No	- 14. RA	CE — American Indien, ack, White, atc.
<u>a</u>	3 Wildowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES				2 NO				Sp	White
	15. DECEDENT'S EDUC	ATION	16a. DE	CEDENT	USUAL O	CCUPATIO	N.		18h KIN	ID OF BUSINESS	/INDUSTRY	
COMPLETED	(Specify only highest grade		(G	ive kind of Do NOT u	work done use retired.)	during mo	st of worldr	ng	100. 701	D Of BOSINESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	12th GRade	Conege (1-4 or 5		ome	MAke	r						
8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middl	le, Melden Surnen	ne)	
	William Hart	mann					1	Mary		Str	ateme	eyer
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRES	S (Street a	nd Number	or Rural F	Route Number, C	Olty or Town, State	, Zip Code)	
2	Helen M. Creswell			471	5 May	vani	Road	d Bai	ltimor	e,Maryl	and-	21206
	20a. METHOD OF DISPOSITION 11 Burial 2 Cremation 3 Remo	unt form Ctate	20b. PLACE other pl	OF DISPO	SITION (N	me of cer	netery, cren	natory or		20c. LOCATIO	N — City or	Town, State
	4 Donation 6 Other (Specify)	Well from State	Gar	dens	of ]	ait	n Cer	neter	ry	Balt	imore	e.Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		22.	NAME A	D ADDRE	SS OF FA	CILITY	641	5 Be	lair Road
	John C. Miller, Inc. Baltimore, Md21206											
7	23. PART I. Enter the diseases, or complications that canded the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximat											Approximate
	shock, or heart fellure.						,				,,	Interval Between Onset end Death
	IMMEDIATE CAUSE (Final disease or condition	100 1	1 0		(	)	١.					2 1
ı	resulting in death)	DUE TO	O (OF AS A CONSE	QUENCE (	OF):	دسر	un					a days
,		Malu	m. d	20	4.		10	2000	hut	nitio		20165
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	QUENCE	OF):	000			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1,0,0
3	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury	De	ment	ric-								3 vean
Ē	that initiated events	DUE TO	OR AS A CONSE	QUENCE (	OF):							
	resulting in death) LAST	6								_		
	PART II. Other significant condition	s contributing to	death but not	resulting	In the u	nderivin	Cause :	alven in	Part I. 24	. WAS AN AUTO	PSY 2	4b. WERE AUTOPSY FINDINGS
정	Depnession									PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	Debuezzio	1							-   1	VES 2 N	0	OF DEATH?
Σ									—	/		1 TES 2 NO
Ž	25. WAS CASE REFERRED TO MEDICAL					20 0	ACE OF C	NEATH ACL	ant anti-met			
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTAE	R:	NIII -		eck only one)			
₹	1 YES 2 NO	28a. DATE O	☐ ER/Outpatient 3	28b. TI		_	URY AT	ealdence	8 Other (S)	Decify) IBE HOW INJURY	OCCUBED	
	1 Natural 6 Pending		Day, Year)		JURY M		PRK?	NO	200: 020011	-	-	
à	2 Accident investigation 3 Suicide 6 Could get be	28e. PLACE	OF INJURY — At h	ome, farm	street, fac			ag	281. LOCATIO	ON (Street and Nu	mber or Rur	al Route Number.
	4 Homicide determined	building	, etc. (Specify)	-	_				City or T	own, State)		
Ľ	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best o	d my knowledge d	anth ass	med at the	time dra	and star	and do	to the new of	a) and manner:	a state d	
COMPLETED	(Check only 1 CERTIFYING PHYSI											se(e) end manner ee stated.
ខ្ល												
H H	296. SIGNATURE AND TITLE OF DERTIFIES						29c. LIC	ENSE NUI	WEER	29d.	DATE SIGN	IED (Mdrith, Day, Year)
0 L	Wann	0					15	50	8 +0		41	3/41

Balto



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

91	0	8	9	0	6
				-	-

	1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO	D.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH			
	James	Τ.	Pars1e	v		03 28					
	4. SOCIAL SECURITY NUMBER 219 - 26-7113	5. SEX 6. AGE	(In yrs. lest birthday)	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-24-	20 8	BIRTHPLACE (State or Foreign Cupity) WAR YLAND			
DIRECTOR	96. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  106. STATE  106. CITY, TOWN OR LOCATION  106. INSIDE CITY										
	MARYLAND  10s. STREET AND NUMBER	7/0.0			BALTIN	10RE C		1 SYES 2 NO  OF WHAT COUNTRY?			
FUNERAL	ROSEMONT TOWE	1.0	plar Grov		•	21216	1	1.5.A.			
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12, WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D		13. WAS DEC	city Cuban, Mexica	IIC ORIGIN? (Specify Y n, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		18e. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo etired.)	at of working	11.57.41.417	USINESS/INDUST				
OMP	17. FATHER'S NAME (First, Middle, Last)		101	CTRIC	18, MOTHER'S NA	ME (First, Middle, Maide	n Surname)	c co.			
BE	19a. INFORMANT'S NAME (Type/Print)	IARLES .				RIAN  Route Number, City or To					
٥	DORIS		4129	7 FAL	LS RDA	D BAL	ra ME	2/2/1			
	20e. METHOD OF DISPOSITION  1	val from State	b. PLACE AND DATE Of Commentary, crematory or METRO				OCATION — CITY ATONS V	or Town, State  11 LLE, MD			
	21. SIGNATURE OF UNERAL SERVICE LIC	ma au	ontil		EE-HEA	100 763		S RUAD E, MD ZIZII			
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, Dr heart failure. List pnly pna cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):										
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  b. DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE OF):  d.									
BY PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to death	but not resulting in	the underlyin	g cause given in	PERF		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
ä						- fish	ROUM				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inperient 2   ER/Out	patient 3 □ DOA	OTHER:	ACE OF DEATH (Ch	8 Other (Specify)					
у РНУ	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. IN.		28d. DESCRIBE HOW	V INJURY OCCUR	ED			
	3 Suicide 8 Could not be 4 Homicide determined	ident  28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER		euse(e) end manner as atiated.								
BE	29b. SHANGSTURE AND TITLE OF CERSIFIER	ethele	m		O.C.M		29d. DATE SI	GNED (Month, Day, Year) 28 1991			
٩	30. NAME AND ADDRESS OF PERSON WHO HOLD AND AND AND AND AND AND AND AND AND AN	COMPLETED CAUSE OF D	1	,		Baltimore	7	7-7-5			
	31. DATE FILEO (Month, Dey, Year) APR 0 4 1991	32. REGISTRAR'S SIG	NATURE And ALL	111			4				

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89

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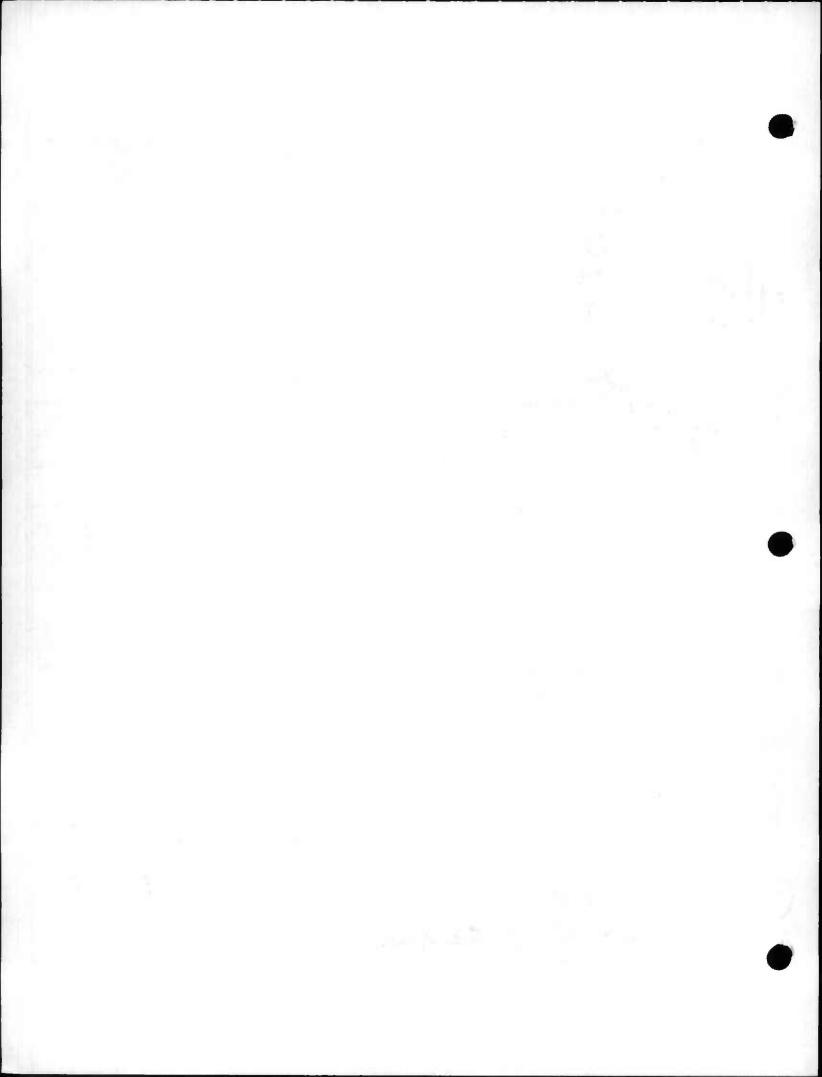
IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🗻 nours after death. Page 6 may be retained by the hospital or attending physician.	HENNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
THE HOSPITAL OR ATTENDING PHYSIC	THE FUNERAL DIRECTOR: After this ce	be filed within 72 hours after death with t	IMPORTANT: If item 28 is marked,	

EDWARDS,

	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART CERTIFIC	MENT OF H	EALTH AND I DEATH	MENTAL HYGI	dia.	08907	
i.	1. DECEDENT'S NAME (First, Middle, Last)  LILLIAN T. REINIS	SCH				2. DATE OF DEATH MONTH APRIL 1.	1991	3. TIME OF DEATH 5:00 P.	
	4. SOCIAL SECURITY NUMBER 216-01-3234			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Morith, Day, You MARCH 6	)	BIRTHPLACE (State or Foreign Country)	
TOR	98. FACILITY NAME (If not institution, give st  1113 BERNADETTE D  RESIDENCE OF DECEDENT		l l	96. CITY, TOWN OR LOCATION OF DEATH FOREST HILL			TH 9c. COUNTY OF DEA		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND HARFOR		TOWN OR LOCAL EST HIL				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 1113 BERNADETTE D			21050			S.A.		
BY FUN	11, MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 NO	If yes, sp		NC ORIGIN? (Specify in, Puerto Rican, etc. y:		14. RACE — American Indian, Black, Whita, atc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	ork done during mo retired.)	ON at of working	111111111111111111111111111111111111111	BUSINESS/IN	DUSTRY	
BE COMP	N/A  17. FATHER'S NAME (First, Middle, Last)  ALEXANDER RYBARCZ		HOMEMAK)	<u>EK</u>		HOME ME (First, Middle, Ma SZYMBORSK			
TO B	19a, INFORMANT'S NAME (Type/Print) MELVIN D. REINISC					Route Number, City or FOREST		MARYLAND 21050	
	20s. METHOD OF DISPOSITION 120 Burisl 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	TLACE OF DISPOSI ther place) K LAWN		metery, cremetory or			ORE, MARYLAND	
	21. BIGHATURE OF PUNERAL SERVICE LIK		li.	SCHIM	JNEK FUNI	ERAL HOME	, INC		
		List only one course on eec	h line.	ot enter the m	oda of dyling, suc	th as cardiac or r	aplratory a	rrest, Approximata interval Between	
	disease or condition resulting in death)	B. CARCIA OUE TO (OR AS A C			t 61	nem	ADI	DER 4 MON	
MILON	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A C	ONSEQUENCE OF	):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	C. DUE TO (OR AS A C	CONSEQUENCE OF	):					
	PART II. Other significent condition	ns contributing to death but	t not resulting l	n the underlyli	g ceuse given in	Part I. 24a. WA	REOFINED?	Y 24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N: MEDICAL						_	$\wedge$	1   YES 2   NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpat	tient 3 DOA	26. I OTHER: 4 \( \text{Nursing Ho} \)	LACE OF DEATH (C	6 Cher (Specify			
ву РНУ	27. MANNER OF DEATH  Netural 5 Pending investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIMI	URY W	JURY AT ORK? YES 2 NO	28d, DESCRIBE H	OW INJURY O	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif)	– At home, farm, s	street, factory, off	CO	28f. LOCATION (S City or Town,		per or Rural Route Number,	
COMPLETE	(Check only	ER: On the basis of examination						iteted. the cause(s) and manner as stated.	
O BE C	296. SIGNATURE AND TITLE OF CERTIFIE	was	U) 1	A	290-LICENSE NO	MBER 1775	29d, D/	4 3 9 9	
F = 1	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	Print)				/ /	

FALLSTON,

MARYLAND 21047



it permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

215-34-2033

RESIDENCE OF DECEDENT

MD

10e. STREET AND NUMBER

Howard

9a. FACILITY NAME (If not institution, give street and number)

10b. COUNTY

1 -

FUNERAL DIRECTOR

ing physician	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spi	ENDENT OF HISPANI ecity Cuban, Mexican 2 NO Specify:		or No—
pital or attended for use as	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re Pharmaus	done during mo tired.)		16b. KIND OF BU	siness/in
be det	E COM	17. FATHER'S NAME (First, Middle, Lest)  Jose Del Poz	o Rivera			16. MOTHER'S NAM	IE (First, Middle, Malden Sergia	
e retained to 5 should notified	TO BI	19a. INFORMANT'S NAME (Type/Print) Col Juan M Ramos	3	19b. MAILING AD 3805 S	oress (Street a	nd Number or Rural A	oute Number, City or Tow 111cott Ci	n, State, Z
LIMORE, result. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rem  1 Donation 5 Other (Specify)	oval from Stata	other parting	on (Name of cen	notory, crematory or cional Cer		CATION -
0 = 0		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE 1. Witske				"Funerral olumbia P	
eath certificate be executed within 24 Mours after attending physician and completely filled in by the rital Hygiene prior to burial, cremation, or removal y, or other traumatic event, the medical of	CERTIFICATION	23. PART I. Enter the diseases, or ehock, or heert trillure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. See Solution of the total of	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	SRA	LORR	ea cerdlec or resp	
ecorios, and the dan signed by the of Health and Mer hows any Injur	MEDICAL	PART II. Other eignificent condition	ns contributing to deeth	but not resulting in t	he underlying	g ceuse given in i	Part I. 24a, WAS AN PERFO	RMEO?
The law ate has but ate Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:		THER:	LACE OF DEATH (Che		
PHYSIC this cer with th	ву РНУ	27. MANNER OF DEATH  L Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. IN.	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY O
TTENDI TTOR: A after d after d	ED	3 Suicide 8 Could not be 4 Homicide detarmined	26a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, stre- eclfy)	et, fectory, offic	ė.	261. LOCATION (Street City or Town, State	and Numb
= 24 E	COMPLET	CONSUM UTINY	ER: On the best of my know					
TO THE HOSPI' TO THE FUNER De filed within IMPORTANT:	TO BE C	29b. SANATURE AND TITLE OF CERTIFIE	W W	) (Scott	POULTBY	DHO	BER O	29d. DA
		30. NAME AND ADDRESS OF PERSON WI	A KETU YOU	EATH (ITEM 27) (Typ), Pri	W	Guns	IA, MC	) 2

reloves

e. AGE (In yrs. last birthday)

Genera

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5. SEX

1 M 2 F

toward

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH 235 Am OZ 6. BIRTHPLACE (State or Foreign 9c. COUNTY OF DEATH Howard 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. IND OF BUSINESS/INDUSTRY Mercy Hospital ergiareyes City or Town, State, Zip Code) 20c. LOCATION — City or Town, State ARLINGTON, VA rral Home Inc. ia Pikeellicott City oc or respiratory arrest, Approximate Interval Between Onset and Death BMOS

> 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

Specify) RIBE HOW INJURY OCCURED

TON (Street and Number or Rural Route Number, Town, State)

nd place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

CY

2104 oumo 11

CERTIFICATE OF DEATH

10c. CITY, TOWN OR LOCATION

Ellicott

Tamos

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

101. ZIP CODE

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

)4

04

WELTO HOUND 32. REGISTRAR'S SIGNATURE

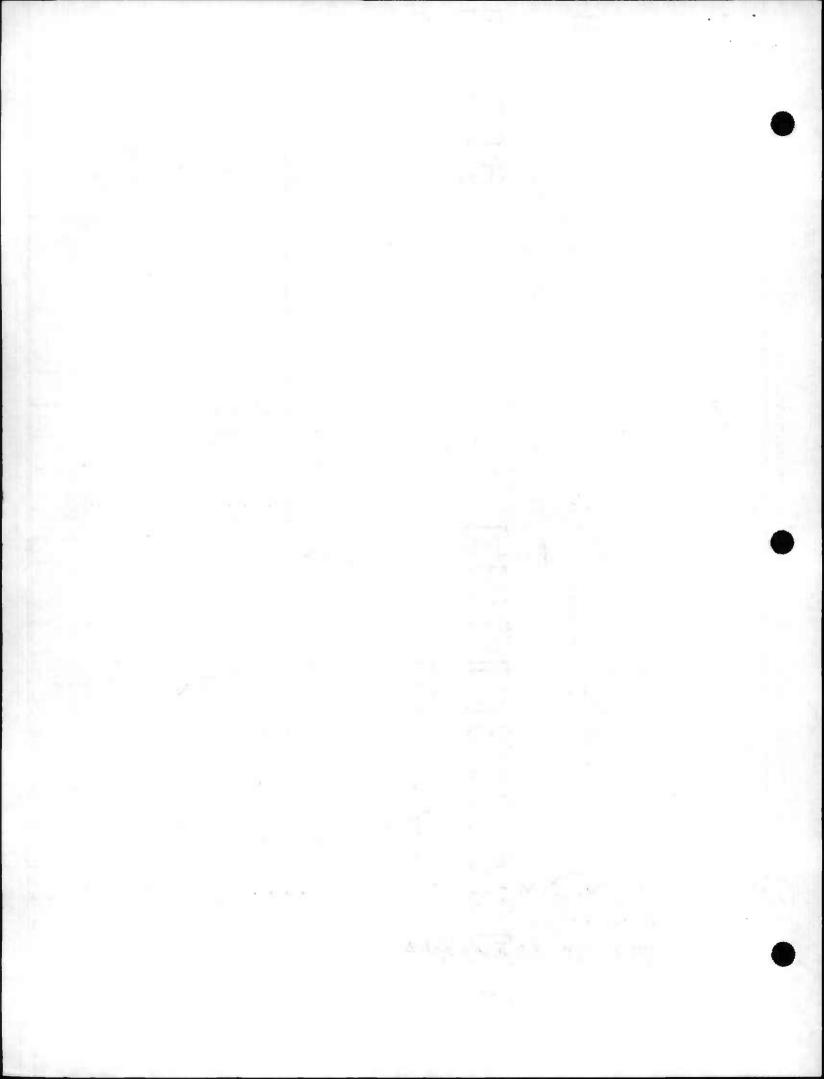
**BALTIMORE, MARYLAND 21215-0020** 

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2	ID ARE RINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furner after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ť.
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FOR 1 - STATE REGISTRAR	STATE OF MARYI	AND / DEPAR					IYGIENE REG. NO.	9	08909
1. DECEDENT'S NAME (First, Middle, Lest) THELMA FRAN	ICES	SAI	[IA			2. DATE OF MONTH 04	DEATH DAY	19	year 991 6:55 p
217-76-2713	1 🗆 M 2 🖾 F	(In yrs. lest birthday)  YRS.	IF UNDER 1	DAYS H	F UNDER 24 HRS.	7. DATE OF 1 (Month, De 9-6-	y, Year) l O	V	BIRTHPLACE (State or Foreign Country) Virginia
9a. FACILITY NAME (If not institution, give street  UNIVERSITY HOSPITA  RESIDENCE OF DECEMENT				IMORE	LOCATION OF DI	EATH		ec. COUNT	Y OF DEATH
	rundel	100	y, town of	Burni	.e				10d. INSIDE CITY LIMITS? 1 TES 2 X NO
303 Wende Way	_		101. ZIP CODE 21061					U.S.	
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1   YES IF YES, GIVE WAR OR (	2 X NO	l H	yes, specif	DENT OF HISPAI ty Cuben, Mexica NO Specif	in, Puerto Rice		No- 1	4. RACE — American Indien, Black, White, atc. Specify: White
(Specify only highest grade or Elementary/Secondary (0-12)						7.5	n Home		
FRANK GEORGE	1	Helfert			e. mother's na HATTIE	LEE F	ERGUS	ON	
199. INFORMANT'S NAME (Type/Print) Robert H. Saiia					Number or Rural				
20s. METHOD OF DISPOSITION PD Burtel 2 Cremation 3 Remov 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	Ma	ob. PLACE AND DAT of cemetary, crematory aryland V	eter:	ans C	emeters ADDRESS OF FA	y 4-4 voluty neral	Crow	wnsvi	ity or Town, State  11e, Md.  nie, Md. 21061
23. PART I. Enter the diseases, or conshock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions.	DUE TO (OR AS	each lina.	not enter	the mode		ch as cerdiad	or reepira	tory erre	st, Approximate Interval Between Onset and Deat
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in desth) LAST		A CONSEQUENCE O					<u> </u>		
PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 [XYES 2 ] NO  27. MANNER OF DEATH	contributing to death	but not resulting	in the Un	derlying o	cause given in		A. WAS AN AI PERFORM	ED?	24b. WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	rtpatient 3 DOA	OTHER 4   Num	t:	CE OF DEATH (C)		neclfy)		
27. MANNER OF DEATH  1 Netural 5 Pending  2 Decident Investigation	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)  1 Netural 5 Pending 03/15/1991 1/2						E LOV I	A.	Auto Coursio
	28e. PLACE OF INJUR building, etc. (Sp	STRE	ET			AT	NEU	J au	T RD
(Check only one) 2 MEDICAL EXAMINER	AN: To the best of my kno : On the basie of examinat			pinion, des	th occured at the	e time, date an			d. cause(e) end manner ee stated.
296. SIGNATURE AND TITLE OF CENTURIER	No-			2	O . C . M				/02/1991

OHMH-16 Rev 1/89

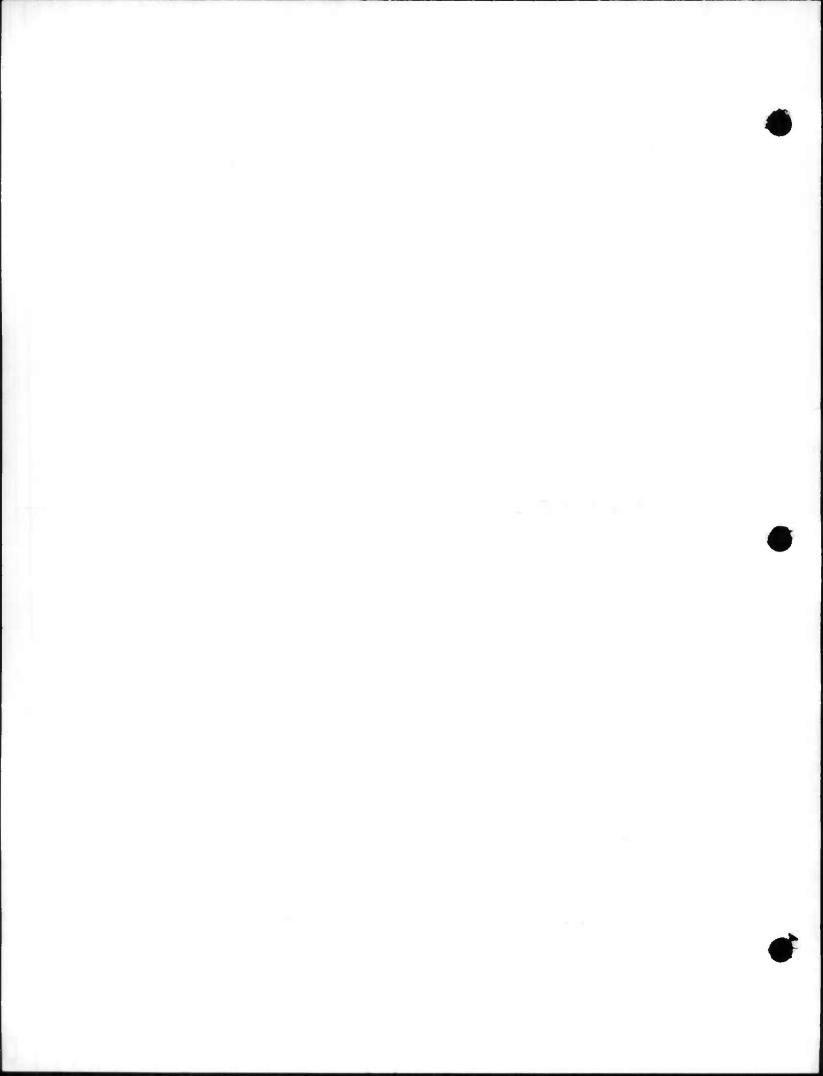
111 PENN STREET BALTIMORE, MARYLAND 21201



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10	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 curs after death. Page 6 may be retained by the hospital.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TEN	OR:	60
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(203-3146 oc. amending physician. r use as the burial-transit permit. Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYLA			F HEALTH AND OF DEATH	MENTA	REG. NO.	9	-	08910
	1. OECEDENT'S NAME (First, Middle, Last)		01100				OF DEATH	Y YE.		TIME OF DEATH
	Betty Dor	othy  5. SEX 8. AGE (In	SURR yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE	0F BIRTH	8, 6	HRTHPLA	1:13 A M
	216-20-8692	1 □ M 2 💢 F 63		MONTHS DA		(Mont	-11-19	27 8	a.	
•	9a. FACILITY NAME (If not institution, give str	reet and number)		-	WN OR LOCATION OF O	EATH		9c. COUNTY		1
OR	Franklin Square	Hospital		Ross	sville			Baltin	ore	
EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY	r, TOWN OR L	OCATION				10d	I. INSIDE CITY
O.B.	Maryland Balt	imore	Es	sex					1 [	LIMITS?
AL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN		COUNTRY?
BY FUNERAL DIRECTOR	313 Langley Rd.	<u></u>		1	21221			U.S.A		
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If ye	DECENDENT OF HISPA s, specify Cuban, Maxic YES 2 X NO Specific	an, Puarto			Black, WI	American Indian, hite, etc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	165	''	TES 2 M NO Specia	ıy.			hite	
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of v	USUAL OCCU	PATION ig most of working	166	. KIND OF BUS	INESS/INDUST	RY	
Ę	Elementary/Secondary (0-12) 8 Yrs.	College (1-4 or 5+)	Salesp							
OMI	17. FATHER'S NAME (First, Middle, Last)		Juresp	C1 3011	18. MOTHER'S N	AME (First,	Middle, Maiden	Surname)		
BE C	Leroy Pettin	gill			Dorot	hea	Hupfel	dt		
TO B	19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rural				le)	
-	Ellen M. Goldstei				of cemetery, cremetory or	alto.				
	264, METHOO OF DISPOSITION  1 (A Burlet 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State	edar Hill (	emeter	or cemetery, crematory or 4-8-91			CATION — CITY	or lown,	State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	JON TITTE		ME AND ADDRESS OF FA		1 5021	21, 121		
	Roy H. Cath	ier		l eon:	and 1 Ruck 1	Inc 5	305 Harri	ford Rd	Ralt	o.,Md. 21214
	23. PART I. Enter the diseases, pr	omplications that caused	the death. Do r							Approximate
	shock, or neert failure. I	List only one couse on ea	ich line.							Onset and Death
ļ	disease or condition resulting in death)	Sepsis •								
	Perforated Viscous, Peritontis									
Ö.	Sequentially liet conditions,  M. any leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
CAI	If any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):						
R		d								
	PART II. Other significent condition	a contributing to death be	ut not resulting	in the unde	rlying cause given in	n Part I.	24a. WAS AN PERFOR		AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION DE CAUSE
PHYSICIAN: MEDICAL							1 TYES 2	<b>Ж</b> ио	OF	DEATH?
2									11	YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF DEATH (C	check only o	ne)			
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Xinpetient 2 - ER/Outp	atient 3 DOA	OTHER:	Home 5 - Realdence	S 🗆 Oth	er (Specify)			
PH	27, MANNER OF DEATH  1 X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR IN	JURY	e, INJURY AT WORK?	28d. DE	SCRIBE HOW I	NJURY OCCUR	ED	
ВУ	2 Accident Investigation	28a. PLACE OF INJURY	- At home ferm		1 YES 2 NO	281 10	CATION (Street	and Number or	Rumi Rout	h Mumber
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spec	= At nome, farm,	street, ractory	, office		or Town, State)		NUTER FIGUR	y Namber,
J.E.	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my know	ledge, death occur	red at the time	, date and place, and du	a to the c	ause(a) and ma	nner as stated.		
OME		ER: On the beals of examination	n and/or investigati	on, in my opin	ion, death occured at th	ne time, dar	a and place, ar	nd due to the c	nuse(s) ar	nd menner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE N	UMBER		29d. DATE S	GNED (M	onth, Day, Year)
TO B	Matta Me		ATH STEAM OF C	D-last				P 4/3	/1/	
-	Marc Honig, M.D.				nore, Md.	2123	5			
	31. DATE FILED (Month, Day, Year)	320 REGISTRAN'S SIGN	ATURE 00		- /					
	APR 4 1991	guna varioson	N-Variable							



FOR STATE REGIST	TRAF
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR		CERTIF	ICATE	OF	DEATH	REG. N	10.		
1. DECEDENT'S NAME (First, Middle, Lest)	BERT A.	SULLIVA	N	, SR		2. DATE OF OEATH	DAY	YEAR   1991	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-16-4993	1 🔀 M 2 🗆 F	AGE (In yrs. last birthday) 67 YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.		23	Country	PLACE (State or Foreign ) RYLAND
9a. FACILITY NAME (# not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  UNION MEMORIAL HOSPITAL  BALTIMORE CITY  RESIDENCE OF DECEDENT									
	s. STATE 10b. COUNTY				TION RE				10d. INSIDE CITY LIMITS? 1 TYES 2 NO
100. STREET AND NUMBER 3345 PAINE		BALTIMORE  101. ZIP CODE  21211				16g. CIT	TIZEN OF W	HAT COUNTRY?	
11. MARITAL STATUS  1 Never Merried 2 Nerried  3 Nidowed 4 Divorced	VER IN U.S. ARMED YES 2 NO OR DATES	- 8	If yes, sp	ENDENT OF HISPAN	NIC ORIGIN? (Specify in, Puerto Rican, stc.)		USA or No— 14. RACE — American Indien, Black, White, etc. Specify: WHITE		
15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) UNKNOWN	CATION completed) College (1-4 or 5 +)	Iffe. Do NOT i	work done		DN st of working	186. KIND OF	BUSINESS/IN	IOUSTRY	WILLE
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Meid			-
RUBERT A. SU	LLIVAN				M	ARY E. RI	IODES		
19e. INFORMANT'S NAME (Type/Print)						Floute Number, City or			
MARGARET SULLI	VAN					BALTIMOR			
20a, METHOD OF DISPOSITION  1 ☑ Burlel 2 ☐ Cremation 3 ☐ Rem	oval from State	of cemetary, cremator	ry or other p	olace)			LOCATION -		
4 Donation 6 Other (Specify)	TENGEF	MEADOWRI			RTAI. PK		ELKRI	DGE,	MD.
· a Glan	1 /	2	A	A. A	LAN SEIT	Z, JR. FU AVENUE, F			
ahock, or heert fellure. Liet only one ceuee on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algorificent condition	ne contributing to de		) in the u	nderlyln	g cause given in	PER	AN AUTOPSY FORMED? S 2 - NO	Y 24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				24 5	LACE OF DEATH (C)	State and and			
EXAMINER?	HOSPITAL:	P/Outpatient 3 DOA	OTHE	R:		da water			
27. MANNER OF DEATH  1 Natural 5 Pending	2				4 Nursing Home 6 Residence 6 0 0  E OF 28c. INJURY AT WORK?  M 1 YES 2 NO 28d.		Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED		
2 Accident Investigation 3 Suicide 6 Could not be determined							loute Number,		
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my								) and manner as stated
	oyle 1	М.О.			29c. LICENSE NU	MBER	29d. DA	OY/O	(Month, Day, Year)
7. BOYLE C/O		OF DEATH (ITEM 27) (7)		50.	, Balt	rinore,	M	aryl	and.
31. DATE FILED (Month, Day, Year) APR 4 1991	12. REGISTRAN'S				5				

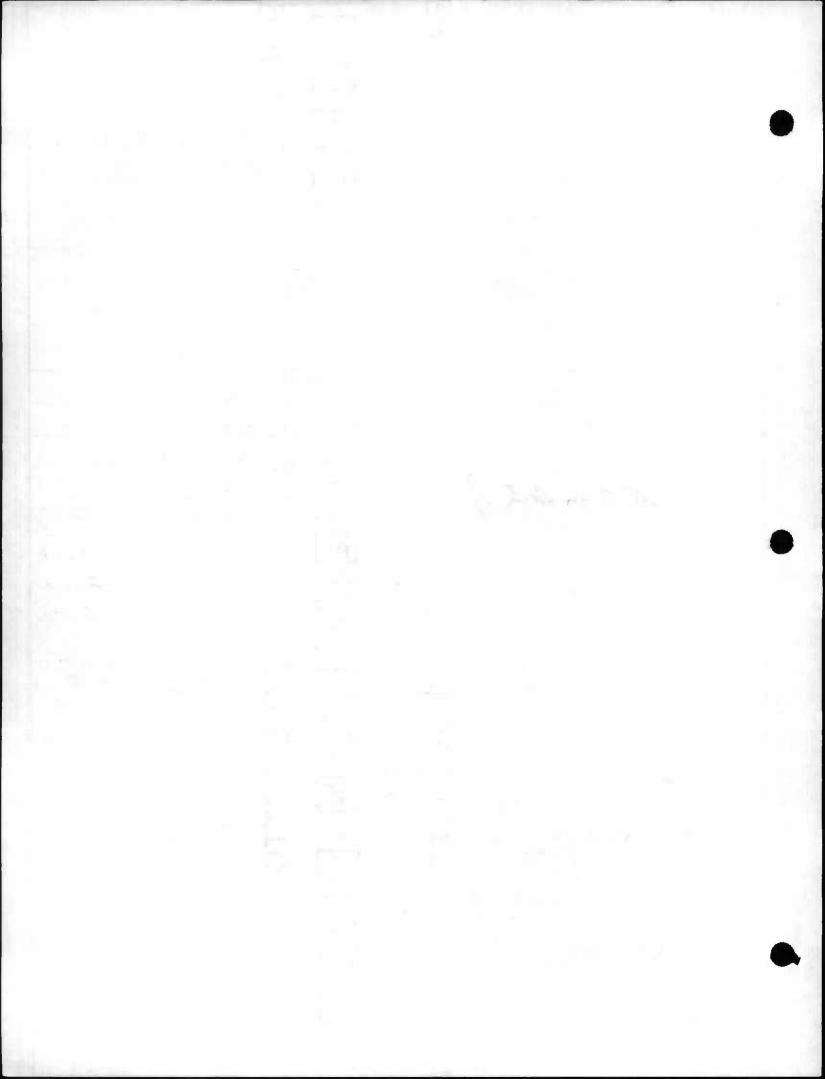
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trail be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

isit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

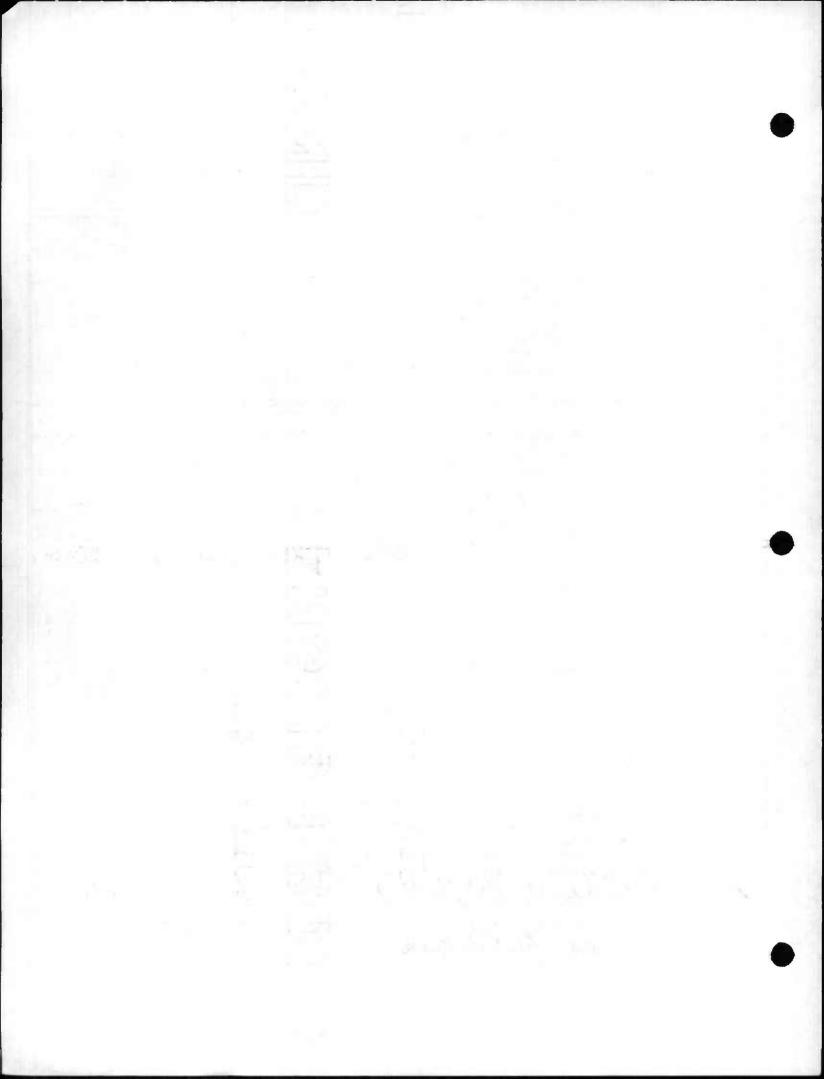
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

OHMH-16 Rev 1/89



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DEPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARY			OF HEALTH AND	MEN	TAL HYGIEN REG. NO.	E	1 0	0912
,	t. DECEDENT'S NAME (First, Middle, Last)  JEROME  J.	SCHMID	T		50		ATE OF DEATH DA	"1991 <sup>'</sup>		30 A. M
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	(A	ATE OF BIRTH forth, Day, Year)		Country)	CE (State or Foreign
	217-12-6003  9e. FACILITY NAME (If not institution, give stre		69 YRS.	ab CITY T	OWN OR LOCATION OF	_	C. 2, 19	9c. COUNT	MARY	
5	5007 LASALLE AVEN	· ·			TIMORE	DEATH				-
שוו	10e. STATE 10b. COUNTY MARYLAND		t0c. Cit	BALTI						. INSIDE CITY LIMITS?  XYES 2 \( \square\) NO
	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZE		COUNTRY?
	5007 LASALLE AV	ENUE			21206			U.	S. A.	
מו בחו	1t. MARITAL STATUS 1 Never Merried 2 Merried 3 XXVIdowed 4 Divorced	12. WAS DECEDENT EVEI FORCES? (XX YE IF YES, GIVE WAR OF WW	S 2 NO	lf y	S DECENDENT OF HISP es, specify Cuben, Mexi YES 2 NO Spe	icen, Pue		or No—	Black, Wi	American Indian, lite, stc. HITE
נונה	ts. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		t6e. DECEDENT'S (Give kind of life. Do NOT to	work done dur	UPATION ing most of working		16b. KIND OF BUS	SINESS/INDUS	STRY	
7	NA	NA	BOILE	R MAKI	ER		STEEL	COMP	ANY	
200	17. FATNER'S NAME (First, Middle, Lest)  JEROME J. SCHMIDT						rst, Middle, Meiden KOENGMAR			
2	190. INFORMANT'S NAME (Type/Print)  JEROME SCHMIDT JE	R. (SON)			Street and Number or Run LE AVE., B					
	20e, METNOD OF DISPOSITION    A Buriel 2   Cremation 3   Remo	val from State	206. PLACE AND DATE HOLY		EMER CEMET			TIMOR		
	21. SIGNATURE OF FUNERAL BERVICE LICE		D	22. NA SCI	ME AND ADDRESS OF HIMUNEK FU	PACILITY NER	AL HOMES	-		21212
	23. PART I. Enter the diseases, or co	omplications that cau	ed the death. Do	_	31 BREHMS					Approximate
	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)			afic	Prostat	2	Cay	w		Interval Between Onset and Daath
_		DUE TO (OR A	S A CONSEQUENCE	OF):						
RIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE	OF):			_	·		
7	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE	OF):	57—h					
2	PART II. Other significent conditions	contributing to deat	h but not resulting	in the und	eriving cause given	in Part	I. 24s. WAS AN	LAUTOPSY	24b. WE	RE AUTOPSY FINDINGS
PERFORMED?  t								MLABLE PRIOR TO MPLETION OF CAUSE		
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATN	(Check o	nly one)			
EXAMINER?  1										
							PRED			
2 Accident investigation 28. PLACE OF INJURY — At home farm street factory office. 28. PLACE OF INJURY — At home farm street factory office. 28. PLACE OF INJURY — At home farm street factory office.								Number,		
COMPLETED	29e. CERTIFIER (Check only one)  1 MC CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									d manner se stated.
N L	29b. SIGNATURE AND TISE OF CONTINER	a Rad	Mhui		29c. LICENSE	NUMBER	46	29d. DATE	SIGNED (MO	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CHARLES A. PADGET		College Colleg		BLVD. SU	JITE	107. BA	ALTIMO	RE. M	ID.
	31. DATE FILED (Month, Day, Year)	A. BEGISTBAR'S S								-
	APR 0 4 1991	N	- Marianes				0 _== ==			



	1 - STATE REGISTRAR		YLAND / DEPARTI CERTIFIC	ATE OF DEATH		AL HYGIENE REG. NO.	1 00913
	1. DECEDENT'S NAME (First, Middle, Last) Louise	**				e of DEATH Pril I, 19	3. TIME OF DEATH
- 4	4. SOCIAL SECURITY NUMBER	H.	Taglia  GE (In yrs. lest birthday)	V.L.a. FUNDER 1 YEAR   IF UNDER			91 5:45 A
	215-05-8029  9a. FACILITY NAME (If not institution, give	1 🗆 M 2 🔀 F	76 YRS. M	DAYS HOURS	MIN. 8-	1th, Day, Year) 19-1914	Maryland
TOR	3818 Mt. Plaas			Baltimo		9e. COUN	TY OF DEATH
DIRECTOR	10a. STATE 10b. COUNT Maryland	Υ		altimore			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER			10f. ZIP COD	E	10g. CITIZ	EN OF WHAT COUNTRY?
FUNERAL	3818 Mt. Pleas				L224		S.A.
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divo: • '	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 NO	13. WAS DECENDENT ( if yes, specify Cubin 1  YES 2 NO	en, Mexican, Puert	ilN? (Specify Yes or No— o Ricen, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	e completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	SUAL OCCUPATION k done during most of world etired.)	ing 1	Bb. KIND OF BUSINESS/INDU	
APL	6th	College (1-4 or 5+)	Homemak	er		Home	
COMPLET	17. FATHER'S NAME (First, Middle, Last)			18. MOT		, Middle, Maiden Sumeme)	
B	August  190. INFORMANT'S NAME (Type/Print)	Getn			aria	Lit	
2	Melvin Taglia	via	3818			ve Balto.	
	20a. METHOD OF DISPOSITION 1 Description 2 Comments 3 Ren		OOL DI ACE AND DATE O	E DICEOCITION (Marie	-	100471011 0	T
	4 Donation 5 Other (Specify)	noval from State	Garrison	Vecerans	Cem.4-	4-91 Garri	son, Maryla
	21. SIGNATURE OF FUNERAL SERVICE L	CHANGER	- 1	22. TIAME AND ADDITE	33 OF FACILITY		
	23. PART I Enter the diseases, or	ans	nent	263 5,	• Jnkli	ng St. 212	uneral Home
AL CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	Hy	AS A CONSEQUENCE OF:	Le Can	disvi	Arrest Brenta D	lac
SERTIF	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR	AS A CONSEQUENCE OF):				*
MEDICAL	CAUSE (Disease or injury that initiated events	d		the underlying cause	given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1  YES 2 NO	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d				PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition	d	ith but not resulting in	26. PLACE OF I	given in Part I.	PERFORMED?  1  YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
7	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	d.  ns contributing to dea	/Outpatient 3 DOA 4	28. PLACE OF I	DEATH (Check only	PERFORMED?  1  YES 2 NO	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1   Inputent 2   ER  28a, DATE OF INJU	/Outpetient 3 DOA 4 INJUST	26. PLACE OF I  DTHER:  Nursing Home 5 F  WORK?  M 1 YES 2	DEATH (Check only lesidence 8 On 28d, E	PERFORMED?  1 YES 2 NO  one)  her (Specify)  ESCRIBE HOW INJURY OCC	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
TED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1   Inputent 2   ER  28a, DATE OF INJU	/Outpetient 3 □ DOA 4 URY 28b. TIME ( INJURY — At home, ferm, etc.)	26. PLACE OF I  DTHER:  Nursing Home 5 F  WORK?  M 1 YES 2	DEATH (Check only lesidence 8 0 0 0 28d. E	PERFORMED?  1  YES 2 NO  One)  her (Specify)	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
TED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Inpution 2 ER  28a. DATE OF INJ (Month, Day, Y  28a. PLACE OF IN building, atc.	/Outpatient 3 DOA 4  /Outpatient 3 DOA 4  URY 29b. TIME (INJURY — At home, farm, str.)  knowledge, death occurred	26. PLACE OF IDTHER:  Nursing Home 5 FROM WORK?  Y WORK?  1 YES 2  set, factory, office	DEATH (Check only testdence 8 Of Of Other NO 28d, E. C. C. C. C. C. C. C. C. C. C. C. C. C.	PERFORMED?  1 VES 2 NO  One)  her (Specify)  ESCRIBE HOW INJURY OCC  DCATION (Street and Number of North Nor	24b. WERE AUTOPSY FINDINGS AMMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  URED  Or Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Inputent 2 ER  28e. DATE OF INJ (Month, Dey, Ye 26e. PLACE OF IN, building, atc.	/Outpatient 3 DOA 4  /Outpatient 3 DOA 4  URY 29b. TIME (INJURY — At home, farm, str.)  knowledge, death occurred	26. PLACE OF IDTHER:  Nursing Home 5 FR TY WORK?  1 YES 2  bet, fectory, office  at the time, date and place in my opinion, death occu	DEATH (Check only testdence 8 Of Of Other NO 28d, E. C. C. C. C. C. C. C. C. C. C. C. C. C.	PERFORMED?  1 YES 2 NO  One)  her (Specify)  ESCRIBE HOW INJURY OCC  DCATION (Street and Number of Yourn, State)  cause(s) and menner se state atte and place, and due to the	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  URED  Or Rural Route Number,  od. o csuse(s) and manner as stated.
TED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:    Impatient   2   ER	/Outpetient 3 DOA 4  /Outpetient 3 DOA 4  URY 29b. TIME (NJUF)  JURY — At home, ferm, etn (Specify)  knowledge, death occurred nation and/or investigation,	26. PLACE OF IDTHER:  Nursing Home 5 FR TY WORK?  1 YES 2  bet, fectory, office  at the time, date and place in my opinion, death occu	DEATH (Check only tesidence 8 0 0 0 28d. E	PERFORMED?  1 YES 2 NO  One)  her (Specify)  ESCRIBE HOW INJURY OCC  DCATION (Street and Number of Yourn, State)  cause(s) and menner se state atte and place, and due to the	24b. WERE AUTOPSY FINDINGS AMMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  URED  Or Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:    Impatient   2   ER	/Outpatient 3 DOA 4 URY 28b. TIME (Specify) A home, farm, str. (Specify) PATH (ITEM 27 (Spe. P)	26. PLACE OF DTHER:  Nursing Home 5 FR 28c. INJURY AT WORK?  1 YES 2  bet, fectory, office  at the time, data and place in my opinion, death occur.	DEATH (Check only tesidence 8 0 0 0 28d. E	PERFORMED?  1 YES 2 NO  One)  her (Specify)  ESCRIBE HOW INJURY OCC  DCATION (Street and Number of Yourn, State)  cause(s) and menner se state atte and place, and due to the	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  URED  Or Rural Route Number,  od. o csuse(s) and manner as stated.

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V : 815. 

11. 1 [ 3 [	17. /19.0 20.1 (4 (21.	25 IN did re Sci if Ci CC Ci th re 25 27.	30	
TO BE COMPLETED BY FUNERAL	TO BE COMPL	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE	
)	examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IMPOR	
or use as the burial-	e funeral director, page 5 should be detached full.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiens prior to burial, cremotal.	TO THE be filed	
or attending physic in	death. Page 6 may be retained by the hospital	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a norm after death, Page 6 may be retained by the hospital or attending physic.	TO THE	
1203-3146	BALTIMORE, MARYLAND 21203-3146	DIVISION OF VITAL RECORDS, P.O. BOX 13146,		

	FOR	STATE OF MARYLAND /	DEDARTMEN	T OF HEALTH AND	MENTAL LIVOIC	NE ()	1 00011
	1 - STATE REGISTRAR			E OF DEATH	REG. N	-	1 1600
1	1. DECEDENT'S NAME (First, Middle, Last)	. /			2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
	FRANCIS	WAYM	AN		APRIL O	2 19	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest	MONTHS	T 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)
	211-07-6433	1 Pm 2 DF 89	YRS.		6-22	1	noryImo
DIRECTOR	90. FACILITY NAME (If not institution, give so  FOR 65 HA  RESIDENCE OF DECEDENT	VEN NURS HOT	me 96. cm	BAILOI C	gity .	9c. COUNTY	OF DEATH
EC	10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION	0		10d. INSIDE CITY
10	maryland		BAI	Timore	)		LIMITS?
AL	10. STREET AND NUMBER	0+		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	825 FRERE			21220	5	u.	5,14,
F	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2	MED 13.	WAS DECENDENT OF NISPA	en, Puerto Ricen, atc.)	se or No- 14.	RACE — American Indien, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 YES 2 NO Specific	ty:		B'lpc.K
ETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	completed) (Gi	CEDENT'S USUAL Ove kind of work done Do NOT use retired.)	during most of working	16b, KIND OF B	USINESS/INDUST	TRY
ם							
COMPL	17. FATNER'S NAME (First, Middle, Last)			18. MOTNER'S NA	AME (First, Middle, Maide	n Surneme)	
BE (	HANY U	Ayman		MAI	Tie F	lenso.	N
0	19e. INFORMANT'S NO.	196	MAILING ADDRES	S (Street end Number or Rural	Route Number, City or To	own, State, Zip Con	(6)
	MIT, WILLAK	WAYMAN	1507 C	opelmo 1	CO, DAI	10,11	4 21228
	20e. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Rem	oval from State 206. PLACE C	OF DISPOSITION (N	ende of cometery, crematory of	20cm	pocation — city	or Town, State of
	4 Donation 5 Other (Specify)	ENSEE	22,	NAME AND ADDRESS OF F	ICILITY C	77/101	1 Home
	No such	1. Russ	~	oseph hil	KU85 1-6	Nern	6 10110
	23. PART/I. Enter the diseases, or o	complications that saveed the de-	ath Do mat anto	BAZ WINO	MA Five	BAIR	me 21216
	shock, or heart failure.	List only one cause on each line.	ath. DO not ente	r the mode or dying, aud	on as cardiac or rea	piratory arreat	interval Between
	IMMEDIATE CAUSE (Finel disease or condition	(77	Blan	TINCT			Onest and Death
	resulting in deeth)	DUE TO (OR AS A CONSEO	DUENCE OF):	DING		<u></u>	
z		h					
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):				
S	Cause. Enter UNDERLYING CAUSE (Disease or Injury	c					
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEO	DUENCE OF):				
CER		d					
	PART II. Other aignificant condition	a contributing to death but not p		nderlying cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDICAL	- HO CANO	ex (K) F	-UNG		1   YES		COMPLETION OF CAUSE OF DEATH?
MEC							1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	28-PLACE OF DEATH (C	heck only one)		
YSI	1 VES 2 NO	1   Inpatient 2   ER/Outpatient 3	DOA 4 Nu	rsing Home 5 - Residence			
	27. MANNER OF DEATH	25e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	26c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE NOV	V INJURY OCCUR	ED
ВУ	2 Accident Investigation	28e. PLACE OF INJURY — At hor			281, LOCATION (Street	et and Number or	Rural Route Number
LED	4 Homicide 6 Could not be	building, etc. (Specify)			City or Town, Ste	te)	
COMPLETED	29e. CERTIFIER CERTIFYING PNYS	CIAN: To the best of my knowledge, dec	ath occurred at the	time, date and place, and du-	e to the reverse) and m	nanner en state d	
MP	cond.	R: On the basic of examination end/or is					suse(e) and menner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	1	e sure i uni	29c. LICENSE NU			GRED (Mory), Gay, Year)
BE	Jasneyn ;	Laleha		1285		D 4	491
12	30, NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE OF BEATH (ITEM	M 27) (Time Print)	2		1	

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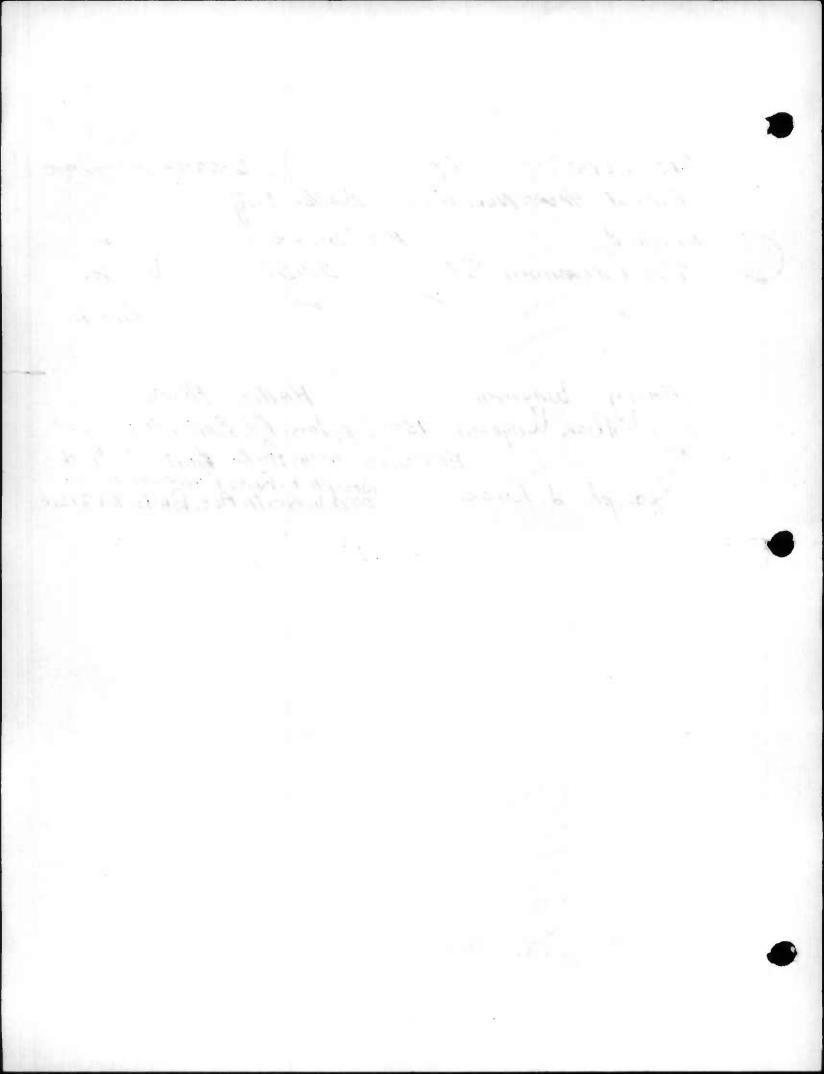
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CAKHANI,

TASNEEM
31, DATE FILED (MOTH), DOY, YOU)
APR 04 1991

BACTO MI) 21208

DHMH-16 Rev 1/89



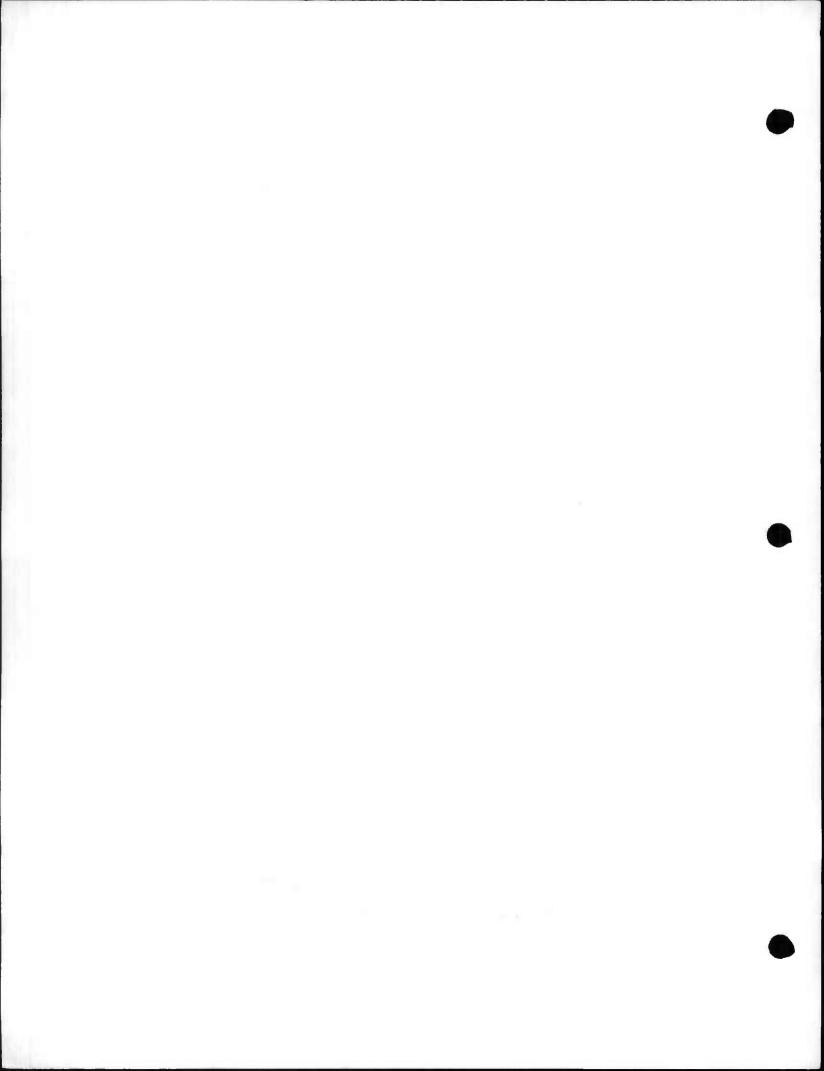
TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

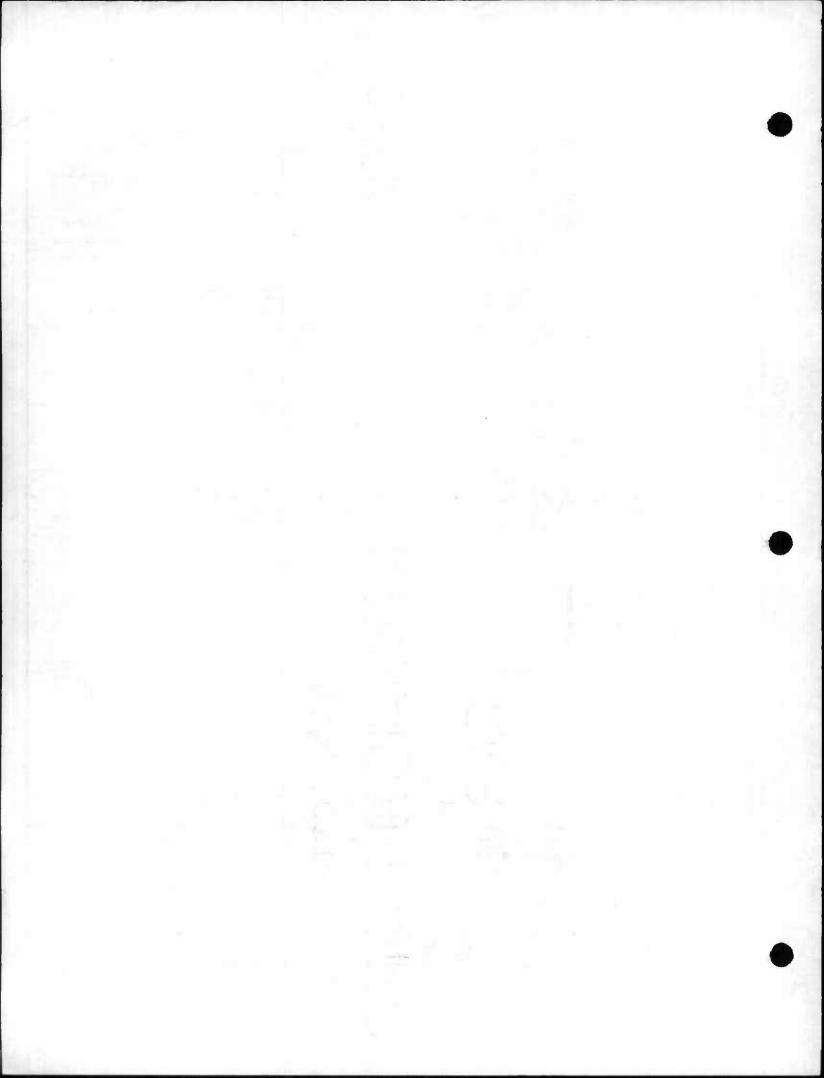
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last) Alfred	d M.		Wright		2. DATE OF DI MONTH March	29, 199	YEAR	3. ТІМЕ ОГ ОБАТН 12:32pm м
	SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Morth, Day, 11 - 2	RTH		PLACE (State or Foreign ) MD
9e. FACILITY NAME (If not institution, give street	11 00			on LOCATION OF DE		9c. COU	NTY OF DE	ATH
Maryland Genera	I Hospitar		Dalt	TIMOTE CI	Ly			
10s. STATE 10b. COUNTY			TOWN OR LOCA	RE, CI	TV			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		D		r. ZIP CODE	1 1	10g. CITI		1 X YES 2 NO
425 ROBERT S	TREET			21217			USA	
11. MARITAL STATUS  1  Never Merried 2  Merried  3 Widowed 4 Divorced	WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 VNO	If yes, s	CENDENT OF HISPAN Decity Cuben, Mexica S 2 NO Specify	n, Puerto Rican,		14. RACE Black, Specifi	- American Indian, White, etc. y: BLACK
15. DECEDENT'S EDUCATION (Specify only highest grade com		16e. DECEDENT'S U	ISUAL OCCUPATI ork done during m retired.)	ON ost of working	16b. KINE	OF BUSINESS/INC	DUSTRY	
Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)			S & ELE	CTRIC	СО.		
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle	, Malden Surneme)		
PERRY WRIGHT		Land treatment		MARY	LEWI			
190. INFORMANT'S NAME (Type/Print)  KELLY PARKER			,	ST./Ba				217
20a METHOO OF DISPOSITION 1\ Buriel 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	from State A	RBUTUS		AL CEME		ARBUTU		
21. SIGNATURE OF FUNERAL SERVICE LICENS	EE		22. NAME A	ND ADDRESS OF FA	CILITY	-		
Hladus .	Danes							RTH AVE.
23. PART i. Enter the diseases, or com shock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	septic S	hock		ode of dying, suc	h sa cerdiec	or respiratory sn	rest,	Approximate interval Between Onset and Daath
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	Right Lu OUE TO (OR AS Urinary	A CONSEQUENCE OF	onia : :fection	1				
PART II. Other significent conditions of	ontributing to deeth i	out not resulting li	the underlyli	ng ceuse given in		WAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 VES 2 □ NO
					- Br	ain Only	7	· <u>p</u> , 120 2 0 110
	OSPITAL: Xinpatient 2 - ER/Out		OTHER:	PLACE OF DEATH (Ch		ecify)		
27. MANNER OF OEATH  1 X Netural 5 Pending investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	JRY W	JURY AT ORK? YES 2 NO	28d. DESCRIE	E HOW INJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, stc. (Spe	Y — At home, ferm, sicily)	treet, factory, off	Ice	26f. LOCATION City or Tox	N (Street end Numbe wn, State)	or or Rural R	loute Number,
29e. CERTIFIER (Check only one) 1 🛣 CERTIFYING PHYSICIAL One) 2 🗌 MEDICAL EXAMINER: C								) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	infat mit			29c. LICENSE NU	MBER	29d. DAT	S SIGNED	(Month Day, Shar)
30. NAME AND AODRESS OF PERSON WHO C	M.D.			General		7		

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



	OY LEE	BEN Z	ELA	) WILLIA	MC	2	DATE OF DEATH	DAY Y	3. TIME OF DEATH		
MR. R	5. SEX	6. AGE (In yrs. In		IF UNDER 1 YEAR		100 7	O 3		9 1 BIRTHPLACE (State or Fore		
242-14-7125	1 3 M 2 F	85	YRS.	MONTHS DAYS		MIN.	02-06-	-06	Country) N.C.		
e. FACILITY NAME (If not inetitution, give 2234 EUTAW PL					OR LOCATION			9c. COUNTY	OF DEATH		
RESIDENCE OF DECEDENT			T 40- 017	Y. TOWN OR LO		_			Last more arm		
M D	5		3,21 211	ALTIMO		TY			10d. INSIDE CITY LIMITS? 1 PES 2 N		
2234 EUTAW	PLACE				2121	17			N OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES	RMED NO	If yes,		Mexican, F	ORIGIN? (Specify Ye Puerto Rican, etc.)	es or No— 14			
15. DECEDENT'S ED (Specify only highest grad		16a. D	ECEDENT'S	work done during se retired.)	TION most of working		16b. KIND OF BI	USINESS/INDUS			
8th	College (1-4 or 5	+)	IATCH				CITY OF BALTIMOR				
7. FATHER'S NAME (First, Middle, Last) RUFUS WILLIA	AMS					R'S NAME ANDY	(First, Middle, Maide STEEL				
19a. INFORMANT'S NAME (Type/Print) SHIRLEY JENNINGS  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2227 AIKEN ST./BALTIMORE, MD. 21218											
20a, METHOD OF DISPOSITION  1.D' Burla! 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  SARDEN OF FIRNAL HOPE  REISTERTOWNE,											
	ICENSEE	AKI		22, NAME	AND ADDRESS	OF FACIL	ПУ				
alvin I.	Will	amo							. NORTH A		
disease or condition resulting in deeth)  Due to (or as a consequence of):  (a chexia  Due to (or as a consequence of):  (a chexia  Due to (or as a consequence of):  Advanal in sufficient as  CAUSE (Disease or Injury)											
	d				0						
PART II. Other significant condition	ona contributing to	o deeth but not	resulting	in the underly	ing cause gl	ven in Pa		ORMED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N		
25. WAS CASE REFERRED TO MEDICAL			_	26	PLACE OF DE	TH (Check	only one)		<u> </u>		
EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	1/		Other (Specify)				
1 Netural 5 Pending	(Month,	DE INJURY Day, Year)	28b. Till	ME OF 28c.	INJURY AT WORK?  YES 2	2	ed. DESCRIBE HOW	INJURY OCCU	RED		
3 Suicide 6 Could not b	28e. PLACE	OF INJURY — At I	nome, farm,	street, factory, o	ffice	2	8f. LOCATION (Street City or Town, State	et and Number or te)	Rural Route Number,		
4 Nomiciae gearmine	SICIAN: To the best										
29a. CERTIFIER 1 CERTIFYING PHY		examination and/o									
23. PART I. Enter the diseases, or complications that caused the death. shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE CAUSE. (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE CAUSE. (DISEASE OF INJURY CAUSE. (DISEASE OF INJURY CAUSE. (DISEASE OF INJURY CAUSE. (DISEASE OF INJURY CAUSE. (DISEASE OF INJURY CAUSE. (DISEASE OF INJURY CAUSE. (DISEASE OF INJURY CAUSE.)  DUE TO (OR AS A CONSEQUENCE CAUSE.)  DUE		W	29c. LICEN D 3	SE NUMB		29d. DATE	SIGNED (Month, Day, Year)				



MINISTER OF VITAL RECORDS, T.O. BOX 60700, BALLIMONE, MANIEMINE ALE 13-0020	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HECTO. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	arter death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.	sm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O NICISION OF	TO THE HESPITE OF ATTENDING PHYSI	TO THE FUNE FUNE COOR: After this o	be filed with a trout after death with	IMPORTANT: It Item 28 is marked,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

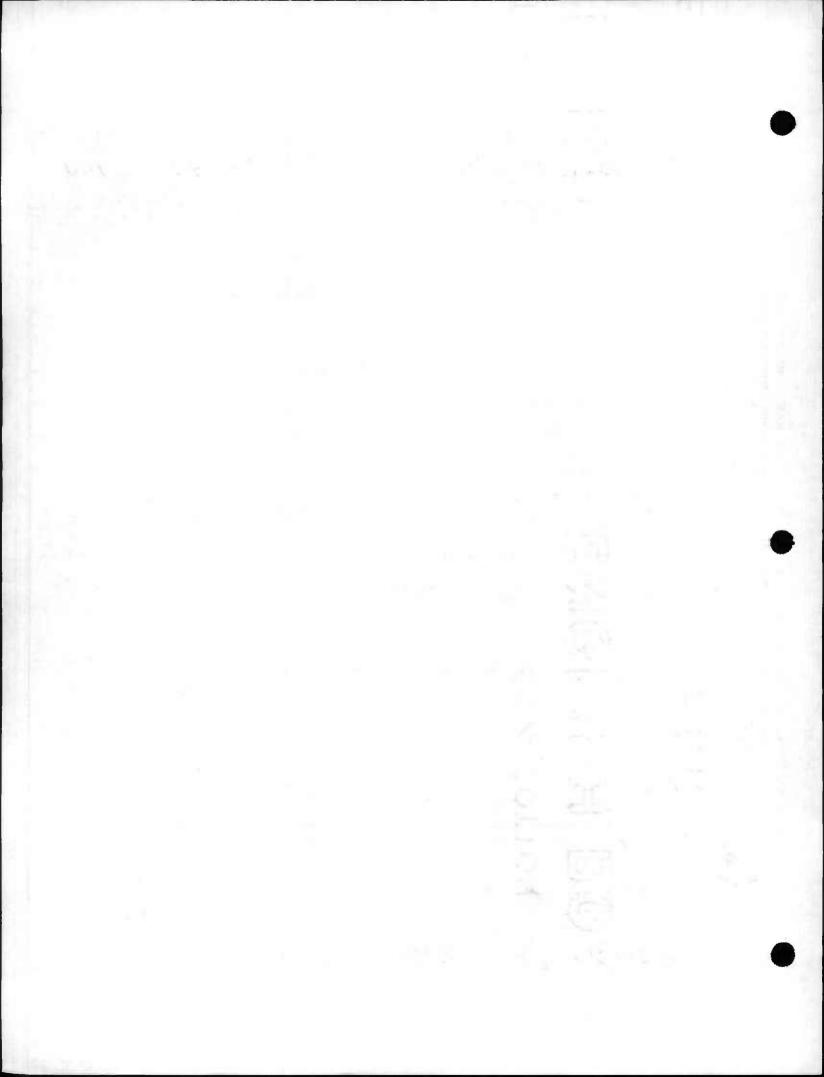
	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Aristin, Last)		WATSON			2. DATE OF DEATH BOTH	AY YE.	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AX	GE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.8	HRTHPLACE (State or Foreign Jountry)		
FOR	98. FACILITY NAME (If not institution, give atreet and number)  FRANKLIN SQUARE HOSPITAL BALLINGE BALLINGE BALLINGE									
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	imore		10d. INSIDE CITY LIMITS? 1			
	100. STREET AND NUMBER			101	ZIP CODE	2	10g. CITIZEN	OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade Elementary/Secondary (4-12)	CATION completed) College (1-4 or 6+)	Iffe. Do NOT us	rork done during mo e retired.)	at of working	16b. KIND OF BU	SINESS/INDUST	RY		
OMF	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)									
BEC	UNKO				W	llo				
2	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1/14 Cathedral 32 BA/40. Md 2/201									
	20a. METHOD OF DISPOSITION  1 Deurlal 2 Cremation 3 Remo	oval from State	20b. PLACE AND DATE of cemetany crown atory		(Name	0ATE 20c. LC	CATION - CHY	0. 0		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Execu	e	3405	W, D	anklen s				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Intra-abdominal Sepsis									
SATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR A								
MEDICAL CERTIFICATION	Hepatitis 1 Tyes 2 % NO							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2  NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	heck only one)				
YSIC	EXAMINER?	HOSPITAL:	Outpetlent 3 DOA	OTHER: 4 - Nursing Hor	ne 5 🗆 Rasidence	6 Other (Specify)				
ву РН	27. MANNER OF DEATH  1 Netural 6 Pending 2 Accident Investigation	28s. DATE OF INJU (Month, Day, Ye		URY W	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED		
	3 Suicide 6 Could not be 4 Homicide determined	261. LOCATION (Street City or Town, State		Rural Route Number,						
COMPLETED	CONSUM OTHY	ICIAN: To the best of my k						suse(a) and menner as stated.		
BE	296. SIONATURE AND TITLE OF CENTIFIER	MD PGY	I		29c. LICENSE NU			ONED (Month, Day, Year)		
10	30. NAME AND AGORESS OF PERSON WH	O COMPLETEO CAUSE OF	F DEATH (ITEM 27) (Type			N/A				
	Timothy Polk MD 31. DATE FILED (Month, Day, Year)	9000 Frat	nklin Squa BIGNATURE	re Dr.	Balto, Mo	1. 2123/				
	ADD O A	1.0 000.	A 1							

428 C.C. 1991 J. C. Extended Services

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	2, 3 shou		
	Pages 1,		
R ATTENDING PHYSICIAN: THE IZW requires that the beath certificate be executed writin 24 hours are beath. Page o may be retained by the hospital of artending physician.	the burial-transit permit.	lurs after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
or attend	use as		
me nospital	detached for		once.
e retained by	5 Should be		om 28 is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.
o may o	tor, page		ust be
eam. rage	funeral direc		raminer TT
nours arrer o	ed in by the	or removal.	medical e
57 UILLIUM C	mpletely fille	, cremation,	event, the
De execute	cian and co	lor to burial	raumatic (
Cerumcate	iding physi	Hygiene pr	r other t
me oeam	by the atter	nd Mental	injury, o
equires man	en signed t	of Health au	hows any
The law r	ate has be	tate Dept.	lem 23 s
HYSICIAN.	his certifica	with the Si	ked or it
NDING F	R: After 1	er death	le mar
R ATTE	RECTO	urs aft	28

						9	08918		
1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAF CERTIF	RTMENT OF HE		NTAL HYGIEN REG. NO	E			
1. OECEDENT'S NAME (First, Middle, Last ARNOLD W.	WHITE			2	DATE OF DEATH MONTH 3	31 4	EAR 1 02 A		
4. SOCIAL SECURITY NUMBER 216-50-4686	1 XM 2 🗆 F	AGE (In yrs. lest birthday) 43 YRS.	MONTHS DAYS	IOURS MIN.	DATE OF BIRTH (Mouth, Day, Year)	17	BIRTHPLACE (State or Foreign Country)		
08. FACILITY NAME (If not institution, give	Street and number)		-	1 D	1	BOUNTY BOU	Those (ITY		
RESIDENCE OF DECEDENT  106. STATE  106. COUN	тү		LTIMORE,				10d. INSIDE CITY LIMITS? 1 [XYES 2 ] NO		
100. STREET AND NUMBER 1100 BOLTON  11. MARITAL STATUS  X Nover Merried 2 Merried	STREET		10f. Z	21201		10g. CITIZEI	N OF WHAT COUNTRY?		
3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1/ IF YES, GIVE WAR	YER IN U.S. ARMED (YES 2 NO OR DATES		DENT OF HISPANIC fy Cuben, Mexican, F NO Specify:			Black, White, etc.  Specify:  BLACK		
15. OECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPATION work done during most retired.)	of working	16b, KINO OF BU	SINESS/INDUS	TRY		
				IS. MOTHER'S NAME	(First, Middle, Melden WHITE	Surneme)			
19a. INFORMANT'S NAME (Type/Print)  ALJEAN PALM					AAILING ADDRESS (Street and Number or Rurel Route Number, City or Town, State, Z				
20e. METHOD OF DISPOSITION X Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State		DATE OF DISPOSITION (Name  DATE COC. LOCATION — City or Town, State  OWINGS MILLS, MD						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM.C. MARCH F.H. 1101 E. NO							NORTH AVE.		
	disease or condition Excapation								
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING  Lay red Cancel  Due to (or as a consequence of):								
that initiated events resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other algnificant conditi	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.								
	1000						1 TYES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO    27. MANNER OF DEATH	HOSPITAL:	R/Outpatient 3 DDA	OTHER: 4 Nursing Home	5 Residence 6	Other (Specify)				
2 Accident investigatio	(Month, Day,	M 1 YE	M 1 YES 2 NO						
4 Homicide determined									
(Check only one) 2 MEDICAL EXAM	/SICIAN: To the best of my NER: On the bests of exer						cause(e) and manner ae stated.		
29b. SIGNATURE AND TITLE OF CERTIF	GOSTA	MD		29c. LICENSE NUMBE	ER .	29d. DATE S	SIGNED (Month, Day, Year)		
Josy S Cos	HO COMPLETED CAUSE	225 6	o, Print)  1 recree St	Balt,	UŊ	2121	ÐI		
31. DATE FILED (Month, Day, Year) 333570 4 1991	32. REGISTRANT	s signature Son-Randell							



REG NO

26

1897

9c. COUNTY OF CEATH

2. DATE OF DEATH

7. DATE OF BIRTH

MONTH

06

	1	
	1	
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	1	
	-	
	-	

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

217-16-4640A

ARA A SOCIAL SECURITY NUMBER

9a. FACILITY NAME (If not institution, give street end number,

1 -

DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE 10e. STREET AND NUMBER 10f. ZIP COOF FUNERAL 3838 ROLAND AVENUE 21211 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuben, Mexican, Puerto Rican, etc.) FORCES? 1 YES 2 2X NO 1 Never Married 2 Married 1 YES 2 NO Specify: 3 🕅 Widowed 4 🗌 Divorced B 15. OECEDENT'S ECUCATION (Specify only highest grade complete E 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16h. KINO OF BUSINESS/INDUSTRY Y Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWN HOUSEWIFE SOM P 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ CLARA L. REGAN HARRY D. ARMSTRONG notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 BALTIMORE. 3716 ELM AVENUE. GRACE ADDIS Pe 20e. METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE must LOUDON PARK CEMETERY 4/5 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY allar 3818 ROLAND AVENUE, the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fallure. List only one cause on each line. disease or condition resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within QUE TO (OR AS A CONSEQUENCE OF): 8 traumatic Sequentially list conditions, DUE TO JOR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CERTIFICAT MITTE other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 10 shows any injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I, MEDICAL PHYSICIAN: this certificate has be with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 10 4 - Nursing Home 6 - Residence 6 - Other (Specify) 27. MANNEN OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28 is marked, 1 Natural 5 Pending investigation M 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide tem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE A 524 2 30. NAME AND MEATH (ITEM 27) (Type, Print) ADDRESS OF PERSON WWO COMPLETED CM ISE OF

32. REGISTRAR'S SIGNATURE

WHER

5. SEX

1 M 2 F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF CEATH

+R

8. AGE (In yrs. last birthday)

93

3. TIME OF CEATH

10d. INSIDE CITY

NX YES 2 □ NO

8. BIRTHPLACE (State or Foreign

MARYLAND

10g. CITIZEN OF WHAT COUNTRY?

Specific

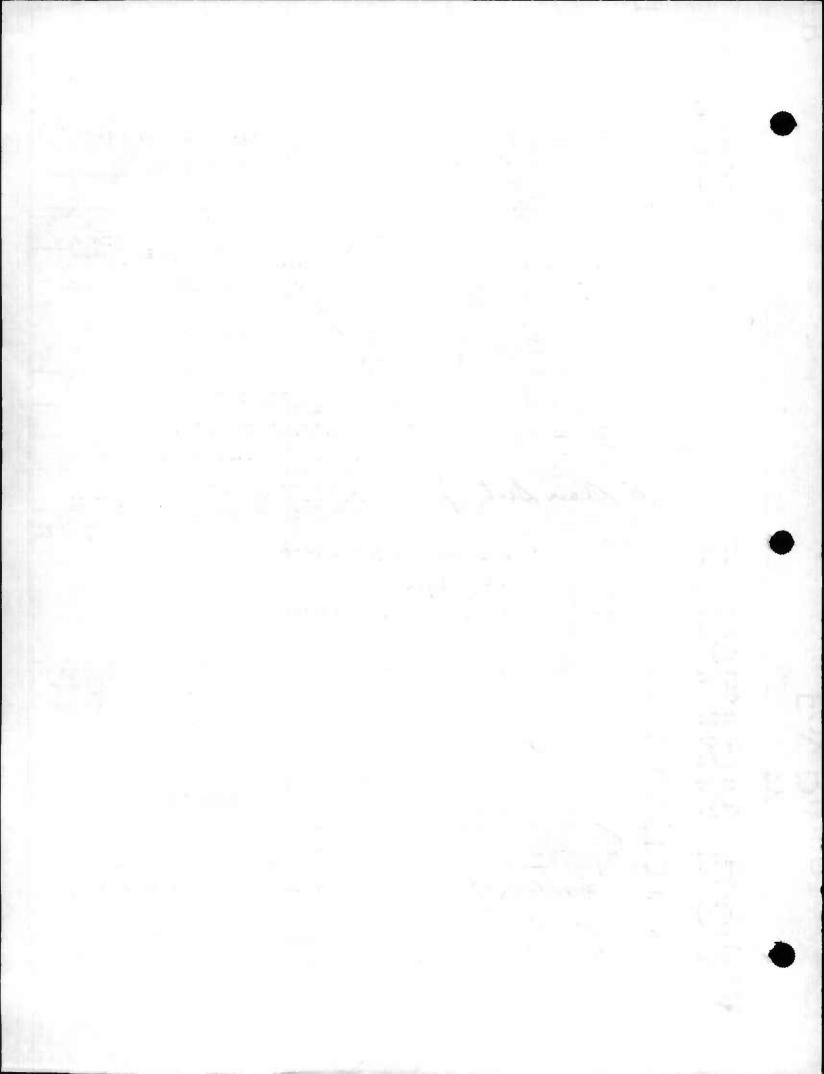
USA

14. RACE — American Indian, Black, White, etc.

WHITE

12:08 A.M

MD. 20c. LOCATION -- City or Town, State BALTIMORE, MARYLAND A. ALAN SEITZ, JR. FUNERAL HOME BALTO., MD. 21211 Interval Betw Onset and Death 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. OATE SIGNED (Month Day Year) -2-9 wha Davidson-Randelle



as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 JH H is after death. Page 5 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 16 may be refained by the hos		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner much its modified at once.
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and A		20
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É	100	6
P H	19000	E
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er dea	20.00	l exa
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4 hou	n, or	E
hin 2	matio	£ ,
by wit	d, cre	even
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De e	ior to	Taur
ficate	ne pr	her
Certi	Hygie	Dr 00
death	emtal	ury.
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requir	Of He	Show
MBI :	Dept.	23
The The	State	Item
SICIA	the	, or
PHY	With C	rked
DING	deat	S THE
TEN	after	28
OR /	HOURS	Hem
PITAL	P ZZ	11 11
HOS	N TEN	TAN
五日	TO THE FUNEKAL DIRECTOR, Affect mis certificate has been signed by the attending provided and compressly mind in by the table filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPO
=	= 8	=

	REGISTRAR	CERTIFIC	ATE OF I	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF D	DEATN		3. TIME OF DEATH	
1	CHARLES ARTIS (CHARLIE M.	. ARTIS	)		MONTH	2 1001	YEAR	8.25 A M	
	CHARLES ARTIS				APRIL			U. 43 A	
		MO		IF UNDER 24 HRS, HOURS MIN.	7. DATE OF B (Month, De)	y, Year)	8. BIRTNE		
	226-22-5771   1× M 2 □ F   67				03-	22-24		VA.	
H.	9a. FACILITY NAME (If not institution, give street and number)	96	. CITY, TOWN OR	LOCATION OF DE			UNTY OF OE	ATH	
	THE JOHNS HOPKINS HOSPITAL		BALTIM	ORE CIT	ſΥ	BA	LTIMO	RE	
2	RESIDENCE OF DECEDENT								
ECTO	10a. STATE 10b. COUNTY	10c, CITY, TO	OWN OR LOCATIO	ON				10d. INSIDE CITY	
E	MD	RAI	TIMOR	E. MD				LIMITS?	
9.1		DAI		,				1) YES 2 NO	
BY FUNERAL DIRECTOR	10e. STREET AND NUMBER		101. 2	CIP CODE		10g. C		HAT COUNTRY?	
	900 N. BROADWAY 2nd-FL	•		21205			USA		
	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U FORCES? 1 X YES	.S. ARMED	13. WAS DECE	NDENT OF NISPAN	IC ORIGIN? (S	pecify Yea or No-		- American Indian,	
II.	Never Merried 2 Merried FORCES? 1 X XES	2 NO		NO Specify		ı, etc.)		, White, atc.	
8	3 Wildowed 4 Divorced ARMY	:5	I U YES 2	NO Specify			Specify	BLACK	
		Sa. OECEDENT'S US	IAL OCCUPATION		Tanh Man	D OF BUSINESS/I	MDHETOV		
12	(Specify only highest grade completed)	(Give kind of work life. Do NOT use re	done during most	of working	Tou. Kill	D OF BOSINESS/	110001111		
۳.	Elementary/Secondary (0-12) College (1-4 or 5+)								
8	0 011	DISABL	ΕU						
Ö	17. FATHER'S NAME (First, Middle, Last)			16. MOTNER'S NAI			)		
BE COMPLETED	JACK ARTIS		1		HA	RDY			
	19a, INFORMANT'S NAME (Type/Print)	195 MAILING AD	DPSS /Street and	t Number or Rural F	Bouds Number C	City or Four State	Zio Codel		
2	ANNA BATTLE							MD21205	
		300 N	. DROA	DWAI Z					
	20a, METNOD OF DISPOSITION 20b. P  **OBurial 2	LACE AND DATE OF	DISPOSITION (	Vame		20c. LOCATION			
	4 Donation 8 Other (Specify)	ARR'I'SUN	"FORES	T VET.	CEM	OWING	S MIL	LS, MD	
-1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22, NAME AND	ADDRESS OF FAC					
	. 1. 0 0								
- 3	Deadus Warren		WM.C.	MARCH	F.H.	1101	E. NO	ORTH AVE.	
	23. PART I. Enter the diseases, or complications that caused to	he death. Do not	enter the mod	e of dying, sucl	h aa cerdiac	or respiratory	arreat,	Approximate	
	ahock, or heart failure. Liet only one cause on each	h line.				2011		Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):								
	disease or condition resulting in death)	Lung (	a-ces					1 year	
	DUE TO (OR AS A C	ONSEQUENCE OF):							
7									
ō	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	if any, leading to immediata ceuse. Enter UNDERLYING								
5	CAUSE (Disease or injury	C							
E	that initiated events resulting in death) LAST	ONSEGUENCE OF J.							
1	d.								
O	PART II. Other significant conditions contributing to deeth but		de a constanta de se	anno alura la	Book I av	. WAS AN AUTOPS	W 045	WERE AUTOPSY FINDINGS	
DICAL		not resulting in 1	ne underlying	cause given in	Part I. 24	PERFORMED?	Y 24b.	AWAILABLE PRIOR TO	
5	Rewal effusion				11	YES 2 NO		COMPLETION OF CAUSE OF DEATH?	
MEC	Curstiac Annest							1 TES 2 NO	
2							- 1	194.0	
PHYSICIAN:						-			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	To	THER:	CE OF DEATH (Ch	eck only one)				
S	1 VES 2 NO 1 Inpatient 2 ER/Outpat			8 - Residence	8 Other (S)	pecify)			
E	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	26b. TIME C	PF 28c. INJU WOR	RY AT	28d. OEŞCRI	BE NOW INJURY	OCCURED	La La Carlo	
	1 Natural 5 Pending	, intoon		ES 2 NO					
BY	28e, PLACE OF INJURY -	- At home, farm, stre	et, factory, office		28f. LOCATIO	ON (Street and Num	ber or Rural R	loute Number	
	4 Homicide 6 Could not be building, atc. (Specify	)	,			own, State)			
E									
COMPLETED	29a. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowled	iga, death occurred	at the time, data a	and place, and dua	to the cause(	a) and menner as	stated.		
Σ	one) 4 2 MEDICAL EXAMINER: On the beals of examination a	and/or investigation,	in my opinion, de	ath occured at the	time, deta and	d place, and due to	the cause(a	) and manner as stated,	
8	1 - 1								
ш	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. 0	ATE SIGNED	(Month, Day, Year)	
9	1/10 10						4/3/	9/	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	N (ITEM 27) (Type, Pr	int) TOUN	HARE.	MD.	,			
			. 11 11111						
	Johns Hopkins Haselto	. R. 14	Ar	MO	2/201	5			
	Johns Haplains Haspital	Balt	infor.	MP	21203	5			
	30. Name and Address of Person who completed cause of Deat Johns Hopkins Hospital  31. DATE FILED (Month, Day, 1961)  APR 0/3, 1991  Julia Davidson	Balt Balt	Ar.	MP,	21200	5			

DIRECTOR

FUNERAL

BY

COMPLETED

2

To notified

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examiner must

the medical

or other traumatic event,

shows any Injury,

6

is marked,

Hem

IMPORTANT: If

death

FUNERAL DIRECTOR: After within 72 hours after death

물물물

223

this certificate has been with the State Dept. of

MEDICAL CERTIFICATION

PHYSICIAN: Item 23

BY

COMPLETED 28

8

9

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

EEREBOOM

12 REGISTRAR'S SIGNATURE

DAVID

5-1991

ITEM:18 per FH

Q

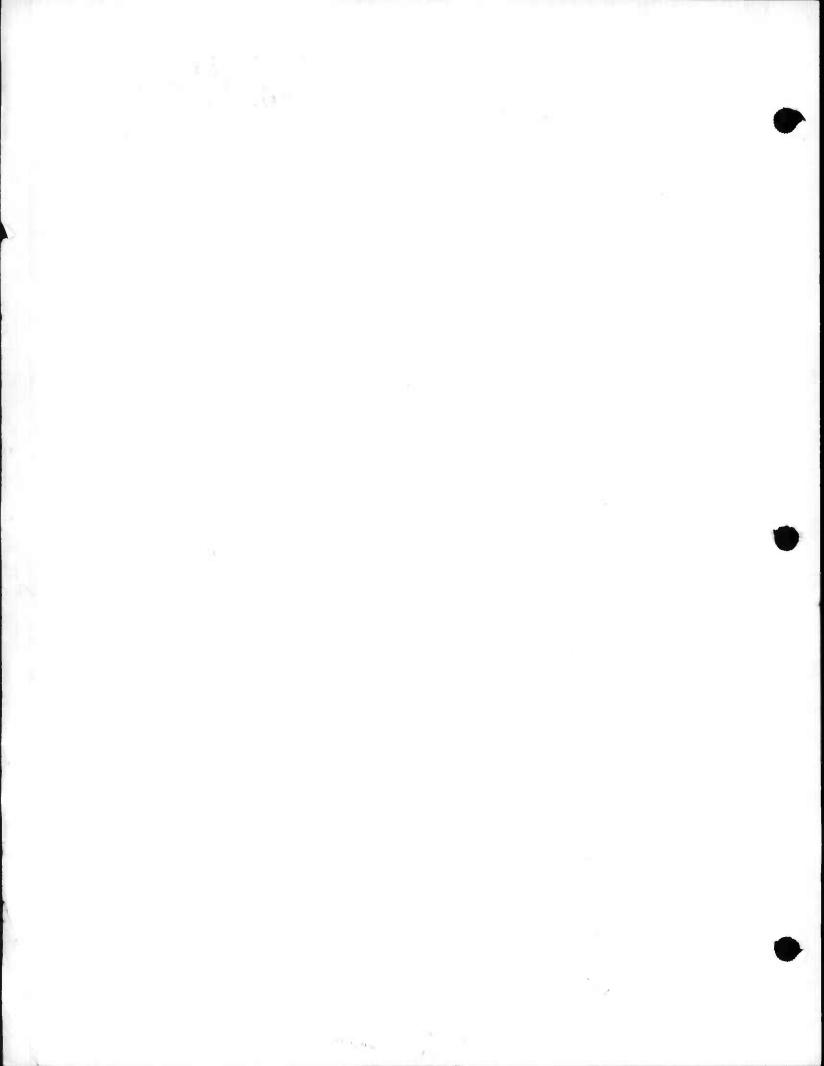
090 93 56 91

G-674 4/8/91 cm STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE & ... STATE REGISTRAR 1 -CERTIFICATE OF DEATH ? 1. DECEDENT'S NAME (First, Middle, Last) | | | 2. DATE OF DEATH MONTH DAY 3. TIME OF OEATH CATHERINE A. BOONE APRIL 1991 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
04-24-55 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign HOURS 1 M 2 V 7 242-98-4731 35 YRS. 9s. FACILITY NAME (If not institution, give street and number) 96, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10a, STATE 10d. INSIDE CITY LIMITS? MD BALTIMORE, CITY 1 X 1 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1206 POTOMAC STREET 21213 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/100 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puerto Ricen, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 1 Never Married 2 Married Specify: BLACK 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 12th College (1-4 or 5+) DISABLED LOTLIE MAE DAVIS 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) JOHN LEWIS Κ. 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BELINDA LEWIS 1206 POTOMAC ST./BALTIMORE. MD 21213 20a. METHOD OF DISPOSITION
1 A Burial 2 Cremetton 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State BACTIMORE CEMETERY BALTIMORE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gladic WM.C. MARCH F.H. 1101 E. NORTH AVE. Warren 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition LETASTATIC 18 MONTHS resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 - YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Vinpetient 2 ER/Outpetient 3 DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29s. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Jersel





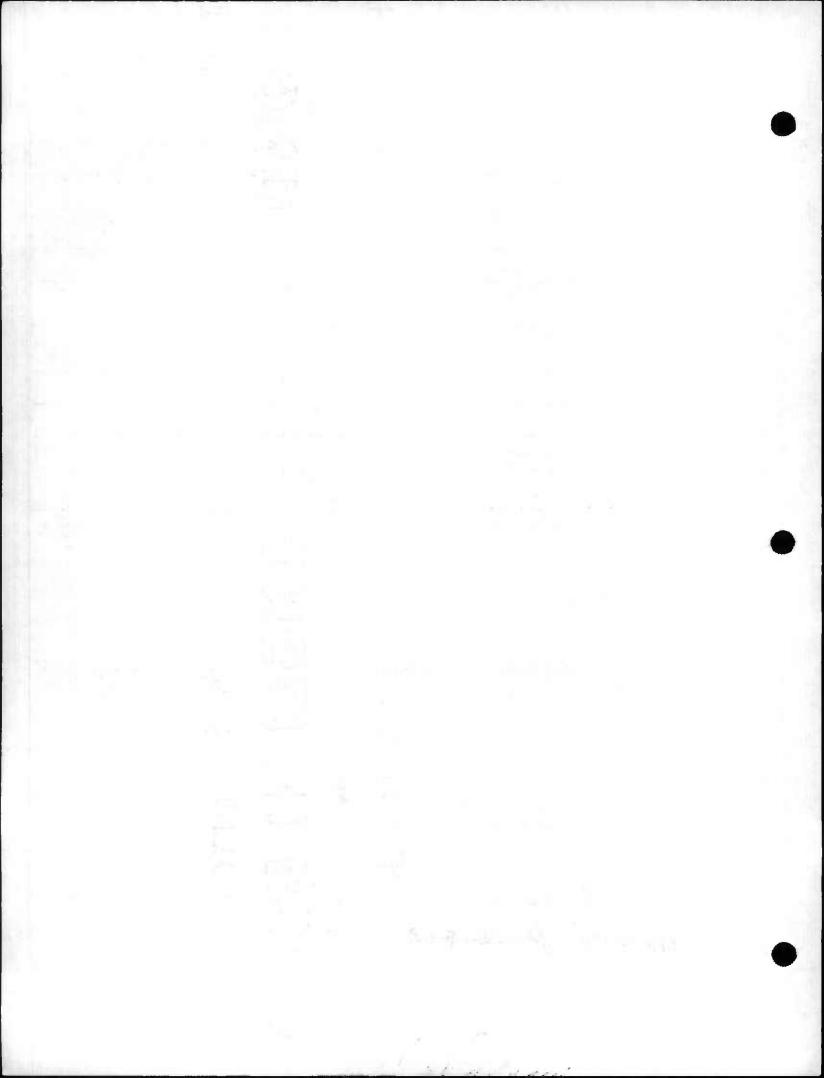
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1 - FOR STATE REGISTRAR

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ALF	he law
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SOUTH OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after
Z	C PH
VISIO	ATTENDIN
5	a
	SPITAL

,	1. DECEDENT'S NAME (Fig. Bessie Ba		2. DATE OF DEATH DATE OF DATE	3. TIME OF DEATH 7:10 P						
	4. SOCIAL SECURITY NUM 140 - 18 - 3	3562A	5. SEX 1  M 2  F	6. AGE (In yrs.		IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 01-12-0	Cou	THPLACE (State or Foreign untry) GEORGIA
2	9a. FACILITY NAME (# not FRANCIS RESIDENCE OF DE	SCOTT		SPITA	L		IMORE, N		9c. COUNTY OF	
	10a. STATE	10b. COUNT	TIMORE	-		TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?  1 YES 2 X NO
- 11	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF W								F WHAT COUNTRY?	
	8 3 7 N O R  11. MARITAL STATUS 1 Never Married 2 [ 3///Widowed 4   Direction		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If yes,	21220 DECENDENT OF HISPAI , specify Cuban, Mexica YES 2 NO Specifi		s or No— 14. R/BI	USA  ACE — American Indian, lack, White, etc.  BLACK
	(Specify o	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary(Secondary (0-12) College (1-4 or 5 +)			DECEDENT'S L (Give kind of we life. Do NOT use OMEST	ork done during retired.)	ATION most of working	166. KIND OF BU	SINESS/INDUSTRY	
	17. FATHER'S NAME (First, Joseph		liver	10	ONEST	10	- 70° A 10° C	ME (First, Middle, Maiden  e Rucke	Sumame)	
	19a. INFORMANT'S NAME (Type/Print)  JEAN HARDESTY  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  837 NORTHROP LN./ESSEX, MD. 2122								20	
	20a_METHOD OF DISPOSITION  1   Burlel 2   Cremation 3   Removal from State  4   Donation 6   Other (Specify)									
1000	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM.C. MARCH F.H. 1101 E. NORTH AVE									
	23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	heert fellure.	a. St	roke	line.		mode of dying, suc	th as cardled or resp	iratory arrest,	Approximate Interval Betwee Onset and Det
ACTURE INCHINGS	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
	resulting in deeth) LA	-	d	deeth but n	ot resulting is	the underl	ving cause given in	Part I. 24s, WAS AF	N AUTOPSY I	24b. WERE AUTOPSY FINDING
MCDICAL	gastric cancer 1 yes 2 NO							AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
FITSICIAN: IN	25. WAS CASE REFERRED	TO MEDICAL					S. PLACE OF DEATH (C	heck only one)		
200	1 YES 2 NO		HOSPITAL:				Home 5 - Residence			
10		Pending Investigation	26a. DATE Of (Month, L	Day, Year)	28b. TIME INJI	M 1	INJURY AT WORK?	28d. DESCRIBE HOW		
	3 Suicide 6 4 Homicide	Could not be determined	building.	atc. (Specify)	t home, farm, s	treet, factory, c	office	28t. LOCATION (Street City or Town, State		al Houte Number,
COMPLETED	2001							a to the cause(a) and me time, deta and piece, a		se(a) and manner as stated.
IO BE C	29b. SIGNATURE AND TIT	K	e r	no	The second		29c. LICENSE NU		≥ 4	NED (Month, Day, Year)
	30. NAME AND ADDRESS	OF PERSON W	HO COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type,		enkins			
	31. DATE PRODO	1991	GUALUE BUS	MA HON AN	Holables					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



permit. Pages 1, 2, 3 should

A.B. Daugharthy, M.D.
31. DATE FILED (Magnith, Day, Year) 32. REC

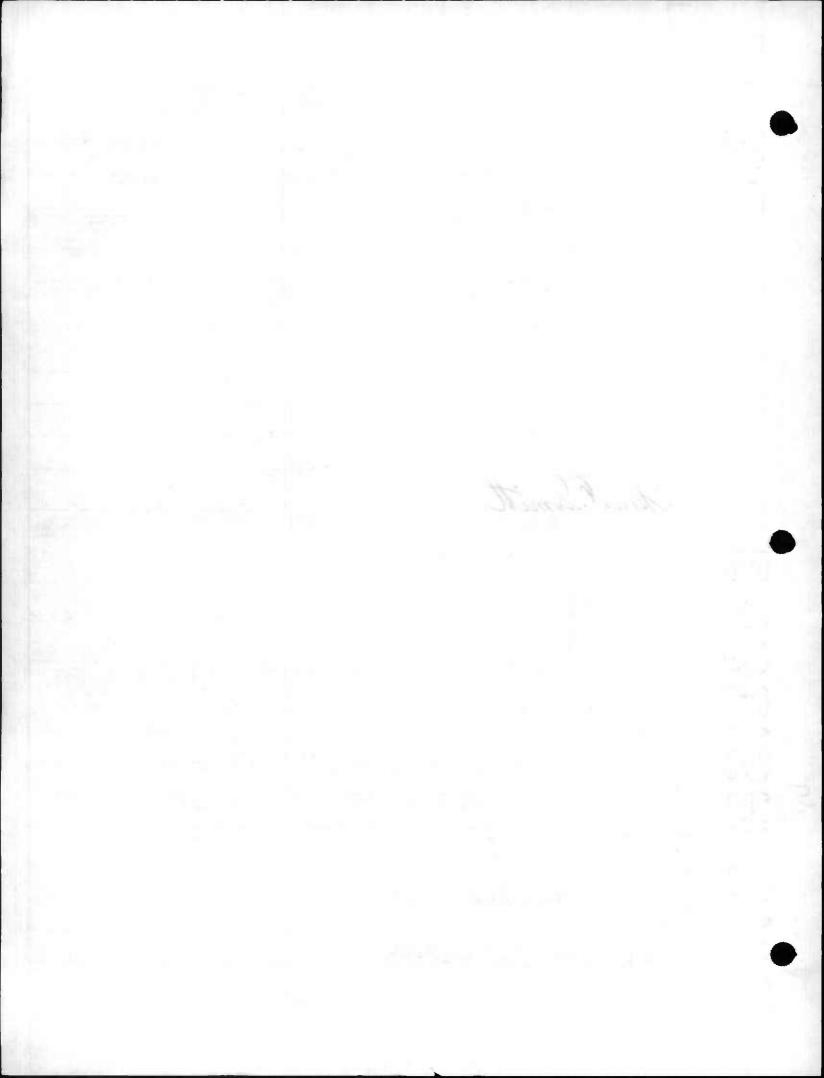
199

1. DECEDENT'S NAME (First,	Miciclin ( aut)	-			TE OF	ULA		2. DATE OF	EG. NO.		3. TIME OF DEATH
William O	THE STATE OF							MONTH 4	02 DAY	91	800A
4. SOCIAL SECURITY NUMBER 215-07-447		SEX 6. A	GE (In yrs. lest	birthday) IF I	NDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF E (Month, Da		Coun	HPLACE (State or Foreign
9a. FACILITY NAME (If not in		( and number)		96.	CITY, TOWN	OR LOCATI	ON OF DE			COUNTY OF	
1701 Ritte		Avenue			Ar	outus	3			Balt	Imore
Maryland	10b. COUNTY	imore		10c. CITY, TO	WN OR LOCA	TION					10d. INSIDE CITY LIMITS? 1 YES 2 V NO
100. STREET AND NUMBER	Dall	rmore		AI.U		1. ZIP COD	E		10g.	CITIZEN OF	WHAT COUNTRY?
1701 Ritte	nhouses	^ ANO				212	27			II.S.	
11. MARITAL STATUS 1 Never Merried 2 3 S Vidowed 4 Divo	Married 1	2. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 N		If yes, s	CENDENT (	OF HISPAN	n, Puerto Ricar	pecify Yea or No n, etc.)	- 14, BAC	E — American Indian, ck, White, etc.
			1			44					White
(Specify only	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)				lone during m		ng		ID OF BUSINESS		
17. FATHER'S NAME (First, M	lidella ( ant)			Constr	uctio	_	WEDIO MA		lip Yar		
Charles F.								1115		ne)	
19a. INFORMANT'S NAME (			404	MAILING ADD	DESS (Stead			ce Pur	DIE	7ln Code	
Frances Br											7
20a. METHOD OF DISPOSIT				ANO DATE OF			Ave.	OATE	tus, M		
1 X Burial 2 Crematic	n 3 🗆 Remove	il from State	of cometeny	cremetory or o	her nlacel		sale o	1			
4 Donation 5 Other (Specify) Meadowridge Mem. Parka 4-5 Elkridge, MD  21. SIGNATURE OF FUHERAL SETTINGE UCENSEE  22. NAME AND ADDRESS OF FACILITY											
Tours	68	nitt)	E.		Hubba	rd F	uner	al Hom	e, Inc. Baltimo		D 21229
23. PART I. Enter the d		mplications that can		eth. Do not a	ntar the m	oda of dy	ring, suc	h as cardiec	or respiratory	y arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Fit disease or condition resulting in death)		•		ref	Op.	lu	cu.	) ee_			
Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diata iNG ury c	DUE TO (OR DUE TO (OR OWE TO (OR	AS A CONSECUTION OF THE CONSECUT	DUENCE OF):	the	les,	no	io V	need	er d	Tyen
PART II. Other significant	ent conditions	pare	etro	1984	4	ng cause	,	1	E. WAS AN AUTOPERFORMED?  ☐ YES 2 M N		b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TEXAMINER?  1 YES 2 NO	1	IOSPITAL:	/Outpatient 3		HER:			eck only one)	pec/ly)		
27, MANNER OF DEATH	Pending Investigation	26a. DATE OF INJI (Month, Day, Y	URY	26b. TIME OF	26c. IN	JURY AT	_ NO		BE HOW INJURY	OCCURED	4.57
0 0 0 0 0 1 1 1 1	Could not be determined	28e. PLACE OF IN- building, etc.	JURY — At ho (Specify)	me, farm, stree	, factory, off	ca		281. LOCATION (Street and Number or Rural Route Num City or Town, State)			Route Number,
29a, CERTIFIER	TIEVING BUVEIG	AN: To the best of my									

1264 Francis Ave.

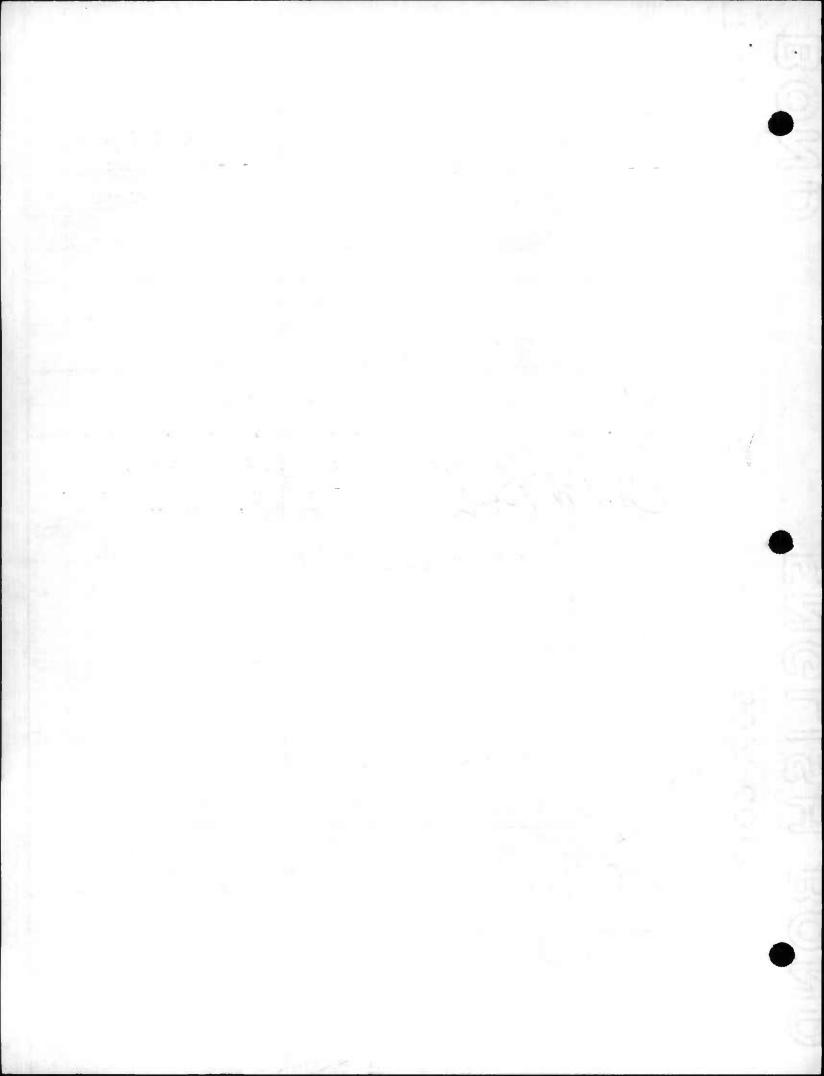
32. REGISTRAR'S SIGNATURE
Sulia Davidson-Randall

Baltimore, MD 21227



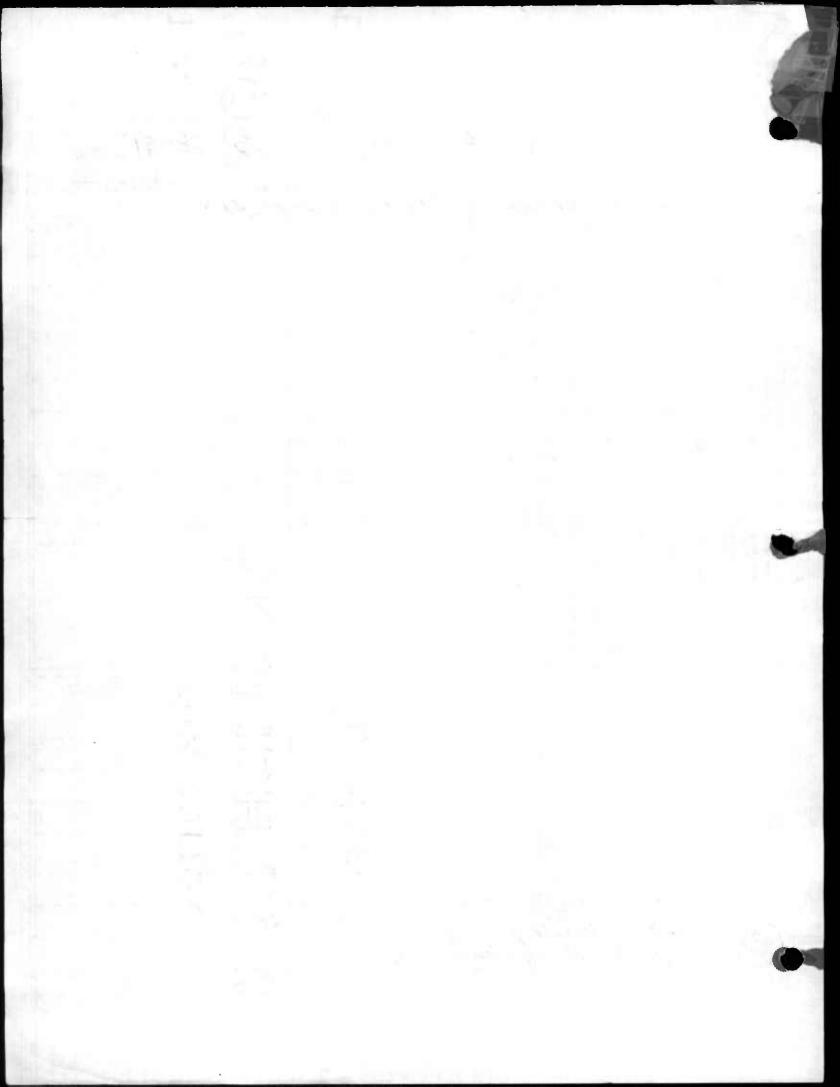
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VISION OF VITAL RECORDS, P.O. BOX 88780,	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 noun	
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n	E	
5	A	

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / CI	DEPAR ERTIF					MENTAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) MARY JAMES BECK								2. DATE ( MONTH 0.4	OF DEATH		YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER  452~66 ≈ 8051	5. SEX	6. AGE (in yrs. la:	st birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7 DATE C		10	7 7	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give st 1705 Inverness A	treet and number)	65			r, town o	R LOCATIO	ON OF DE		4 -1 /20	9c. COUNT	Y OF O	
2	RESIDENCE OF DECEDENT	W. Critic				create	-1C				bac	Mil	107LE
DIRECTOR	Maryland Ba	ltimore			ounda		ION						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL D	10e. STREET AND NUMBER			1 1	runao		ZIP CODI	E			10g. CITIZE	N OF W	HAT COUNTRY?
	1705 Inverness A							222			US	A	
BY PU	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	NT EVER IN U.S. AF I YES 2 X MAR OR DATES	RMED NO		If yes, sp		n, Mexica	n, Puerto R	? (Specify Yea lican, etc.)	or No- 14	4. RACE Black Speck	: — American Indian, i, White, atc. fy: White	
re len	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	completed) College (1-4 or 5	+)	ECEDENT'S Give kind of a. Do NOT u	work done ise retired.)	during mo	et of workir	ng		KIND OF BUS			
COMPL	17. FATHER'S NAME (First, Middle, Last)	Years		Regis	tere	.a Nu	r					rsi	ng Home
BE CO	James O'Brian								Dur	tiddle, Maiden : CUL	surname)		
2	190. INFORMANT'S NAME (Type/Print) William C. Beck		15							er, City or Town			01000
	20a. METHOD QF DISPOSITION  1 □ Burial 2 △ Cremation 3 □ Rem	ovel from State	20b. PLACE of cemetary	E AND DAT	E OF DISP	OSITION	(Name		DATE	20c. LOC	ATION — CI	ty or To	wn, State
	4 Donation 5 Other (Specify)  21, Si(INATURE OF FURERAL SERVICE LIC		Greek	i Mou	int C	emet	ETU O ADDRE	4/5	/91 CILITY	Ba	ltimo	no,	MD
	23. PART I. Enter the diseases, or o	14.			D	uda-	Ruck	Fun	ieral	Home Balti	of Du	nda MD	lk, Inc.
	23. PART 1. Enter the diseeses, or ahock, or heert fellure.  IMMEDIATE CAUSE (Final diseese or condition resulting in death)	List only one ca	et caused the duse on each lin	0.									Onset and Death
_		OUE TO	OR AS A CONSE	EQUENCE (	OF):						-		
2	Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING	DUE TO	O (OR AS A CONSE	EOUENCE (	OF):					,			
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST												
5	PART II. Other algnificent condition	a contributing to	death but not	maulting	in the u	ndedula	7 001100	aluma in	Part I	24a. WAS AN	AUTOBEV	245	WERE AUTOPSY FINDINGS
EDICAL	PART II. Outer argumeett contantor		- Geens Sut Not		ni the u	ilderiyiii	y cause	given m	-	PERFOR	MED?	290	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
2													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	Albert		OTHE	A:			neck only on				
Y PHYSICIAN: MEDI	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE O	F INJURY Day, Year)	28b. Til	1	28c. IN.	URY AT ORK?		8 Other	CRIBE HOW II	JURY OCCU	JRED	
I ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE building	OF INJURY — At h j, etc. (Spec/ly)	iome, farm,	street, fac	tory, offic			28f. LOC	ATION (Street a or Town, State)	nd Number o	r Rural I	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS												s) and manner as stated.
#	266. SIGNATURE AND TITLE OF CERTIFIE	PIR, V	4.2					80	MBER - 3	3	29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	USE OF DEATH (IT	EM 27) (Typ	e, Print)							*	7
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	12							<del></del>		
	1991 × 1991	SHAM MAN	MOSI ALL PARTY										



	REGISTRAR		CERTIFIC	ATE OF DEATH	1	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	INF L	- BOS	10	2. DATE	OF DEATH	- QI	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		F UNDER 1 YEAR F UNDER 24	/0.4 m - 41	OF BIRTH h, Day, Year)	S. BIR	THPLACE (State or Foreigntry)
h d	216-20-6290	1 🗆 M 2 💢 F	71 YAS.	300 1997	Dec	27,191	9 Vi	rginia
Œ.	90. FACILITY NAME (If not institution, give	DICAL CE	MER	BATTIMA	OF DEATH	DIR!	COUNTY OF	DEATH
CTO	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT			TOWN OR LOCATION		-777		I
DIRECTOR	Maryland			timore				10d. INSIDE CITY LIMITS7 1 X YES 2 NO
AL	10e. STREET AND NUMBER			101. ZIP CODE		10	g. CITIZEN OF	WHAT COUNTRY?
FUNER	2604 Denison S	Street 12. WAS DECEDENT EVER	DIN H.C. ADMED	21216				. A . CE — American Indian,
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES7 1 YE	S 2 X NO	If yes, specify Cuben,	Mexican, Puerto		Ble	eck, White, etc.
ETED	15. DECEDENT'S ED (Specify only highest grad		16e. DECEDENT'S US (Give kind of wor	WAL OCCUPATION k done during most of working etired.)	16b	. KIND OF BUSINE	SS/INDUSTRY	MIN
PLE	Elementary/Secondery (0-12)	College (1-4 or 6+)	Cler		S	ocial S	Secur	ity Admi
COMPL	17. FATHER'S NAME (First, Middle, Last)					Middle, Maiden Surr		
BE (	Lucien Johnson	on	I management		Talbo			
2	190. INFORMANT'S NAME (Type/Print)  Samuel W. Boyo	- F		opress (Street and Number of Che_Alameda				v1and 21
	20a. METHOD OF DISPOSITION  1 1 Buriel 2 Cremation 3 Rev		20b. PLACE AND DATE C	F DISPOSITION (Name	DAT		ON — City or	
	4 Donation 5 Other (Specify)		of cemetary, crematory or Cedar Hil	1 Cemetery	4/	2 Anne	Arun	del Co.,
	21. SIGNATURE OF FUNERAL SERVICE L	Bully		22. NAME AND ADDRESS 2501 GWY1 Baltimore	nns Fa	utter I lls Par yland	kway 2121	al Homes 6
CERTIFICATION	Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Discess or Injury that initiated events resulting in death) LAST	DUE TO JOH A	S A CONSEQUENCE OF):  CONSEQUENCE OF):  S A CONSEQUENCE OF):	ia /				
	PART II. Other significent condition	ons contributing to deet	h but not resulting in	the underlying cause given	ven in Part I.	24s. WAS AN AUT		4b. WERE AUTOPSY FIN AVAILABLE PRIOR T
MEDICAL						1 TYES 2		COMPLETION OF CA OF DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DE/	ATH (Check only o	mel		
SICI	EXAMINER?	HOSPITAL:		OTHER:		1		
BY PHY	27, MANNER OF DEATH  1 Natural 5 Pending Investigation	26s. DATE OF INJUF (Month, Day, Yes		OF 28c. INJURY AT WORK?  M 1 YES 2		SCRIBE HOW INJU	RY OCCURED	
ETED E	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S	URY — At home, farm, atr Specify)	eet, factory, office		CATION (Street and or Town, State)	Number or Run	al Route Number,
COMPLE	cool only			at the time, date and place, of in my opinion, death occurred				e(a) and menner as st
BE C	29b. SIGNATURE AND TITLE OF CERTIFI	Ha D	· MN	29c. LICEN	SE NUMBER	Q 2	d. DATE SIGN	ED (Month, Day, Year)
		1 y worken	1 11	11/1/	101	0	and a	
TO B	30. NAME AND ADDRESS OF PERSON W	CHALL 2	GESU LII	BERPY IST	761175	the	21	215

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



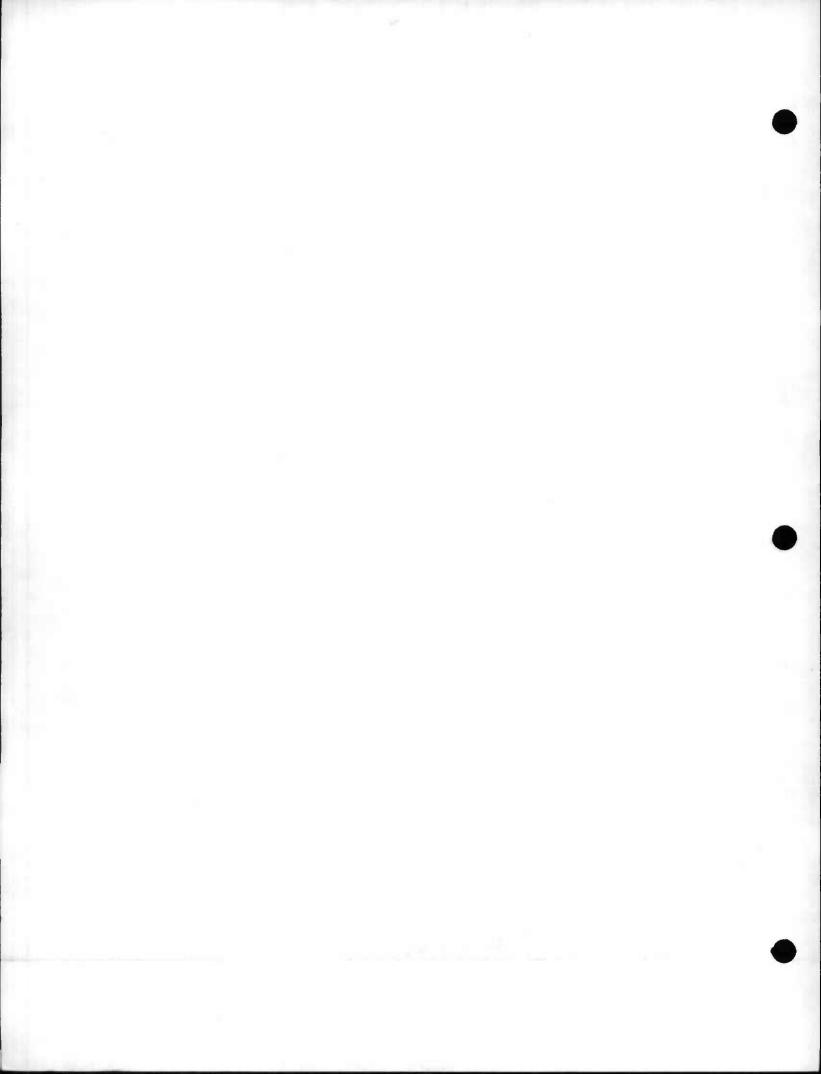
BALTIMORE, MARYLAND	TO THE WASTIANS ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Hours after death. Page 6 may be retained by the host	ID THE COMPACE THE TIME After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	loval.	INPORTING IT IN A 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
3146,	cuted within 27 nours	d completely filled in b	vurial, cremation, or re-	tic event, the medi
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	leath certificate be exe	attending physician an	ental Hygiene prior to b	ry, or other traumar
L RECORDS,	law requires that the c	as been signed by the	Jept. of Health and Me	23 shows any injur
IN OF VITAL	ING PHYSICIAN: The	ther this certificate ha	eath with the State D	marked, or item
DIVISIO	TO THE UPSETAL SO ATTENDI	TO THE SUMMER CONFIDENCE. A.	he need where the bound it is death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: IF Jan 28 IS

	1 - STATE STATE OF MARYLAND / DEF CERT	PARTMENT OF		MENTAL HYGIEN REG. NO.	E	00720				
	1. DECEDENT'S NAME (First, Middle, Last)  Grace  Burke			2. DATE OF DEATH DA	Y Q YEAR	3. TIME OF DEATH 2:08 PM				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birtho	MONTHS DAYS		7. DATE OF BIRTH (Month) Day, Year 08/07/0	Count					
						Jersey				
OR	Howard County General Hapita Howard County General Hapita	l Col	umblo		HOW					
DIRECTOR		CITY, TOWN OR LO				10d. INSIDE CITY				
	Maryland Howard	Colum	bia			1 YES 2 NO				
FUNERAL	5639 Harpers Farm Road	2104	+	10g. CITIZEN OF	WHAT COUNTRY?					
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO		ECENDENT OF HISPAN specify Cuban, Mexica	IIC ORIGIN? (Specify Year	Blac	E — American Indian, ik, White, etc.				
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced  1 YES 2 NO  IF YES, GIVE WAR OR DATES	Spec	Black							
TED	(Specify only highest grade completed) (Give kin	NT'S USUAL OCCUPA of af work done during IOT use retired.)	TION most of working	16b. KIND OF BUS	SINESS/INDUSTRY					
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	sonnel	Director	Morga	n State	Universit				
8	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden						
BE C	Willard Hammond		Julia	White						
TO B				Route Number, City or Town						
						MD 21044				
	1 X Burial 2 Cremation 3 Removal from State other place)		cemetery, crematory or		CATION — City or T					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	awn Cem	AND ADDRESS OF FA			County MI				
	· Vernonk Beeley			Falls P Maryland		al Homes				
	23. PART I. Enter the diseases, or complications that caused the death. shock, or heart fellure. List only one cause on each line.	Do not enter the	mode of dying, suc	h aa cardiac or reapi	ratory arrest,	Approximate Interval Between				
	IMMEDIATE CAUSE (Final					Onset and Death				
	disease or condition resulting in death) a. Metastatic	Sarcon	ia_							
NOI	DUE TO (OR AS A CONSEQUENCE OF):  b  Due to (or as a consequence of):									
CAT	if any, leading to immediata cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	CE OF):								
CEH	d					i				
A.	PART II. Other algnificant conditions contributing to death but not result			Part I. 24s. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
MEDIC	Renal Insufficiency Hypertensive Cardiovascul	7		1 TYES 2	□ NO	OMPLETION OF CAUSE OF DEATH?				
	Hypertensive andiovascul	as Di	cease			1 TES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26	PLACE OF DEATH (Ch	eck only one)						
SIC	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Impetient 2 ER/Outpetient 3 D	OA 4 Nursing H	forme 5 - Residence	■ □ Other (Specify)						
РНУ	(Month, Day, Year)	b. TIME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURED					
ВУ	1 Netural 5 Pending 2 Accident Investigation		YES 2 NO							
ETED	3 Suicide 4 Homicide  8 Could not be determined  29e. PLACE OF INJURY — Al home, fi	erm, street, factory, o	ffice	281. LOCATION (Street City or Town, State)		Route Number,				
APLE	29a. CERTIFIER (Check only one)  1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.									
COMPL	2 MEDICAL EXAMINER: On the basis of examination and/or invest 29b. SIGNATURE AND TITLE OF CERTIFIER	tigation, in my opinio								
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)  LYNNE A. GAYNE M. D.	MID	D257		3/3	(Morth, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)  LYNNE A. GOLINES M.D.	17272014	aurel Pa	UK Dr #	223	/				

32. REGISTRAR'S SIGNATURE Julia Savidson-Randelle

31. DATE FILED (Month, Day, Year)

APR () 5 1991



eral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should beath. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSP ALL CONTROL IN SPRINGIAN: The law requires that the death certificate be executed within the four after death. Page 6 may be retained by the hos	TO THE FUNEY CHARLY THE CHURCH has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within " will all with the State Dopt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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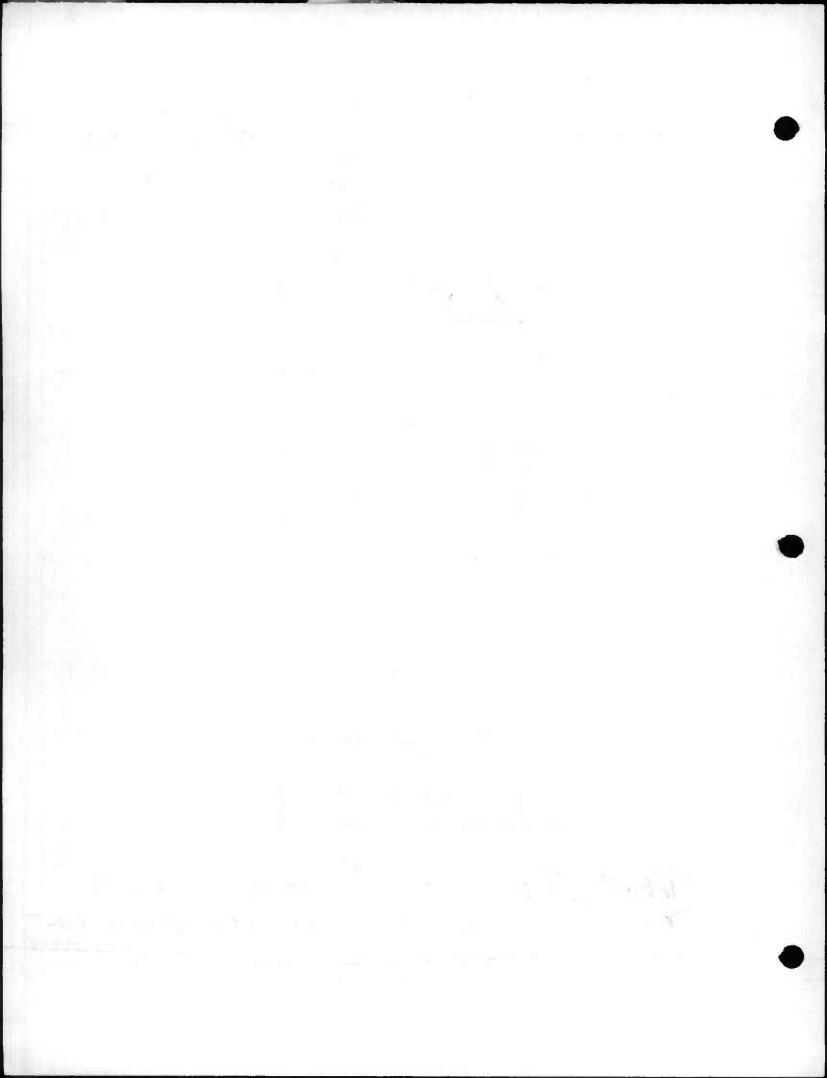
REGISTRAR		CERTIF	ICATE O	DEATH	1	REG. NO.		
1. DECEDENT'S NAME (First, Middle, La					2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEATH
George W. Craw		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	4-1		A BIOT	12:15 A HPLACE (State or Foreign
219-18-4866	11/2 M 2 🗆 F	57 YRS.	MONTHS DAYS	HOURS MIN.	(Month, D 6-1	Ŏ-1923	Coun	Md Md
1128 Whatcoat Street and Number 1128 Whatcoat Street and Number 1128 Whatcoat S	et		Baltim		EATH	96. 0	OUNTY OF	DEATH
	IOB. STATE Md 10b. COUNTY							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 1128 Whatcoat S	100. STREET AND NUMBER 1128 Whatcoat Street					10g. (	US /	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2				NIC ORIGIN? (5 en, Puerto Rice ly:	Specity Yes or No- in, stc.)	Blac	E — American Indian, ck, White, etc. city: Black
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16e. DECEDENT'S (Give kind of	S USUAL OCCUPA work done during use retired.)	FION most of working	16b, KI	ND OF BUSINESS	INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) George Crawford			The second second	th Hal	lle, Melden Surnem	10)		
19a. INFORMANT'S NAME (Type/Print) Elaine Taylor		19b. MAILIN	uke of Wil	and Number or April ndsor Court	Route Number,	City or Town, State,	. Zip Code)	
1   Suriel 2   Cremention 3   F 4   Donation 5   Other (Specify)   21. SIGNATURE OF FUHERIAL BERVICE		Garrison	22. NAME Marc	eteran Ceme AND ADDRESS OF FA h F/H West O Wabash A	CILITY	Owings	Mills,	Md
23. PART I. Enter the diseases, ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Adenocarc	each line.	Lung	node of dying, su	ch es cerdied	or respiretory	srrest,	Approximeta interval Betwee Onset and Dea
Sequentially list conditions, if arry, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant condi	tions contributing to death	but not resulting	In the underly	ing cause given in		e. WAS AN AUTOP PERFORMED?		b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:	stpatient 3 DOA	OTHER:	PLACE OF DEATH (C		Specify)		
a C autition	ANNER OF DEATH    Natural   8						OCCURED	Route Number,
CONSON DAY	HYSICIAN: To the best of my known and the basis of examination							(a) and manner as stated.
- and		ion and/or investigat	ion, in my opinior	29c. LICENSE NU			DATE SIGNE	

SWOU) M.D.

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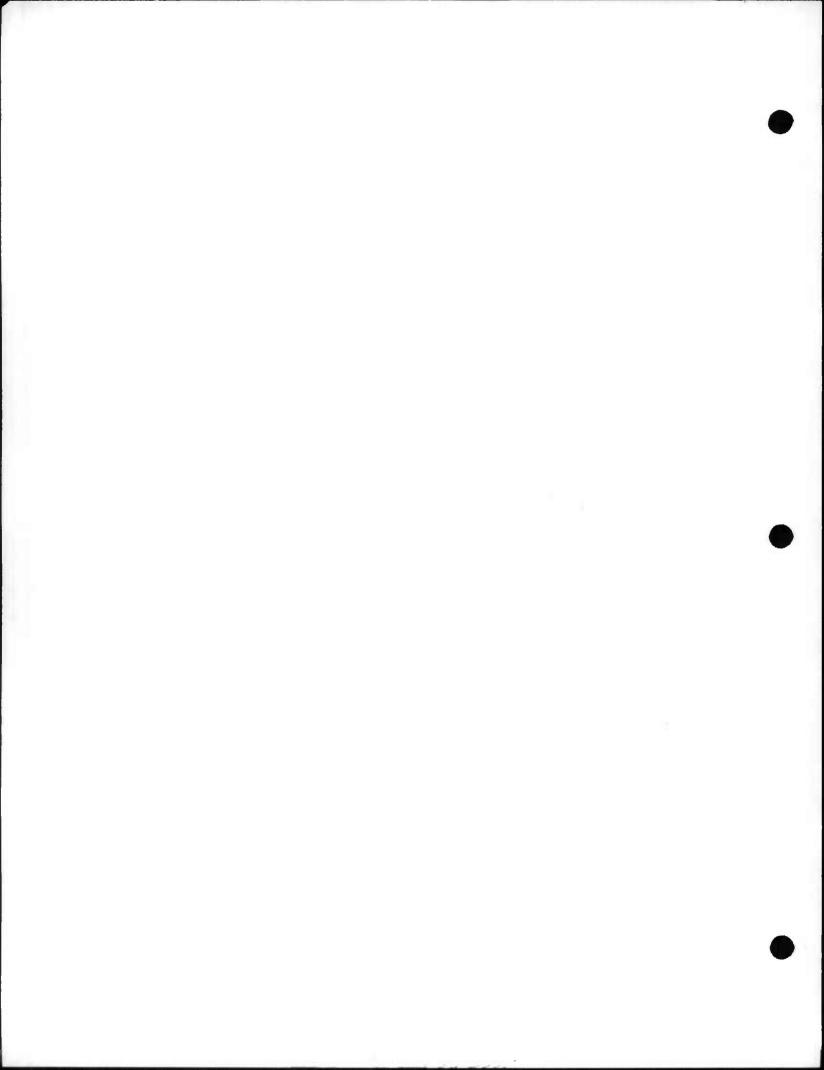
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attent be filled within 72 hours after death with the State Dept. of Health and Mental I IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or

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MARY	retained	5 should		notified
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AOR	10e 6 m	director		r mus
BALTIMORE, MARYLAND 21203-3146	in certificate be executed within 2:- Jurs after death. Page 6 may be retained by the hospital or attending physician.	nding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	1.	or other traumatic event, the medical examiner must be notified at once.
00	rs after	n by th	Hygiene prior to bunal, cremation, or removal.	dical
	30	filled I	M, 04	H DI
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.O. BOX 13146,	ficate t	physic	ne prio	her tra
0	h certi	guipu	Hygie	or ot

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM CATES	(WILLIAM		ES)		2. DATE C			EAR	6:10 Pm	
	4. SOCIAL SECURITY NUMBER 155-01-6236	10.7 Miles		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	13-08	N.	BIRTHPLA Country) ORTH	CE (State or Foreign CAROLINA	
œ	90. FACILITY NAME (If not institution, give str VA MEDICAL CENTER	eet and number)	,	96. CITY, TOWN OR LOCATION OF DEATH  FORT HOWARD  BALTIMORE							
DIRECTOR	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY		Luci arev								
SHE	MARYLAND 100. COUNTY			BALTIMORE					10d, INSIDE CITY LIMITS? 1 VES 2 NO		
	10. STREET AND NUMBER		I DA		H. ZIP CODE			10g. CITIZEI	7	COUNTRY?	
FUNERAL	1634 E. 25TH STREET  11. MARTAL STATUS  12. WAS DECEDENT EVER IN U.S. AF			12 WAS DE	21213	IIC OBIGINS	/Passifu Vas			STATES American Indien,	
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYPES  IF YES, GIVE WITH OR D.  WORLD WAS	2 NO ATES	MED  13. WAS DECEMBENT OF HISPANIC ORIGIN? (S)  If yes, specify Cuben, Mexicen, Puerto Ricer  1  YES 2 NO Specify:				or No.—   14	Black, WI Specify:	BLACK	
TED	15. DECEDENT'S EDUC (Specify only highest grade		18e. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during m	ON ost of working	16b.	KIND OF BUS	INESS/INDUS			
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5+) 2 y r	CRANE O	,			CONS	TRUCT	ION		
BE CO	17. FATHER'S NAME (First, Middle, Lest) WILLIE CATES				16. MOTHER'S NA BENNIE			Surname)			
TO B	190. INFORMANT'S NAME (Type/Print)  LILLIAN CATE:	 S	196. MAILING A		end Number or Rurel I					21213	
	20a. METHOD OF DISPOSITION 1/□/Suriel 2 □ Cremation 3 □ Remo		GARRIS OF			CEM.		ATION - CIT			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF FA	CILITY					
	> Gladre	Warren		WM.C	. MARCH	F.H	1. 11	01 E.	NOF	RTH AVE.	
	23. PART I. Enter the disease's, or c shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liat only ona causa on a  ORGANIC B	ach Ilna.	ROME	ode of dying, suc	h as cardi	iac or reapi	ratory arres	st,	Approximate Interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL CI	SEIZURES MEMORY LOSS	but not resulting in					PERFORMED?  1 YES 2 NO O		ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
AN:	PROSTATIC I	HYPERTROPHY		00.0	PLACE OF DEATH (Ch		-1				
SICI	EXAMINER?	HOSPITAL:		OTHER:	me 5 - Reeldence						
РНУ	27. MANNER OF DEATH  1 XNaturel 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	286. TIME INJU	RY W	JURY AT	28d, DE\$	CRIBE HOW I	NJURY OCCU	RED		
BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe			YES 2 NO		ATION (Street or Town, State)	and Number o	Rural Rout	e Number,	
COMPLETED	construction of the constr	CIAN: To the best of my know								nd manner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				D 30	-	}	29d. DATE SIONED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WH								1		
	BALA S. DUGGIRALA, 31. DATE FILED (Month, Day, Year)	M.D., VA ME	DICAL CEN	TER. F	ORT HOWAR	D, MI	210	52			
	APR 0.5 1991	Sulia Navia	Son-Handell		,	) ·				DHMH-16 Rev 1/89	





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HE		NTAL HYGIENE REG. NO.	91	08929		
	1. DECEDENT'S NAME (First, Middle, Last)			-	2.	DATE OF OEATH	VE	3. TIME OF DEATH		
	HOLLIE M, CART	ER				04 03	199 Î	6:29 P M		
	4. SOCIAL SECURITY NUMBER 230 – 16 – 4248	5. SEX 6. AGE (III				DATE OF BIRTH (Month, Day, Year)  12-23-23		MRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN OR	LOCATION OF OEATH	1	9c. COUNTY			
TOR	THE JOHNS HOPK	INS HOSPITAL			IMORE		BALTI	MORE CITY		
DIRECTOR	106, STATE 106, COUNT	Ψ		TIMORE,				10d. INSIDE CITY LIMITS?  VXX YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1712 HOLBROO	OK STREET		10f. 2	21202		-	S A		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	U.S. ARMEO 2/ NO ITES		Ity Cuban, Mexican, P	ORIGIN? (Specify Yes o usrto Rican, etc.)		RACE — American Indian, Black, Whits, etc. Specify: BLACK			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed)  College (1-4 or 5+)	18a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during most		16b. KIND OF BUSIN	NESS/INDUST	RY		
립	8TH	consists (1-4 of 5-4)	DOMES	TIC						
CON	17. FATHER'S NAME (First, Middle, Lest) JONES BRAND(	) N			is. mother's name E L L I	(First, Middle, Meiden St E WADE	ırname)			
TO BE	19a. INFORMANT'S NAME (Type/Print)  JOSEPH A. BRANDON  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, 1712 HOLBROOK ST./BALTIMORE,									
	20s. METHOD OF DISPOSITION 1 🔀 Burisl 2 🗆 Cremation 3 🗆 Rem	20b.	PLACE OF OISPOSI	TION (Name of ceme	tery, crematory or	20c. LOC/	TION City	or Town, Stats		
	4 Donatton 5 Dother (Specify)		ESTERN	STAR CE	METERY	CAT	ONSVI	LLE, MD		
- 1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND	ADDRESS OF FACILI	TY				
_ }	blades	Ware	)	WM.C.	MARCH F	.H. 110	1 E.	NORTH AVE.		
	23. PART I. Enter the diseases, or shock, or haert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on as	the death. Do no	Carch	*	a cardiac or reapira	itory arrest,	Approximate interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other aignificant condition	na contributing to death be	ut not resulting in	the undarlying	cause given in Pa	PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF OEATH (Check	only one)				
SIC	EXAMINER?	HOSPITAL:		OTHER:	5 Residence 8					
	27. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJUI	RY AT 21	ed. DESCRIBE HOW IN.	JURY OCCUR	ED		
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	Rural Route Number,								
COMPLETED	cool city	SICIAN: To the best of my knowl						suse(s) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Doedina	, Phy	SICHN	29c. LICENSE NUMBE	Cosald	29d. DATE SI	GNED/(Month) Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	ATH (ITEM ET) (1/60,	Print)	600	N WO	He	St Baltzer		

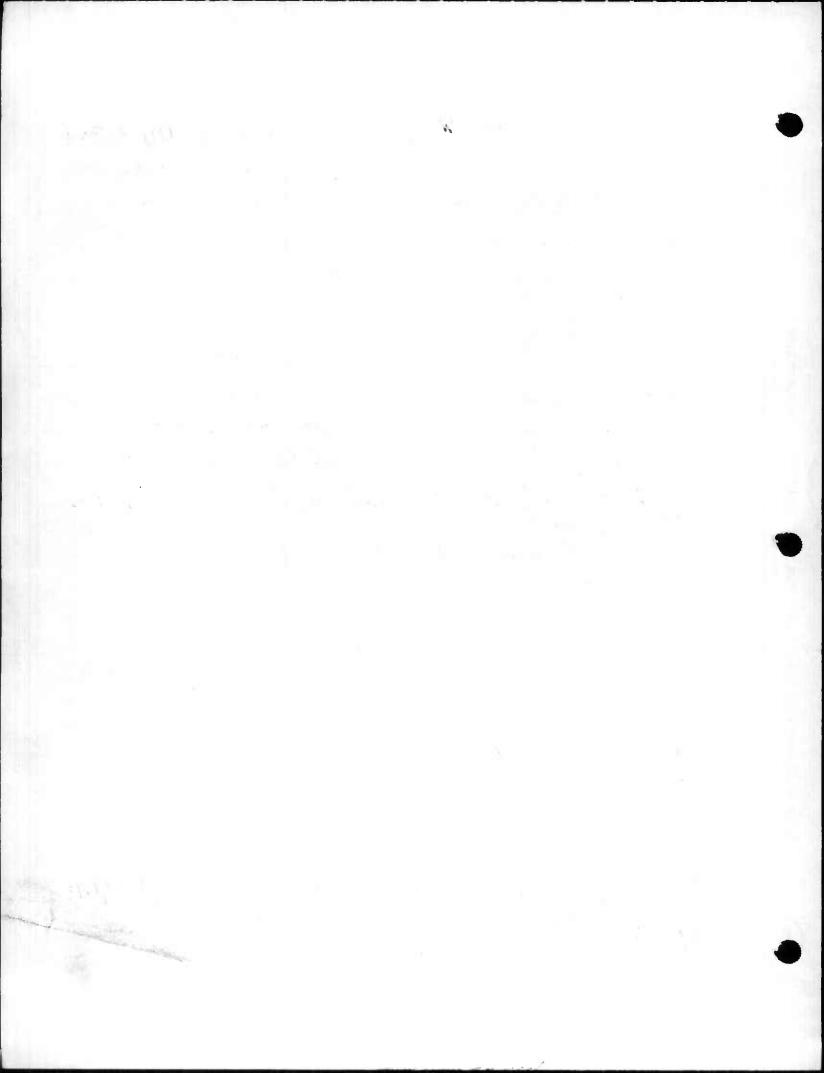
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	Tax on ATTERIORIE DAVE CLASS The law requires that the death certificate he energied within 24
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after death. Page 6 may be retained by the hospital or attending physician.  y the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shoul noval.  cal examiner must be notifiled at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-yours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It leam 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND I	MENTAL HYGIEN REG. NO	-	08930	
	1. DECEDENT'S NAME (First, Middle, Last)		DWBLI		Mach 31	199	118:26 A. M	
DIRECTOR	4. SOCIAL SECURITY NUMBER  220-38-8245  9a. FACILITY NAME (If not institution, give second	1 🗆 M 2 🗔 F	55 YRS. MON	NDER 1 YEAR IF UNDER 24 HRS. HB DAYS HOURS MIN. CITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year)  /28 / 35  ATH	9c. COUNTY O	THPLACE (State or Foreign suntry)  CAROLINA F DEATH	
	BALTIMORE COUNTY			BALTIMORE COU	NTY	BALTO		
	MD. BAT	TIMORE COUNT		WN OR LOCATION		10a CITIZEN (	10d. INSIDE CITY LIMITS? 1 YES 2 NO DE WHAT COUNTRY?	
FUNERAL	3415 JOANNE DRIVE	12. WAS DECEDENT EVER II	N U.S. ARMED	21207	IIC ORIGIN? (Specify Ye	U.S.		
BY	1 Never Married TYT Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES AND	If yes, specify Cuban, Mexica 1 PES 2 NO Specify	n, Puerto Rican, etc.)		BLACK	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	lone during most of working		SINESS/INDUSTR		
COMP	12-TH 17. FATHER'S NAME (First, Middle, Last)		NEVER W		ME (First, Middle, Maider	-	SE WIFE.	
TO BE	JERMIAH MARTI 18s. INFORMANT'S NAME (Jypu/Print)		0.415	RESS (Street and Number or Rural I	and the state of t		))	
	CRACTE CLAY  20s. METHOD OF DISPOSITION  1 Duriel 2 Cremetion 3 Ren  4 Donation 5 Other (Specify)	novel from State		N (Name of cemetery, cremetory or 4/6,/9	1.	21207 CATION — City of		
	21. SIGNATURE OF FUNDAL SERVICE LI	16 R.	elo	22, NAME AND ADDRESS OF FA	CILITY	SERVIC	Œ	
	23. PART I Enter the diseases, or ahock, or heart fallus immediate CAUSE (Final disease or condition resulting in death)	a. antorio 3		disvariant	6	iratory srřest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d.							
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in t			ne underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1  YES 2 NO			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  DOTHER:							
BY PHYS	1   Inpetient 2   ER/Outpetient 3   DOA 4   Nursing Home 5   Residence 8   Other (Specify)  27. MANNER OF DEATH  1   Netural 5   Pending   Investigation   Pending   Investigation   Pending   Netural   Pendi							
	3 Sulcide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
TO BE	206. SIGNATURE AND TITLE OF CENTRAL  SO, MARKE AND ADDRESS OF PERSON W	DOTO NO.	EATH (ITEM 27) (Type, Pri	29c. LICENSE NU	MBER .	> MG.	9 31,1998	
	31. DATE FILED (Month, Day, Year)	32/REGISTRAR'S SIG	I E. Chaj	BOTH 1	Nd 200	7_		
	APR 0 5 1991	Julia Savids	Poplette.		ı		DHMH-16 Rev 1/8	





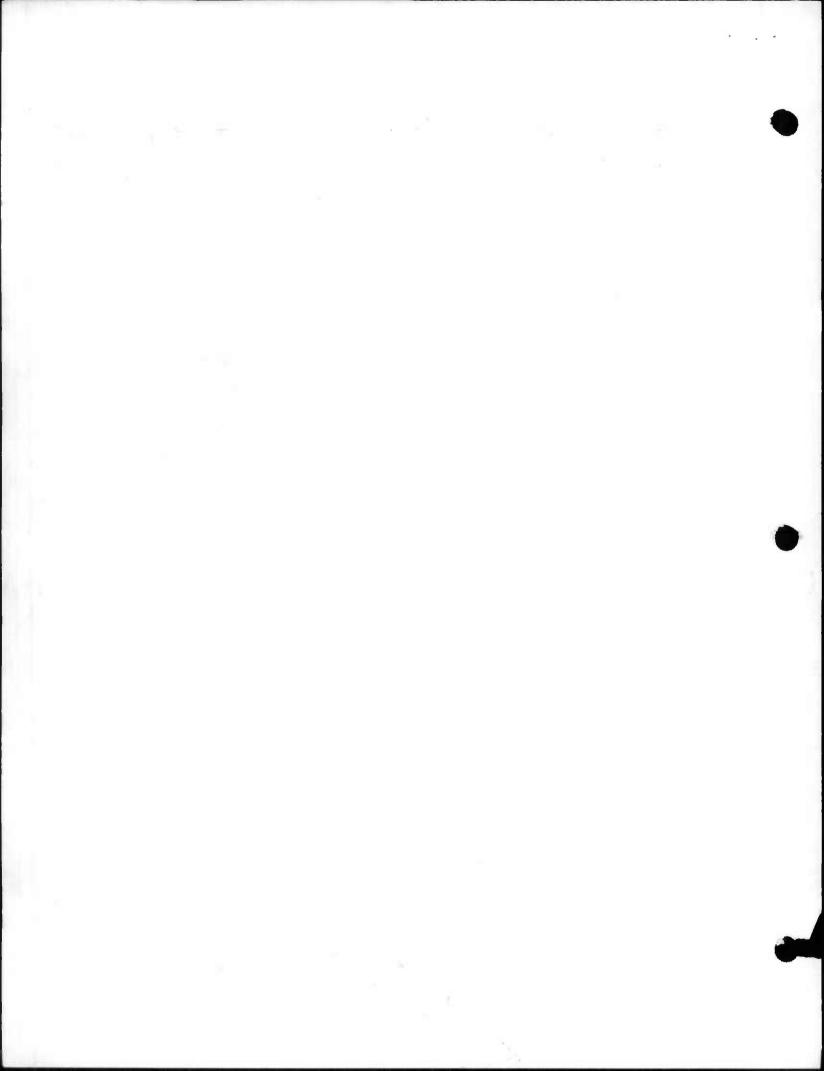
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•	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF					MENTAL	REG. NO.		91	08931
	1. DECEDENT'S NAME (First, Middle, Last)	H E.	CAR	R				2. DATE O		4	QYEAR 3	TIME OF DEATH
~	4. SOCIAL SECURITY NUMBER 2.20-20-905)	5. SEX 8. AGE 1 ☑ M 2 ☐ F	(In yrs. last birthday) 63 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE O	P BIRTH Day Year) 727		6. BIRTHPL Country)	ACE (State or Foreign Maryland
	9s. FACILITY NAME (If not institution, give street and number)			96. COUNTY OF Randallstown Balt			NTY OF OEA Baltin					
DIRECTOR	Baltimore County General Hospita						JOWII					
IR.	Maryland Balt	imore	10c. CIT	Y, TOWN O								DID. INSIDE CITY LIMITS?  YES 2XXNO
	100. STREET AND NUMBER	TMOTE		Dare		ZIP CODI				10g. CIT		AT COUNTRY?
FUNERAL	3522 Forest Hill					2	1207				U.S.A.	
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR WW I I	3 2 NO	l II	f yes, spe	cify Cuba		, Puerto Ri	(Specify Yea o	or No—	14. RACE — Black, \ Specify:	- American Indian, White, atc. White
TEO	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OC	CCUPATIO	N it of worldr	g	166.	KIND OF BUSI	NESS/IN	DUSTRY	
COMPLETED	Elemantary/Secondary (0-12) 12 Years	College (1-4 or 5+)	Instal					l B	Ruro1	ο τ Δ	larm	Systems
NO.	17. FATHER'S NAME (First, Middle, Lest)		Instal	101		18. MOTI	HER'S NAM		iddle, Maiden S		Tarm_	Зузсешь
BEC	Gordon Carr							a Wat				
일	194. INFORMANT'S NAME (Type/Print)  Mrs. Jean E. Cari	•		Fore					er, City or Town, 11timor			1207
	20a. METHOD OF DISPOSITION 1 Burlel 25 Cremation 3 Ramo	2	0b. PLACE OF DISPO				_	<u> </u>	_		- City or Town	
	4 Donation 5 Other (Specify)		Carr	011 (			n Sei		e Ha	amps	tead,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		I	ori	ng B	yers	Fune	ral Di			
	23. PART I. Enter the diseases, or c shock, or heart fallure.											Approximata Interval Batween
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	REJ	PIRAT		7	F	AI	LU	RE			Onset and Death
_		DUE TO (OR AS	A CONSEQUENCE O	)   								
Į O	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS	A CONSEQUENCE O	P):								-
CERTIFICATION	that initiated events resulting in dasth) LAST	d										
	PART II. Other significant condition	s contributing to death	but not resulting	In the un	nderlying	cause	given in i	Part i.	24a. WAS AN /			VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL									PERFORI			MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
ME								_			1	☐ YES 2 ☐ NO
ZZ 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF				ACE OF D	EATH (Che	eck only on	0)					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/O	utpetient 3 DOA	OTHER 4 - Nun		e 5 □ R	esidence	8 🗆 Other	(Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJUR' (Month, Day, Year		ME OF JURY		URY AT RK? (ES 2 [	7 80	28d. DE\$	CRIBE HOW IN	JURY O	CCUREO	
B	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJU		street, fact			_ NO		ATION (Street a	nd Numb	er or Rural Ro	ute Number,
Ë	4 Homicide determined	building, atc. (S)	Decity)					City 6	or Town, State)			
COMPLETED	(Check only	CIAN: To the best of my known.										and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  77733					]]]	29d. DA	TE SIGNEO	Month, Day, Year)				
٩	30. NAME AND ADDRESS OF PERSON WH	1, B(a	H, RA	ND1	HI	570	W	1, 1	10 3	_//	33,	
	APR 5 199	gwie Der		AL								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of the law requires that the same been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached further the build-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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Pages 1, 2, 3 should

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IN THE HOOFING ON THE PROPERTY OF THE PROPERTY	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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5	23	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ŕ
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

91 08932 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 04/02 AIMA ADELINE COLLINS 0820 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYE HOURS 1 🗌 M 2 🖵 F YRS 212-09-4361 8-28-1 Maryland 9a. FACILITY NAME (If not institution, give street end number) 95 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Agnes Hospital Baltimore HESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a, STATE 10d. INSIDE CITY 1 - YES 2 NO Baltimore Lansdowne Maryland FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4120 Annapolis Rd., Apt. 1A 21227 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puarto Ricen, atc.)

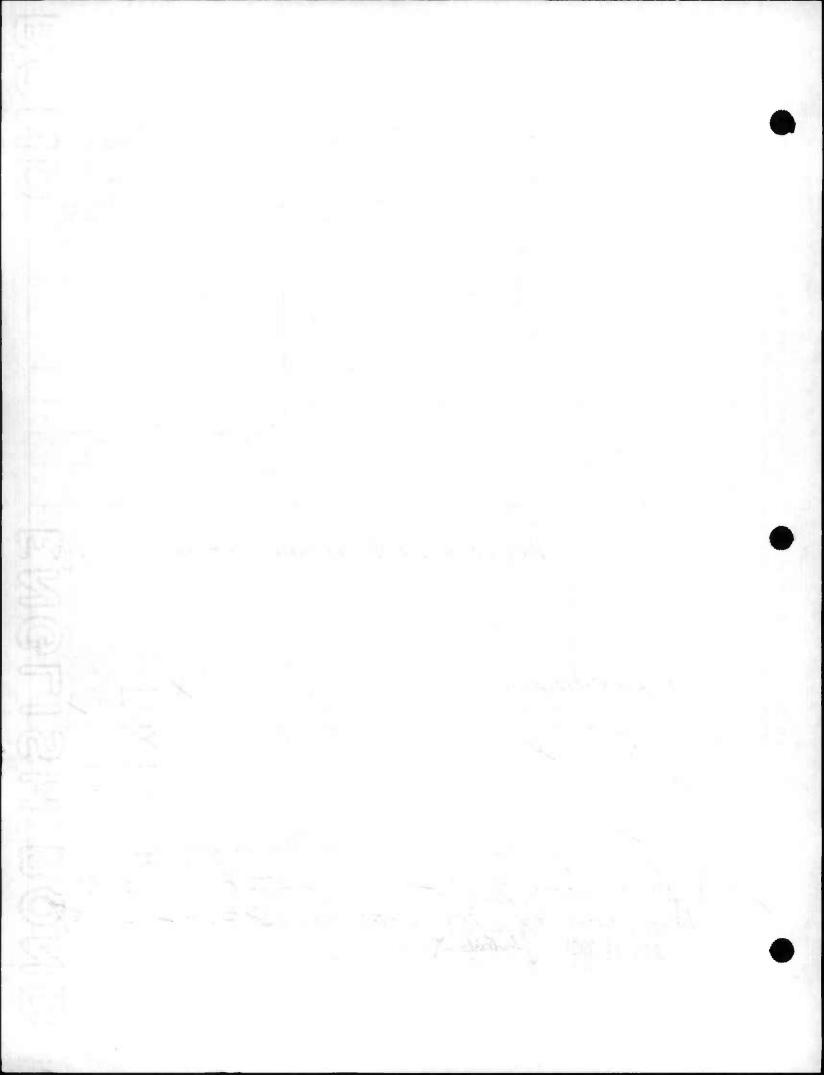
1 YES 2 NO Specify: 1 Never Married 2 Merried
3 Widowed 4 Divorced Specify: BY White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondery (0-12) College (1-4 or 5+) 10 Housewife 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Meiden Surneme) Walter E. Parker, Jr. Mary T. Hefner BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Patricia A. Lau 45 Valley View Dr. Littlestown, PA 17340 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town, State Meadowridge Memorial Park Elkridge, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home, Inc. 4107 Wilkens Ave. Baltimore, 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory strest, Approximete shock, or heert fellure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final diseese or condition\_ WKs. RICO resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) 1 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 - YES 2 7 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investiga 1 YES 2 NO BY 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Flural Floute Number, City or Town, State) ETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. COMPL 2 🔲 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIEM 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

122, REGISTRAN'S SIGNATURE

TO BE COMP	TO BE COURSE TEN BY BUYEICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi
BALLIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT		MENTAL HYGIENE REG. NO.	31 00333	
	1. DECEDENT'S NAME (First, Middle, Last) Raymond	5 (	Carter			year 8:30 a m	
		1 X M 2 □ F 6		1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year) 3-29-1929	8. BIRTHPLACE (State or Foreign Country) MD	
OR	St Agnes Hospi	-		ltimore	SAIN SE. U	OUNIT OF DEATH	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  MD  10b. COUNTY		10c. CITY, TOWN C			10d. INSIDE CITY VLIMITS? 1 Pyes 2 NO	
ERAL	10e. STREET AND NUMBER 3549 Old Freder	ick Rd		101. ZIP CODE 2 1 2 2 9	10g. (	CITIZEN OF WHAT COUNTRY? USA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES  IF YES, GIVE WAR OR DATE	2 ANO	WAS OECENDENT OF HISPAI If yee, specify Cuben, Mexico I YES 2 X NO Specif		14. RACE — American Indian, Black, White, etc. Specify: Black	
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		Give kind of work done life. Do NOT use retired.)  Maintena	during most of working	166. KIND OF BUSINESS	lic Church	
BE COM	17. FATHER'S NAME (First, Middle, Lest) George Carter				ME (First, Middle, Maiden Surnamerine Stewar		
TO B	Doris Dubbin		2409 Pr	esbury St.	Route Number, City or Town, State, Balto., MI	D. 21216	
	20e. METHOD OF DISPOSITION .  1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	rel from State 20b. P	LACE AND DATE OF DISP Detary, crematory or other p Dutus Mem	osition (Name orial Park		tus , MD	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	J 1	name and adoress of FA oseph H. E 913 W. Bal	CILITY	.A. Balto. 21223	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Approximate interval Between Onset and Death  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):						
PHYSICIAN: MEDICAL C	PART II. Other significant conditions  Apper Calcu,	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 PAO					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:						
	27. MANNER OF CEATH  1 Netural 5 Pending	Inpatient 2 ER/Outpati	6 ☐ Other (Specify)  28d. DESCRIBE HOW INJURY	OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — building, atc. (Specify	At home, ferm, street, fec	M 1 YES 2 NO  home, farm, street, factory, office  28f. LOCATION (Street and Number or Rural Route & City or Town, State)			
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner se stated.  (Check only) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) end manner se stated.						
TO BE (	29b. SIGNATURE AND TITLE OF CHAPTER	intes .	20	29c. LICENSE NU	MBER 29d.	DATE SIGNED (More) Day, Year)	
-	PAUL GORMIC	COMPLETED CAUSE OF DEAT	Cator	Ave 1	Sets. Ms	D 2229	
	31. DATE FLEEDYMONTH, Day, Your)  APR 0 5 1991	Julia Davidson	-Randoll				



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4	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	J
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	FOR 1 • STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTN CERTIFIC			ENTAL HYGIEN	E 9	08934				
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY		CHAP		)	2. DATE OF DEATH MONTH DA	1 91	<b>9</b> P H				
	4. SOCIAL SECURITY NUMBER 578-16-5207	1   M 2   F   G		NTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		Country) ashington, DC				
TOR	99. FACILITY NAME (If not institution, give sti 3311 HAYES ST RESIDENCE OF DECEDENT	reet and number)			ARD	L.	PRIN	OF DEATH				
DIRECTOR	10e. STATE 10b. COUNTY	ICE GEORGE		OWN OR LOCATI	ARDE	U		10d. INSIDE CITY LIMITS? 1 FYES 2 NO				
FUNERAL	10e. STREET AND NUMBER  3311 HAYES	STREET		101.	20706		10g. CITIZEN	OF WHAT COUNTRY? USA				
B≺	11. MARITAL STATUS 1 Never Merried 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	Z-NO		cify Cuben, Mexicen,	C ORIGIN? (Specify Yes , Puerto Ricen, etc.)		RACE — American Indien, Black, White, etc. SpeciBLAUC				
PLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 8th		N at of working	186. KIND OF BUS		RY						
E COMPL	17. FATNER'S NAME (First, Middle, Leet)  Malachi Jett  Mattie Jeffries											
TO B	190. INFORMANT'S NAME (Type/Print) Virginia Jett					oute Number, City or Tow enarden, M						
	2 October (Specify)	oval from State	PLACE OF DISPOSITION Of the place) Lincoln M				cation - city	or Town, State				
	2) SUGNATURE OF FUNERAL SERVICE LIC		PS	J. B.	o ADDRESS OF FAC Jenkins	Funeral	Home	, Maryland				
	IMMEDIATE CAUSE (Finel	List only one cause on se	ch line.					Interval Between Onset and Death				
	dispess or condition a. Myo CARD IN INFARCTION  BUT TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions.  ARTHUCICROTIC CARD INFARCTION DISEASE YEAR											
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING  b. ARTERICSICROTIC CARD IONAS CULSR DISEASE  YEAR  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PREFORMEC?  ARILABLE PRIOR TO											
PHYSICIAN: MEDICAL	- Hypenitania	<i>N</i>				1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATN (Che	ck only one)						
IYSI	1 XYES 2 NO	1   Inpatient 2   ER/Outpi	etlent 3 DOA 4		6 5 Residence	8 Other (Specify) 28d, DESCRIBE NOW	MILION OCCUP	En				
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	) INJUR	M 1 🗆 Y	PIK? YES 2 NO							
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stre	et, factory, office		261. LOCATION (Street City or Town, State)	and Number or I	fural Houte Number,				
COMPLETED	and to the	CIAN: To the best of my knowlers: On the basis of examination						puse(e) end manner ee stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Ind Deput	y Medica	36	29c. LICENSE NUM		29d. DATE SI	IGNED (Month, Day, Year)				
5	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	TH (ITEM 27) (See A	rine)								

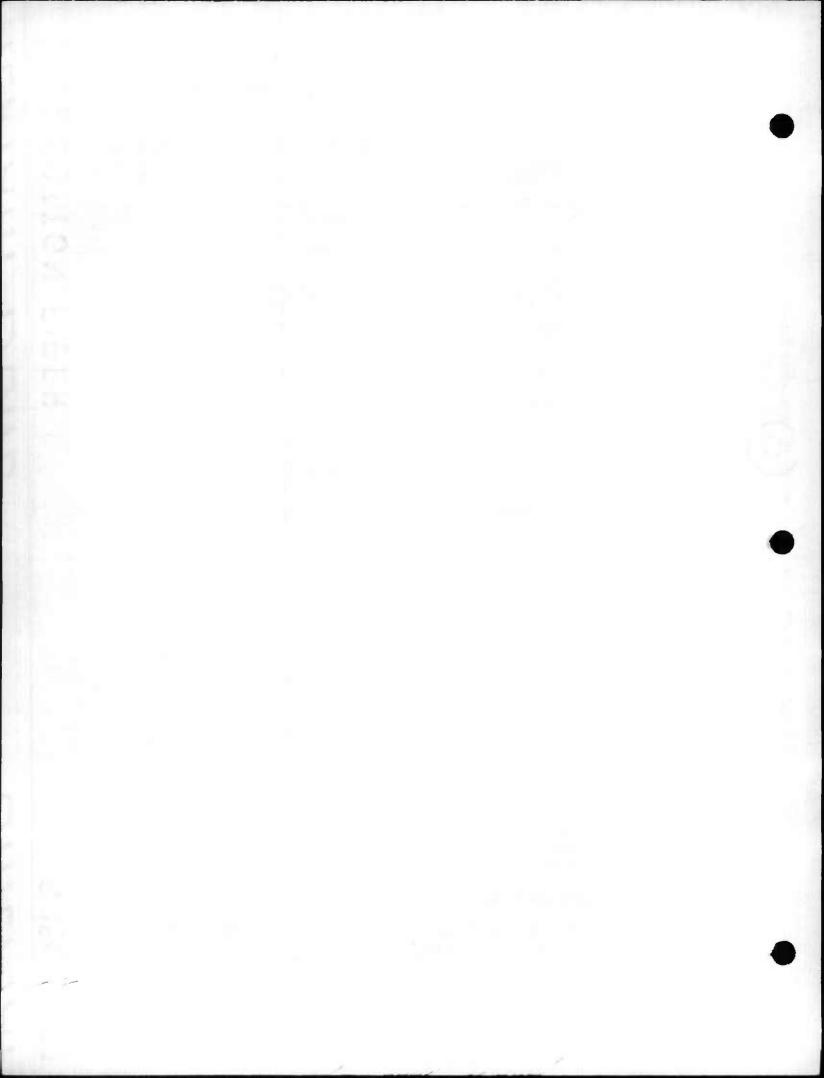
SUPERINGENT SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within serviours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral executions around be detained within 70 hours after death with the State havin of Health and Memai Houles prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be natified at one
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	n	OPPDE	OTTO	DEATH	REG. NO		3. TIME OF DEATH		
ROBERT	R	CUREY	CURR	Y	MONTH C	MY YE	W 36-		
		(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. B	IRTHPLACE (State or Foreign		
217 24 3042	1 X M 2 D F 6	O YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 7/15/3		ounty) Maryland		
9a. FACILITY NAME (If not institution, give atree	at and number)	- 9	b. CITY, TOWN	R LOCATION OF O		9c. COUNTY			
Liberty Medica	l Center		Balt	imore		NA			
MD 10b. COUNTY			timor				10d. INSIDE CITY LIMITS?  1 1 YES 2 1 NO		
10e. STREET AND NUMBER			10	ZIP COOE		10g, CITIZEN	OF WHAT COUNTRY?		
1213 Light Str	eet			2123	0	E	Black		
	12. WAS DECEOENT EVER II				NIC ORIGIN? (Specify Ye	s or No- 14. I	RACE — American Indian, Black, White, etc.		
13 Never Married 2 Married 3 Nidowed 4 Divorced	FORCES? 1 YES			2 NO Specif	n, Puerto Rican, etc.) y:		Specify:		
15. OECEDENT'S EDUCA	700	Cit. acarement		Q.			Black		
(Specify only highest grade co	ompleted)	(Give kind of work life. Do NOT use n	k done during me		16b, KIND OF BU	ISINESS/INDUSTI	W.		
Elementary/Secondary (0-12)	College (1-4 or 5+)								
17. FATHER'S NAME (First, Middle, Last)			_	16. MOTHER'S NA	ME (First, Middle, Maider	Surname)			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AT	DDRESS (Street	nd Number or Rural	Route Number, City or Tox	vn, State, Zip Code	0)		
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove	al from State	b. PLACE OF DISPOSITI	ION (Name of ce	netery, crematory or	20c, Li	OCATION — City	or Town, State		
4 Donation 5 Other (Specify) In	state								
21. SIGNATURE OF FUNERAL SERVICE LICES						Anato	my Board		
) unallel	111 mea	4/4/91	655	W. Balt	imore St	,Balte	MD 21201		
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Poss	. Myo	condi	al Tr	forclia	'n	Onset and De		
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cause. Enter UNDERLYING	CHK								
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	A CONSEDUENCE OF):							
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cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions	contributing to death b	out not resulting in	the underlyin	g cause given in	Part I. 24s. WAS A	RMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
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CAUSE. (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  — DRGAN  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	contributing to death to the contributing to death to the contributing to death to the contribution of the	petient 3 DOA 4	26. P  27. P  28. P  THER:  Nursing Hos  OF  White Hard Section, office of the Hime, dat	G cause given in  COME  LACE OF CEATH (CI  TO 5   Rasidence  RURY AT  RICY  YES 2   NO  To and place, and du-  feeth occured at the	Part I. 24a, WAS A PERFC  1 YES  6 Other (Specify)  28d. OE\$CRIBE HOW  28f. LOCATION (Street City or Town, State)  to the cause(a) and me of time, date and place, a	INJURY OCCURS and Number or R	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO  TO NO		
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STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lifet)

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RECORDS,	
OF VITAL	
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DIVISION	

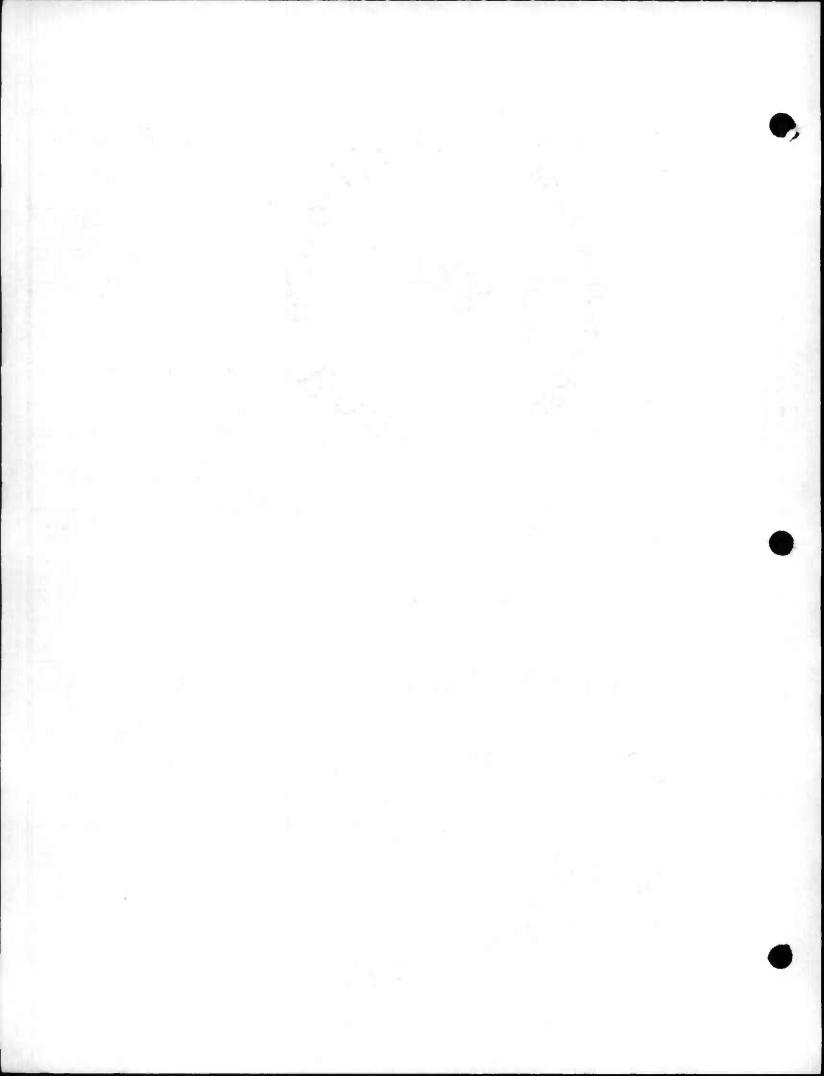
2. DATE OF DEATH 3. TIME OF DEATH 8. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH 8. BIRTHPLACE (State or Former DAYS HOURS 1 M 2 17 18 YRS. 220-34-6364 98 26 892 Nov Maryland Pages 1, 2, 3 should 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Liberty Medical Center DIRECTOR Baltimore 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 1 YES 2 NO Maryland Baltimore permit. FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 2610 North Longwood Street 21216 vours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 1 Never Married 2 Married Specify: BY 3 N Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co. Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Maid Private Families once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) To Fletcher Thompson Rache1 Greene BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21216 notified 19a. INFORMANT'S NAME (Type/Print) 2 2610 Dorothy C. Wood North Longwood Street Baltimore, MD 9 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20a. METHOD OF DISPOSITION
1 Notice | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment 20c, LOCATION - City or Town, State must 1 Buriel 2 Cremation 3 L 4 Donation 5 Other (Specify) Cemetery | Baltimore, Mary
22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes Mt Auburn Marylan examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 nutter bus the attending physician and completely filled in by the i Mental Hyglene prior to burial, cremation, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory screet, Approximsta shock, or heart failure. List only one ceuse on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) paecuted traumatic CERTIFICATION Sequentially list conditions, SECURICE OF If any, laading to immediate certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury or other that initiated events resulting in death) LAST death injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS the MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? and and that shows any 1 U YES 2 00 Signed Health a requires 1 YES 2 NO f. of H PHYSICIAN: certificate has been the State Dept. of MP 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OR ATTENDING PHYSICIAN: The Hem EXAMINER? OTHER: 1 - Inpatient 2 P/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 284. DESCRIBE HOW INJURY OCCURED 28b. TIME OF marked, this c Returni 2 Accident 5 Pending Investigation 1 YES 2 NO BY After 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 99 8 Could not be determined DIRECTOR: / COMPLETED 4 Homicide 28 Hem 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. HOSPITAL (FUNERAL D WITHIN 72 h TO THE HOSPITA
TO THE FUNERAL
DE FILED WITHIN 72
IMPORTANT: II 2 D MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day 29b. SIGNATUR LICENSE NUMBER BE 3040 26 9 D ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2600 MEJOHI Pro WINCTOW July James Standing 5 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH





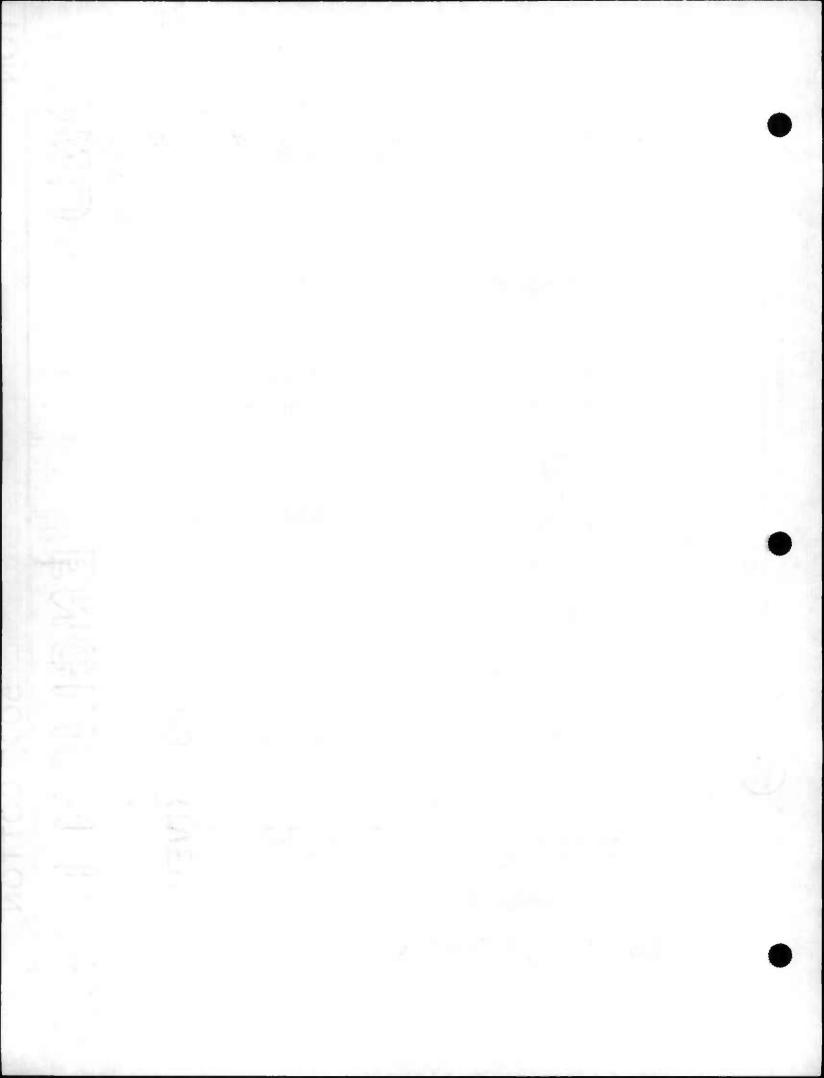
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TO THE HOSPITAL OR ATTENDIAN FROM THE law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After the control of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death the control of the part and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or filem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISIO

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF				YGIENI EG. NO.	E S	11	08937		
	1. DECEDENT'S NAME (First, Middle, Last)  DOROTHY E	LIZAGETH (	CARROL				2. DATE OF C	DA	199	YEAR	TIME OF DEATH		
1 1			(In yrs. last birthday)	IF UNDER 1 YEAR	-	24 HRS.	7. DATE OF B	IRTH		BIRTHPLA	CE (State or Foreign		
	214-52-5988	□ M 2 💢 F	62 YRS.	MONTHS DAYS	HOURS	MIN.	(Month, De)		128	Country)	land		
- 8	9e. FACILITY NAME (If not Institution, give street	et and number)	UZ	9b. CITY, TOW	OR LOCATION	ON OF DE		2/,	7, '28 Maryland				
<u>د</u>	Liberty Medica	1 Center		Baltimore									
DIRECTOR	RESIDENCE OF DECEDENT	I dender		Daio	LINOI								
12	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION					100	I. INSIDE CITY LIMITS?		
	Maryland		Ba	altimo	ce					15	YES 2 NO		
I ₹ I	10e. STREET AND NUMBER				of. ZIP CODE	E		10g. CITIZEN OF WHAT COUNTR					
FUNERAL	2202 Ashburton				212	216			U.	S. 7	A.		
5		2. WAS DECEDENT EVER I FORCES? 1 TYES					IC ORIGIN? (Se		or No- 1	4. RACE — Black, W	American Indian, hite, atc.		
BY	I I I I I I I I I I I I I I I I I I I												
	15. DECEDENT'S EDUCAT	YOU .	1 44- 05050511710			0.05.000			Black				
COMPLETED	(Specify only highest grade co.	impleted)	(Give kind of	6a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working lile. Do NOT use retired.)  (Give kind of work done during most of working lile. Do NOT use retired.)									
12		College (1-4 or 5 +)	0.00				D.,		J 1.	TT			
Ĭ Ž	High School  17. FATHER'S NAME (First, Middle, Lest)		Nurs	ses As				ovident Hospital					
	Moses Settler						e Sim		Surramey				
H	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	-				State Zin C	Corde)			
임	Etta L. Crump			2 Ashb							21216		
	20s, METHOD OF DISPOSITION	20	b. PLACE AND DAT			1, 50.			CATION - C				
	1 N Burlal 2 □ Cremation 3 □ Remove 4 □ Donation 5 □ Other (Specify)		WESTE			меті					, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICEN												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Nutter Funeral 2501 Gwynns Falls Parkway Baltimore, Maryland 21216										110mes		
	as BAST I From the discourse	C , 100	nay										
	23. PART i. Enter the diseases, or cor ahock, or heart fellure. Lis			not enter the i	node of dy	ıng, suçr	n as cardiac	or reap	ratory arre	at,	Approximate interval Between		
	iMMEDIATE CAUSE (Finel disease or condition	CARDIO	ALSDIA AD	~	Anne						Onset and Death		
	resulting in death)												
		DUE TO (OR AS A CONSEQUENCE OF):											
o	Sequentially list conditions, b.		A CONSEQUENCE O	PF):									
¥	if any, leading to immediate ceuse. Enter UNDERLYING	Dea	BING	46061									
E	CAUSE (Disease or injury that initiated events		A CONSEQUENCE O										
CERTIFICATION	reaulting in deeth) LAST												
	DART II OAL II-III IIII			1			market Land						
¥	PART II. Other aignificant conditions  — Hemmhen			in the underly	ing ceuse	given in	Part I.   244	PERFOR	AUTOPSY IMED?	AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO		
MEDIC	- Hemmay						11(	YES 2	□ NO		DEATH?		
M	- Respectly	for les					_			1 (	YES 2 NO		
Z	- 25 cm	) // -	CUD					_		1			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	5,535(0)	OTHER:			eck only one)						
S ∠	1 TYES 2 NO 1	28a. DATE OF INJURY		4 Nursing H		esidence				1050			
6 1	1 Natural 5 Pending	(Month, Day, Year)	28b. Til	JURY	NJURY AT WORK? YES 2 [	7 40	26d, DEŞCRI	BE HOW I	NJURY OCC	JHED	5.7.47		
B	2 Accident Investigation	28e. PLACE OF INJUR	Y — At home form			_ NO	261. LOCATIO	M /Ctrant	and Number	v Bural Boud	n Mumber		
	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Sp		oneon, rantary, o			City or To	own, State)	and manner c	7,0,0,7,000	e rrambol,		
	29a, CERTIFIER			AND COLOR	1007010072		Andrew Market						
COMPLETED	(Check only	AN: To the best of my kno On the basis of examinati											
8		On the best of Examinati	on anazor mwasugar	ort, at thy opinion	_			piece, an	O COS TO THE	causo(a) at	to marrier as states.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1/11	110			ENSE NUM			29d. DATE	SIGNED (M	onth, Day, Year)		
2	1092	WILL		- 04-0		1)	0 /		7	11/5	/		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	CORST				1				(70) a		
	APR 0 5 1991	32/ REGISTRAM'S SIG	HATURE ON Francisco								341		



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1 Never Merried 2 Married 1FOR 11F YE	2 F 48  umber)  HOSPITAL  TOTE  Timore, DECEDENT EVER IN U.S. CES? 1 KES 2 ES, GIVE WARF OR DATES IN k.  164  164  175  185  185  185  185  185  185  185	Md.  S. ARMED  ON THE DESCRIPTION OF THE DESCRIPTIO	S USUAL OF WORK done use retired.)  13. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	DAYS  TOWN OF ALTI  OR LOCATION	ENDENT OF CONTROL OF C	DN OF DECITION OF	TO ORIGIN'S Puerto R. S. Sail Labour Number 1 Month Collins of the	P (Specify Yei Ican, etc.)  KIND OF BU  M . B .  Iddia, Melden  Y  er, City or Tow	9c. COU BA  10g. CIT U n or No—  SINESS/INI  Rei Surname)  m, State, Ziy Md.	Count W NTY OF C LTIM  IZEN OF 1 S S  14. RAC Blace Spec  DUSTRY  LY & C  City or T  i MO:	Virginia DEATH  MORE  10d. INSIGE CITY LIMITS? 1  YES 2  NO WHAT COUNTRY?  A.  E.—American Indian, etc. City: White  Co. inc  19  Town, Stata re, Md.	
4. SOCIAL SECURITY NUMBER  216-42-5956  98. FACILITY NAME (II not institution, give street and not the stree	2 F 48  umber)  HOSPITAL  TOTE  Timore, DECEDENT EVER IN U.S. CES? 1 KES 2 ES, GIVE WARF OR DATES IN k.  164  164  175  185  185  185  185  185  185  185	Md. S. ARMED DO NO SS. DECEDENT (Give kind of the Do NOT) Mainte Rt.  19b. MAILIN Rt.  PLACE AND OA metary, cremato CEENIMO	S USUAL OF WORK done use retired.)  13. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	DAYS  TOWN OF ALTI  DR LOCATI  THE THE STATE OF ALTI  TOTAL  WAS DECIDENT OF ALTI  TOTAL  WAS DECIDENT OF ALTI  TOTAL  TO	PRI LOCATION  OR LOCATION  OR LOCATION  2 ZIP CODE  2 1 Z  ENDENT OF celty Cuban 2 ZIMO  ON ACTION  18. MOTH  ROS  10. (Name  CND ADDRES  11. CYPT  12. (Name  CND ADDRES  13. CYPT  14. (Name  CND ADDRES  15. (Name  CND ADDRES  16. (Name  CND ADDRES  16. (Name  CND ADDRES  16. (Name  CND ADDRES  17. (Name  CND ADDRES  18	DN OF DECITION OF	IC ORIGIN'  IC ORIGIN'  Puerto R  16b.  WME (First, Number of Maria Number of	P (Specify Yei Ican, etc.)  KIND OF BU  M . B .  Iddia, Melden  Y  er, City or Tow	Pc. COU BA  10g. CIT U a or No— SINESS/INI Rei Surname) ///, State, Zij Md OCATION—	Count W NTY OF C LTIM  IZEN OF 1 S S  14. RAC Blace Spec  DUSTRY  LY & C  City or T  i MO:	Virginia DEATH MORE  10d. INSIGE CITY LIMITS? 1  YES 2  NO WHAT COUNTRY?  A. E — American Indian, pk, White, etc. City: White  Co. inc  19 Town, Stata re, Md.	
98. FACILITY NAME (II not institution, give street and mathematical properties of the properties of th	Timore, DECEDENT EVER IN U.SCES? 1 DYES 2 SS. GIVE WARF OR DATES IN k.  16.  16.  16.  16.  17.  18.  18.  19.  19.  19.  19.  19.  19	Md. S. ARMED 2 NO SS. DECEDENT (Give kind of the Do NOT) Mainte Rt.  PLACE AND OA metary, cremato CEENTIC	s usual of work done use retired.)  13. 1  S usual of work done use retired.)  On Adoress  O Bopyry or other proportion to the property of the	TOWN OF ALTI	DIN LOCATION  A CIP CODE  212  ENDENT OF  set of working  18. MOTH  ROS  Ind Number  (Name  Ematc  No Address  11 ey-	219 F HISPANN, Maxican, Specify:  anic anic anic series NAM Sa F Balt	1-1 ATH Y  IC ORIGIN' 1, Puerto R  HE (First, M Bail Journ Numb  Limo ATE 4-5 CILITY	2 - 19  (Specify Yelcan, etc.)  KIND OF BU  M . B .  Iddia, Melden  Y  er, City or Tow  T C . 1  20c. LC	Pc. COU BA  10g. CIT U a or No— SINESS/INI Rei Surname) ///, State, Zij Md OCATION—	W NTY OF IC L'TIM  IZEN OF 1  S	Virginia DEATH  MORE  10d. INSIGE CITY LIMITS? 1  YES 2  NO WHAT COUNTRY?  A.  E.—American Indian, etc. City: White  Co. inc  19  Town, Stata re, Md.	
THE JOHNS HOPKINS  RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  Maryland  10e. STREET AND NUMBER  Rt. 10 Box 676 Bal  11. MARITAL STATUS  1 Never Merried  15. DECEDENT'S EDUCATION  (Specify only highest grade completed  Elementary/Secondary (0-12)  Smith Canterbury  10e. INFORMANT'S NAME (Type/Print)  Anne Canterbury  20e. METHOD OF DISPOSITION  1 Burlal 2 Cremetion 3 Ramoval from 4 Donetton 5 Other (Specify)  21. BIGNATURE OF FUNERAL BERVICE LICENSEE  23. PART I. Enter the diseases, or complication shock, or heart fellure. List only indicates or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	HOSPITAL  TOTE  TIMOTE  DECEDENT EVER IN U.S. CES? 1 Nes 2 ES, GIVE WARF OR DATES IN k.  16.  16.  16.  16.  17.  18.  18.  19.  19.  19.  10.  10.  10.  10.  10	Md. S. ARMED DESS  Sa. DECEDENT (Give kind or kine, bo NOT An intelligible Not NOT An intelligible Not NOT An intelligible Not NOT CECNICO The deeth. Do The deeth. Do	S USUAL OF WORK done use retired.)  10 BC  TE OF OISP rry or other property or other pount.	MAS DECIPION OF THE PROPERTY O	MORE  TION  2. ZIP CODE  212  ENDENT OF CODE  2 NO  Not of working  18. MOTH  ROS  and Number  576 If  (Name  emate  No Addores  lley-	CITY 219 F HISPANIA, Mexican Specify:  anic anic anic anic Balt	IC ORIGINAL PRINCIPLE IN THE PRINCIPLE I	KIND OF BU  M B B B B B B B B B B B B B B B B B B	BA  10g. CIT  U a or No—  SINESS/INI  Rei  Surname)  ///, State, Zij  Vid  CATION—	LTIM  Solution of 1  A RACC Blace Spec  DUSTRY  LY&(  212  City or To  imo:	10d. INSIDE CITY LIMITS? 1 YES 2 XNO WHAT COUNTRY?  A. E.—American Indian, etk, White, etc. City: White  Co. inc	
Desidence of Decedent  Oe. STATE  Oe. STATE  Oe. STATE  OE. STATE	DECEDENT EVER IN U.S. CES? 1 LYES 2 ES, GIVE WAR OR DATES IN k.  164  164  175  18tata 20b. Pl of cem Gr	Md. S. ARMED DESS  Sa. DECEDENT (Give kind or kine, bo NOT An intelligible Not NOT An intelligible Not NOT An intelligible Not NOT CECNICO The deeth. Do The deeth. Do	S USUAL OF WORK done use retired.)  O ADORESS  O ADORESS  O BO  TO OF OISP  Try or other p  D UNT  22.  F	OR LOCATION  TOTAL  WAS DECIFITY YES, SPIN TO THE PROPERTY OF	ENDENT OF CUBER 12 CANO DE 18. MOTH ROS ON ADDRES 11 CANO DE 2 CANO DE 18. MOTH ROS ON ADDRES 11 CANO ADDRES 11	219 F Hispanin, Maxican Specify:  anic anic sa F or Rural R Balt	IC ORIGIN'  1, Puerto R  16b.  WME (First, M  3ail  Journ Numb  1 oate  4-5	KIND OF BU  M B B B B B B B B B B B B B B B B B B	10g. CIT U a or No— SINESS/INI Rei Surname) ///, State, Zi	14. RACE Blees Spec Spec DUSTRY Ly&( 212 City or Ti	10d. INSIDE CITY LIMITS? 1  YES 2  NO WHAT COUNTRY?  A.  E.—American Indian, etc. city: White  CO. inc	
Maryland Baltim  Maryland Baltim  De. STREET AND NUMBER  Rt. 10 Box 676 Bal  1. MARITAL STATUS    Never Merried 2 Married   12. Was Form   Specify only highest grade completed   12. Was Form   Specify only highest grade completed   12. Was Form   Specify only highest grade completed   12. Was Form   Specify only highest grade completed   12. Was Form   Specify only highest grade completed   12. Was Form   Specify only highest grade completed   12. Was Form   Specify only highest grade completed   12. Was Form   Specify only highest grade completed   12. Was Form   Specify only highest grade completed   12. Was Form   Specify only highest grade completed   12. Was Form   Specify only highest grade completed   12. Was Form   Smith Canterbury   12	DECEDENT EVER IN U.S. CES? 1 DYES 2 ES, GIVE WARF OR DATES IN k.  16. (1-4 or 5+)  M  State  Concern  Gr	Md. S. ARMED DESS  Sa. DECEDENT (Give kind or kine, bo NOT An intelligible Not NOT An intelligible Not NOT An intelligible Not NOT CECNICO The deeth. Do The deeth. Do	S USUAL OF Work done use retired.)  O ADORESS  O BO  TE OF OISP  Try or other pount  22.  If	WAS DECIDENTED TO THE PROPERTY OF THE PROPERTY	ENDENT OF CONTROL OF C	219 F HISPANN, Maxican, Maxican, Maxican, Specify.  anicanican Aural A Balt	ME (First, M) Bail Route Numb Limo OATE 4-5	KIND OF BU  M B B B B B B B B B B B B B B B B B B	U  SINESS/INI  Rei  Surname)  In, State, Zi  Md  CATION —	14. Race Special Speci	LIMITS?  1 YES 2 XNO WHAT COUNTRY?  A.  E — American Indian, ck, Whita, etc.  City: White  Co. inc  19  Town, Stata  re, Md.	
Rt. 10 Box 676 Bal  II. MARITAL STATUS	DECEDENT EVER IN U.S. CES? 1 DYES 2 ES, GIVE WARF OR DATES IN k.  16. (1-4 or 5+)  M  State  Concern  Gr	Md. S. ARMED DO NO SS. SS. DECEDENT (Give kind of life. Do NOT  Mainte  19b. MAILIN Rt.  LACE ANO OA  Retary, cremato CEENTIC	S USUAL Of Work done use retired.) On ADORESS O BO TE OF OISE Pry or other p	WAS DECITIFY OF THE PROPERTY O	212 ENDENT OF CODE 212 ENDENT OF CODE 2 CANO ON ACCIDENT OF CODE 18. MOTH ROS Ind Number of Code (Name Ematc No Address Ley-	219 F HISPANN, Maxican, Maxican, Maxican, Specify.  anicanican Aural A Balt	ME (First, M) Bail Route Numb Limo OATE 4-5	KIND OF BU  M B B B B B B B B B B B B B B B B B B	U  SINESS/INI  Rei  Surname)  In, State, Zi  Md  CATION —	14. Race Special Speci	What COUNTRY?  A.  CE — American Indian, ok, White, etc.  City:  White  Co. inc  19  Town, Stata  re, Md.	
Rt. 10 Box 676 Bal  II. MARITAL STATUS    Never Merried   2 Married   12. WAS FOR   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT   15.	DECEDENT EVER IN U.S. CES? 1 LYES 2 ES, GIVE WARF OR DATES IN k.  10 164  164  17  18  18  20b. Plof cem Gr  Atlons that coused th	S. ARMED 2 NO SS SS. DECEDENT (Ghe kind o iffe. Do NOT  A inte  19b. Mailli Rt.  PLACE ANO OA metery, cremeto Ceenmo	S USUAL OF work done of work done of work done of the control of t	WAS DECIDING TO THE PROPERTY OF THE PROPERTY O	212 ENDENT OF COMPANY	219 F HISPANN, Maxican, Maxican, Maxican, Specify.  anicanican Aural A Balt	ME (First, M) Bail Route Numb Limo OATE 4-5	KIND OF BU  M B B B B B B B B B B B B B B B B B B	U  SINESS/INI  Rei  Surname)  In, State, Zi  Md  CATION —	14. Race Special Speci	A.  EE_American Indian, ok, White, etc.  City:  White  Co. inc  19  Town, Stata  re, Md.	
II. MARITAL STATUS    Never Merried 2   Married     Never Merried 2   Married     Widowed 4   Olvorced   IF YE     Specify only highest grade completed	DECEDENT EVER IN U.S. CES? 1 LYES 2 ES, GIVE WARF OR DATES IN k.  10 164  164  17  18  18  20b. Plof cem Gr  Atlons that coused th	S. ARMED 2 NO SS SS. DECEDENT (Ghe kind o iffe. Do NOT  A inte  19b. Mailli Rt.  PLACE ANO OA metery, cremeto Ceenmo	S USUAL OF work done of work done of work done of the control of t	If yes, spet 1   YES  CCUPATION  CCUPATION  CCUPATION  CCUPATION  S (Street a)  CCUPATION  CCUPATIO	ENDENT OF SECTION OF S	F HISPANIA, Mexican Specify:  anicanican Section Secti	ME (First, M) Bail Route Numb Limo OATE 4-5	KIND OF BU  M B B B B B B B B B B B B B B B B B B	Rei Sumame)  Md  CATION —	14. RAC Blac Spec DUSTRY  1 y & (  2 1 2 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	E - American Indian, ock, White, etc.  White  Co. inc  19  Town, State  re, Md.	
Never Merried   2   Married   FOR   IF YE	CES? 1 NYES 2 S.S. GIVE WAR OR DATES INK.  10 (1-4 or 5+)  15 State  20b. Pt of cem Gr	2 NO ES Sa. DECEDENT (Give kind o life. Do NOT  Mainte  19b. MAILIN  Rt.  PLACE AND OA metary, cremato CEENMO	S USUAL OF work done of work done of work done of the control of t	If yes, spet 1   YES  CCUPATION  CCUPATION  CCUPATION  CCUPATION  S (Street a)  CCUPATION  CCUPATIO	ON ADDRESS LE SY	anicanicanicanicanicanicanicanicanicanic	ME (First, M) Bail Route Numb Limo OATE 4-5	KIND OF BU  M B B B B B B B B B B B B B B B B B B	Rei Sumame)	DUSTRY  Ly&(  DOCODE)  212  City or Timo;	Co. inc  19  Town, State re, Md.	
15. DECEDENT'S EDUCATION (Specify only highest grade completed  Elementary/Secondary (0-12)  College  Unk  17. FATHER'S NAME (First, Middle, Last)  Smith Canterbury  19e. INFORMANT'S NAME (Type/Print)  Anne Canterbury  19e. METHOD OF DISPOSITION 1	State 20b. Pt of cem Gr	Ighe kind of the Do NOT An Intelligence of the Do NOT An Intelligence of the Intellige	S USUAL OF Work done or work do	S (Street as DX 6 OSSITION DIAGO) Cre NAME AN	Alecha  18. MOTH  ROS  10. MOTH  ROS	anic Sa F or Rural A Balt	ME (First, M Bail Route Numb	m . B .  Iddle, Melden  Y  er, City or Tow  Te , 1  20c. LC	Rei Surname)  m, State, Zij  Md.	ly&o  code)  212  City or To	Co. inc	
(Specify only highest grade completed  Elementary/Secondary (0-12)  Smith Canterbury  Smith Canterbury  Se. INFORMANT'S NAME (First, Middle, Last)  Smith Canterbury  Se. INFORMANT'S NAME (Type/Print)  Anne Canterbury  Ge. METHOD OF DISPOSITION  Burlai 2 © Cremetion 3 — Removal from  Donation 5 — Other (Specify)  Burlai 2 © Cremetion 3 — Removal from  Donation 5 — Other (Specify)  BURLATURE OF FURERAL SERVICE LICENSEE  23. PART I. Enter the dispesses, or complice shock, or heert fellure. List only  MMEDIATE CAUSE (Final dispesses or condition resulting in death)  Sequentially list conditions, farry, leeding to immediate suse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	State 20b. Pl	Ighe kind of the Do NOT An Intelligence of the Do NOT An Intelligence of the Intellige	io Adoressi io Bo Bo TE of oispry or other pount  22. F	s (Street and DX 6 OSSITION CIPE NAME AND BRANCE)	Alecha  18. MOTH  ROS  ON AUMBER  (Name  Emate  NO ADDRES  CHO ADD	anic Sa F or Rural A Balt	ME (First, M Bail Route Numb	m . B .  Iddle, Melden  Y  er, City or Tow  Te , 1  20c. LC	Rei Surname)  m, State, Zij  Md.	ly&o  code)  212  City or To	19 Town, Stata re, Md.	
Smith Canterbury  Smith Canterbury  9e. INFORMANT'S NAME (Type/Print)  Anne Canterbury  19e. METHOD OF DISPOSITION  19 Burlel 2 Cremetlen 3 Removel from  10 Donation 5 Other (Specify)  11. SIGNATURE OF FUNERAL SERVICE LICENSEE  123. PART I. Enter the diseeses, or compiles shock, or heert fellure. List only indicate or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST	State 20b. PL of cem Gr	196. MAILIN Rt. 1	io Adoress  O Bo  TE of oisp  ry or other p  Dunt  22.  F	S (Street at DX 6 POSITION DIACE) Cre NAME AN	18. MOTH ROS 10. A Number of 10. A Number of 10. A ADDRES RILEY	Sa F or Rural A Balt	ME (First, M Bail Noute Numb Limo OATE 4-5	y  or, City or Tow  Ce, 1  20c. LC	Sumame)  vn, State, Zi  vd •	212 City or To	19 Town, Stata re, Md.	
Smith Canterbury  Smith Canterbury  Sea. INFORMANT'S NAME (Type/Print)  Anne Canterbury  Sea. METHOD OF DISPOSITION  Is   Burlel   25   Cremetton   3   Ramoval from    Is   Donetton   5   Other (Specify)  B. SIGNATURE OF FUHERAL SERVICE LICENSEE  23. PART I. Enter the diseases, or complica shock, or heart fellure. List only ideases or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	State 20b. PL of cem Gr	19b. MAILIN Rt.  PLACE ANO OA netary, cremato CECNMO	O ADORESS  O BO TE OF OISP ry or other p Ount 22. E	S (Street at DX 6 POSITION DIACE) Cre NAME AN	18. MOTH ROS 10. A Number of 10. A Number of 10. A ADDRES RILEY	Sa F or Rural A Balt	ME (First, N Bail Noute Numb Limo OATE 4-5	y  or, City or Tow  Ce, 1  20c. LC	Sumame)  vn, State, Zi  vd •	212 City or To	19 Town, Stata re, Md.	
Anne Canterbury    Content   Content	State 20b. Pi of cem Gr	Rt.1	TE OF OISP ry or other p ount 22.	ox 6 cosition clace) Cre NAME AN	76 I (Name emator No Address lley-	or Aural A Balt	imo oate 4-5	re, City or Tow	Md .	212 City or To	re, Md.	
Anne Canterbury  Rea. METHOD OF DISPOSITION	State of cem	Rt.1	TE OF OISP ry or other p ount 22.	ox 6 cosition clace) Cre NAME AN	(Name emate no Adores dley-	Balt ory	oATE 4-5	re, l	Md .	212 City or To	re, Md.	
Removal from the property of t	State of cem	PLACE ANO DA metary, cremato CEEDMO	ry or other pount	Cre NAME AN	(Name emate no Adores lley-	OTY S OF FAC	4-5	20c. LC	CATION -	imo:	re, Md.	
Burisi 2 Cremation 3 Removal from to Donation 5 Other (Specify)  H. BURNATURE of PUNERAL SERVICE LICENSEE  23. PART I. Enter the discesses, or complice shock, or heert fellure. List only immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	State of cem	netary, cremato	ount 22.	Cre NAME AN Brad	emate ND ADDRES	S OF FAC	4-5			imo	re. Md.	
23. PART I. Enter the discess, or complice shock, or heart fellure. List only immediate countries in the countries of the cou	ack.	he deeth. Do	22. F	name an	d ADDRES	S OF FAC	CILITY	-19 ]	3alt			
shock, or heert fellure. List only IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate CAUSE (Disease or Injury that initiated events resulting in death) LAST					_	- As						
shock, or heert fellure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST				2124							ome, Inc.	
d	DUE TO (OR AS A CONSEQUENCE OF):  b. Metastatil Nor-Small cell CANCES of lung 4 mos  DUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):										4 month	
	buting to death but	eath but not resulting in the underlying ceuse given in						24a. WAS AP PERFO 1 YES	RMED?	24	246. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
					-		-				1 TES 2 PNO	
25. WAS CASE REFERRED TO MEDICAL				26. Pt	LACE OF DE	EATH /Ch	eck only on	9)				
EXAMINER?  1 YES 2 NO 1 Inp	PITAL:	lent 3 🗆 DOA	OTHE!	R:	ne 5 🗆 Re							
27. MANNER OF DEATH  1 Natural 5 Pending	n. DATE OF INJURY (Month, Day, Year)	28b. T	ME OF NJURY M	28c. INJ WO	JURY AT ORK?			CRIBE HOW	INJURY O	CURED		
2 Decident	PLACE OF INJURY —     building, stc. (Specily)	At home, farm	, street, fac	tory, offic	28		281. LOCATION (Street and Number or Pural Route Number, City or Town, State)					
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To											r(a) and menner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER	- mD				29c. LICE	ENSE NUN	MBER .		29d. DA	4/4	10 (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO COMPL	ETED CALLSE OF DEATH	H (ITEM 27) (7)	pe, Print)	- /						1	2/205	

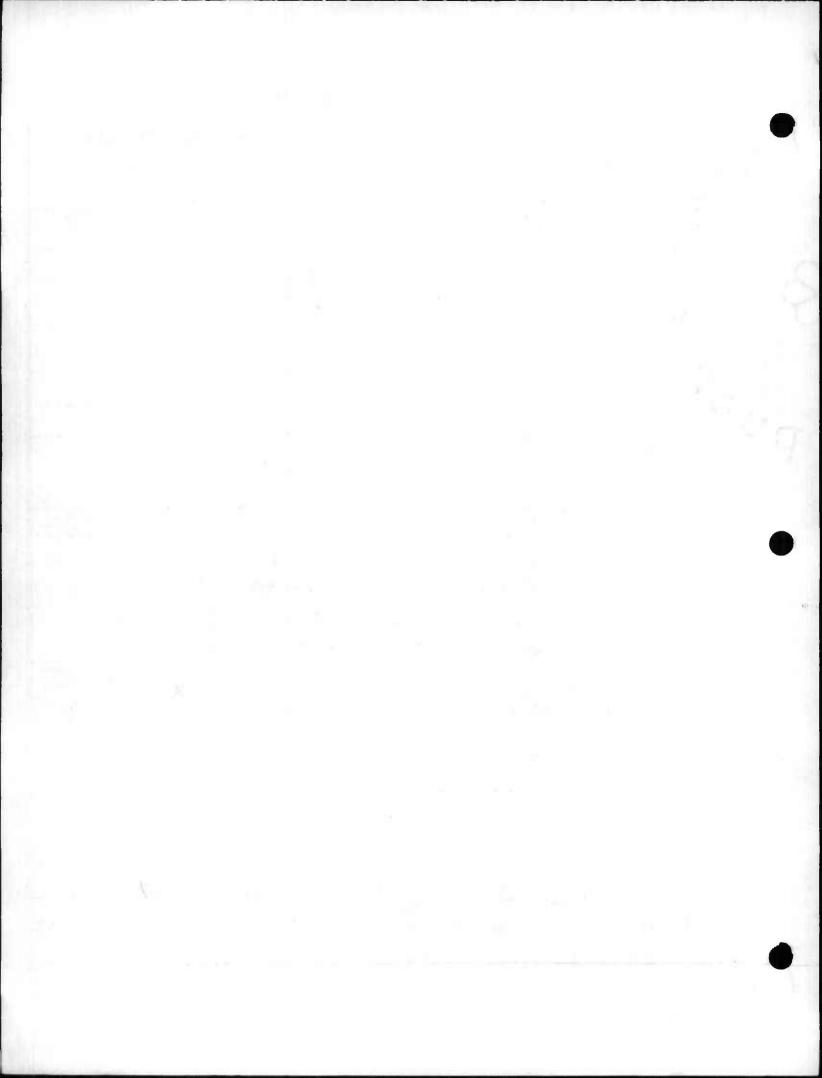
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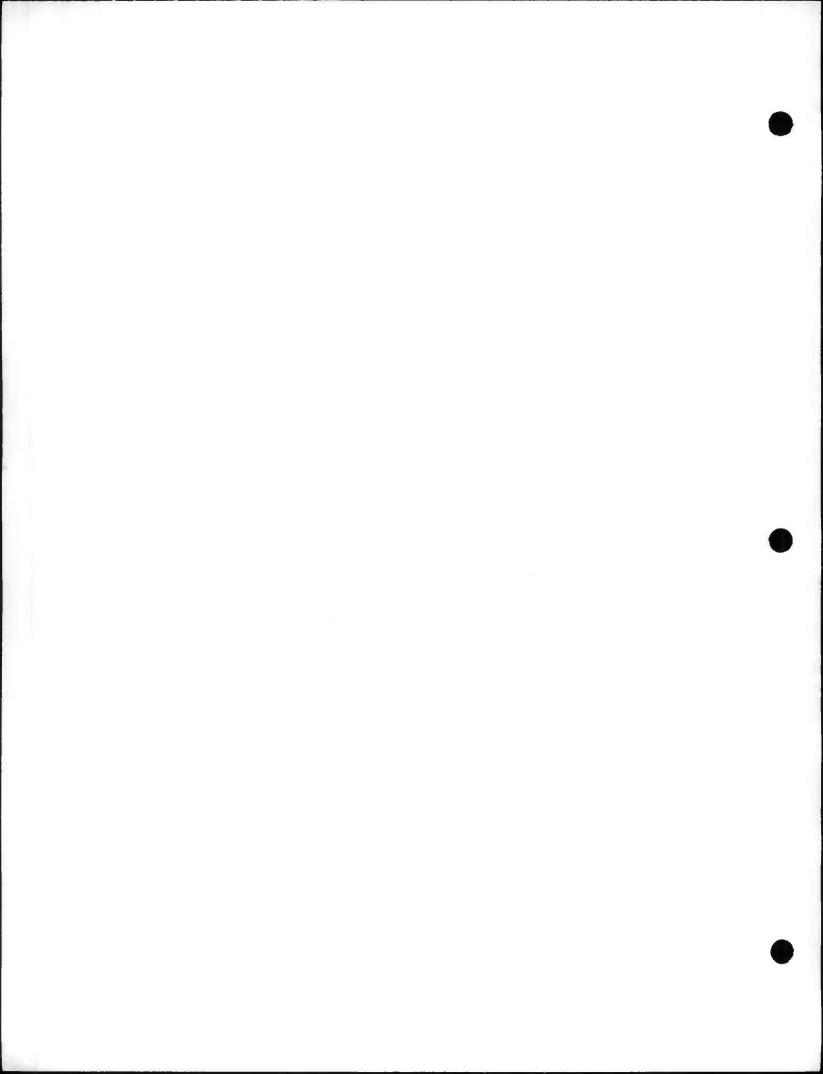
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Oli, Alici una columbato med accession and accession accession and accession and accession accession accession accession and accession accessi	iter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o
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	FOR STATE REGISTRAR		STATE OF N	MARYLAND /		RTMENT					HYGIEN	E	71	00939	
	1. DECEDENT'S NAME (First,	Middle, Last)				· 1				2. DATE OF			WEAR	3. TIME OF DEATH	
	Doris Elean	nor De	nis	500-						MONTH 04	O		9/	10 P M	
	4. SOCIAL SECURITY NUMB		5. SEX	SEX 6. AGE (In yrs. lasi birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS		R 24 HRS.	7. DATE OF				IPLACE (State or Poreign		
	213-14-9813	3	1   M 2   K F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 12-9-20			Maryland		
	90. FACILITY NAME (If not in:	er .	treet and number)	70		9b. CITY.	Pb. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA								
NO.	St. Agnes I					Baltimore							to. City		
5	RESIDENCE OF DEC				I									10d, INSIDE CITY	
DIRECTOR		10b. COUNTY	•		10c. Ci	10c. CITY, TOWN OR LOCATION								LIMITS?	
0	Maryland					Balti		_						TYES 2 NO	
*AL	10e. STREET AND NUMBER						101	. ZIP COD	ÞΕ			10g. CIT	IZEN OF	WHAT COUNTRY?	
FUNERAL	2017 Deering Avenue							21	230_				U.S.		
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF						NIC ORIGIN? (		or No-	14. RAC	E — Americen Indian, k, White, etc.	
ВУ	1 Never Merried 2 7		IF YES, GIVE V						Specify				Spec	*	
			<u> </u>											White	
15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION  (Give kind of work done during most of working															
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  17. FATHER'S NAME (First, Middle, Last)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working kine. Do NOT use retired.)  HOUSEWIFE  18. MOTHER'S NAME (First, Middle, Meiden Surname)															
물	12				_Hou	sewif	fe_								
8	17. FATHER'S NAME (First, M									ME (First, Mich					
BE	John Schroe									ine Hi					
10	19e. INFORMANT'S NAME (7			15						Route Number,					
AT Deft E. Deft S, Sf. 7430 Deft KSTIFE Rd. Dattimore, MD 21224  20e. METHOD OF DISPOSITION  1 \( \overline{\text{D} \text{ Burlei 2}} \) 2 \( \overline{\text{Cremetory or other place}} \)  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)															
											own, State				
	4 Donetion 5 D Other	(Specify)		- Mea	adowr	idge					E1	krid	ge.	MD	
	21. SIGNATURE OF PUNERA	L SERVICE LIC	CENSEE	/					ESS OF FA		no T	nc			
Hubbard Funeral Home, Inc. 4107 Wilkens Ave. Baltimore, MD 213										n 21220					
	ahock, or heert fellure. List Dnly one ceuse Dn each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  ENTRICULAR FIBRILLATION AND ASYSTOR.										Approximete interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  ACUTE MYCCARDIAL INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):  SEVERE! TRIPPIE VESSE! CORONARY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  d. SEVERE ALIZED ATHEROSCIEROSIS.														
ایا	PART II. Other algnifica	ent condition	na contributing to	death but not	resulting	in the ur	nderlyir	ng cause	given in	Part I. 2	4a. WAS AN		24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
MEDICA	DIAGE	TES	MELL	1745		,				,	YES :	. /		COMPLETION OF CAUSE OF DEATH?	
밀	Sever	e F	PERIDHO	enal (	JASO	CULA	12/	NSU	FFIC					1 TYES 2 NO	
			1				-			1					
A	25. WAS CASE REFERRED 1	TO MEDICAL					28. F	LACE OF	DEATH (C	heck only one)					
잃	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE!	R:		0.7.	6 Other					
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE O	F INJURY	28b. Ti	ME OF	28c, IN	JURY AT		_	RIBE HOW	INJURY O	CCURED		
	1 Netural 5	Pending	(Month,	Day, Year)		VAULY M		ORK?	□ NO →					-	
BY	2 Accident 3 Suicide	Investigation	28a. PLACE	OF INJURY — At I	nome, farm	, street, fac	tory, offi	Ce		28f. LOCAT	10N (Street	end Numb	er or Rural	Route Number,	
0	4 Homicide	Could not be datermined	building	, etc. (Specify)						City or	Town, State	)			
	29a, CERTIFIER		V		onless re				1 -5 1						
COMPL	(Check only		ER: On the basis of											(e) and manner so stated.	
8					- M	in iny	-printerly				protes 0	1			
BE	29b. SIGNATURE AND TITL	E OF PERTIFIE	ER			DI			CENSE NU		0	29d. DA	ATE SIGNE	D (Month, Day, Year)	
0	36. NAME AND ADDRESS O	E DEDA	HO COMPLETED CAL	TTEND USE OF DEATH (IT			SICI	AU	01	1620	0	1	4-	1-71	
	Dr. Al AA		CHIRANS			4 IDE	1) /	16-	105	10	CATA	MELT	11-	MD, 21228	
	31. DATE FILED (Month, Day			IAR'S SIGNATURE	14(1	TIVE	, - (		ILC	-77	7710		110,	1410,01220	
	AFTER A	4004	2	- CONTROLL		,							-		



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ay De	page	be
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 July after death. Page 6 may be	ctor,	the med within 12 indus also used with the case copy, or regard member traumatic event, the medical examiner must be me.
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H	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the figure of the first and Marcel Marien Africa to build premaring or removed	5 5
	11	1
	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	
	-	

3	1. DECEDENT'S NAME (First, A	Aiddle Lest)								2. DATE OF D	EATH		Τ.	3. TIME OF DEATH
1										MONTH	DAY		YEAR	S. TIME OF DEATH
	Jan		Danie1					T		March		199		8:50 A M
	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	DAYS	HOURS	24 HRS.	7. DATE OF B (Month, Day		8	Country)	LACE (State or Foreign
	216 16 3	159	1 <sub>2</sub> M 2 □ F	67	YRS.	MONTAS	DAYS	nouns	miles.	9-13				
	9a. FACILITY NAME (If not inst	itution, give st	reet and number)			96. CIT	Y, TOWN	OR LOCATION	ON OF DE			9c. COUNT	Y OF DEA	ATH
000	Maryland G	enera	1 Hospit	al		Baltimore City								
DIRECTOR	RESIDENCE OF DECE								- 01	- J			NA	
E I	10a. STATE	10b. COUNTY			10c, CIT	Y, TOWN	OR LOCA	TION					1	IOd. INSIDE CITY
£	MD		NA			Bal:	Baltimore City				i			LIMITS?
51	10e. STREET AND NUMBER								ZIP CODE 10g. CITIZE					
FUNERAL		2 1					10				- 1	iog. Grizz	IN OF WH	AI COONINT?
更	817 White	TOCK						212	217					
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S.		13.				IIC ORIGIN? (Sp n, Puerto Ricen		r No 1	4. RACE -	- American Indian, White, etc.
BY	1 Never Married 2 😿 N 3 🗍 Widowed 4 📗 Divorce		IF YES, GIVE V		ш <u>и</u>			2   NO			, 0101)	-	Specify:	
	3 Widowed 4 Divorc									NO		ŀ	5	Black
COMPLETED	15. DECEI (Specify only i	DENT'S EDUC		16a.	DECEDENT'S (Give kind of				na	18b. KIN	O OF BUSIN	NESS/INOUS	STRY	
<u> </u>	Elementary/Secondary (0-1		College (1-4 or 5	+)	life. Do NOT u	se retired.)								
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	neten bantels wife 817 whitefock Street, Barto, Mb 21217													
	20c. METHOD OF DISPOSITION  1											n, State		
												w Board		
IJ	walles   Melle M/2/91 Dir 655 W. Baltimore St, Balto, MD											_		
-4	23. PART I. Enter the dis		THE RESERVE											Approximata
"	ehock, or he	ert fellure.	List only one car	use on each	line.	iiot aiite	T LING III	oue or dy	ing, suc	ii as cardiac	Or raspire	itory arres	σι,	Interval Between
- 1	IMMEDIATE CAUSE (Finel										Onset and Death			
	disease or condition reaulting in death)	•	a		ardial		act	Lon						
- 1			OUE TO	(OR AS A CON		F):								
z	Hypoxia  Sequentially list conditions,  Bus 70 08 to A COMPANIE OF THE PROPERTY OF THE PROPERT													
CERTIFICATION	If any, leading to immediate													
3	cause. Enter UNDERLYIN CAUSE (Disease or Injur		c	Mult:	iple O	rgan	Fai	lure			_			
三	thet initieted events		DUE TO	(OR AS A CON	SEQUENCE O	F):								
E	resulting in death) LAST		d											
2	21220 20 10			-									_	
MEDICAL	PART II. Other significan	condition	e contributing to	death but n	ot resulting	in the u	inderlyir	ig ceuse	given in	Part I. 24	PERFORM			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
8										10	YES 2	] NO		COMPLETION OF CAUSE OF DEATH?
Ē														1 YES 2 NO
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PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26. F	LACE OF D	DEATH (Ch	eck only one)				
2	EXAMINER?  1 PYES 2 NO		HOSPITAL:	□ EB/Outpetles	4 2 7 204	OTHE	:R:				44.5			
¥	27. MANNER OF DEATH		26a, DATE O		26b. Til			JURY AT	esidence	6 Other (Sp 26d, DESCRI		ILIBY OCCI	IDED	
		ending		Day, Year)		JURY	W	ORK?	¬ NO	200. DEQUAI	BE HOW IN	JUNI OCCU	MED	
B	2 Accident	rvestigation						YES 2 [	NO					
ED		could not be		OF INJURY — A , etc. (Specify)	it home, farm,	street, te	ctory, offi	ce		281. LOCATIO City or To	N (Street en wn, State)	d Number o	r Runal Ro	oute Number,
E	4   Hottilcide 0	etermined												
7	29e. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best o	f my knowledge	, death occur	red at the	time, dat	e end place	e, end due	to the ceuse(e	e) end menn	er ee state	d.	
COMPLET	anal .	AL EXAMINE	R: On the beals of	exemination end	d/or investigati	on, In my	opinion,	death occu	red at the	time, date end	plece, end	due to the	ceuse(e)	end manner ee atated.
8	296. SIGNATURE AND TITLE	- //	-1/10-1-10-10-10-10-10-10-10-10-10-10-10-10					I						
BE	and share one and the	/V						29c, LIC	ENSE NU	MBER		29d. DATE	SIGNED (	Month, Day, Year)
10	JAVY	1	4									3	120	1191
F			O COMPLETED CAL										-	117
	Leon Leam	M. D.	C,	0 Mary	land	Gene	ral	Hosp:	ital	827 L	inden	Ave	nue	
	31. DATE FILED (Month, Day, V	6ar) 1001		ABIS SIGNATUR			y.							
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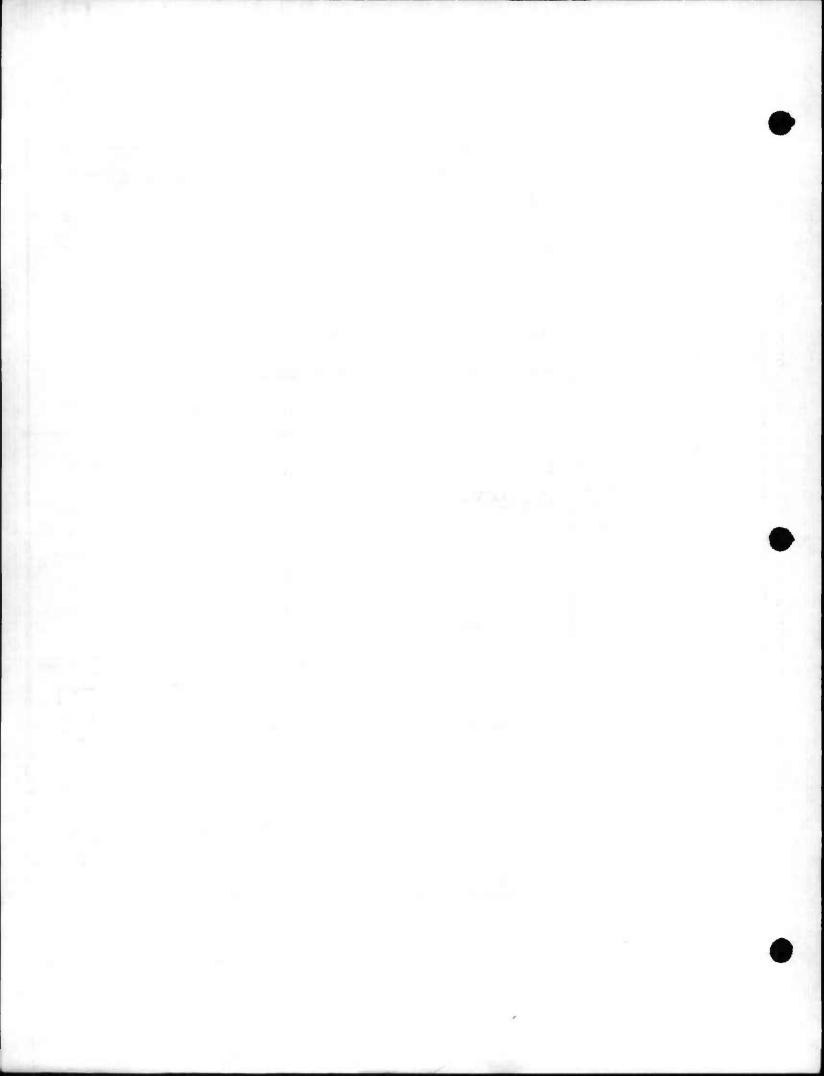
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IDING PHY	After this cer	death with the	s marked, or
TENDING PHY	OR: After this cer	fter death with the	8 is marked, or
ATTENDING PHY	ECTOR: After this cer	rs after death with the	n 28 is marked, or
OR ATTENDING PHY	DIRECTOR: After this cer	hours after death with the	Item 28 is marked, or
TAL OR ATTENDING PHY	AL DIRECTOR: After this cer	72 hours after death with the	If Item 28 is marked, or
SPITAL OR ATTENDING PHY	<b>NERAL DIRECTOR: After this cer</b>	hin 72 hours after death with the	NT: If Item 28 is marked, or
HOSPITAL OR ATTENDING PHY	FUNERAL DIRECTOR: After this cer	within 72 hours after death with the	ITANT: If Hem 28 is marked, or
THE HOSPITAL OR ATTENDING PHY	THE FUNERAL DIRECTOR: After this cer	lled within 72 hours after death with the	*ORTANT: If item 28 is marked, or
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deficie.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND		0894	
1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ALE OF DEATH	REG. NO.	3. TIME OF OE	ATU .
	o Domastt			MONTH DAY	YEAR 91 01:05	Ам
LESLIE LeCompt	e Dorrett	(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or	
220-25-2176  9a. FACILITY NAME (If not institution, give str	1 🛣 M 2 🗆 F	68 YRS.	ONTHS DAYS HOURS MIN.	(Month, Day, Year) 11/04/22	Maryland	
GREATER BALTIMORE	•		TOWSON	EATH SC. CC	BALTIMORE	
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION		10d. INSIDE CIT	ry
MARYLAND  100. STREET AND NUMBER	BALTIMORE		SPARKS	100.0	LIMITS? 1 ☐ YES 2 ☐	425
			211 52	100.0	USA	
4C ROBERTS PATH	12. WAS DECEDENT EVER	NII C ADMEN		NIC ORIGIN? (Specify Yes or No-		dia
1 Never Married 2 Married 3 1owed 4 Divorced	FORCES? XX YES	2 NO	If yes, specify Cuban, Maxic  1 ☐ YES ★ NO Specify	an, Puerto Rican, etc.)	14. RACE — American In- Black, White, etc. Specify: White	men,
15. DECEDENT'S EDUC		16a, DECEDENT'S US		16b. KIND OF BUSINESS/I		
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use s	rk done during most of working retired.)			
17. FATHER'S NAME (First, Middle, Last)	WII	Sales	18. MOTHER'S N	AME (First, Middle, Meiden Surname	a)	-
	+					
Charles Dorret		19b. MAILING A	DDRESS (Street and Number or Rural	LeCompte	Zin Code)	-
Paul Dorrett	1 2		Ruhl Rd/F		— City or Town, State	
1 Buriel 2 Cremation 3 Remo	oval from State	cemetary, crematory of	other place)			
21. SIGNATURE OF NUNERAL SERVICE LIC		Oaklawn	Cemetery 22. NAME AND ADDRESS OF F	4/5/191 Bal	timore, MI	)
1	X ( ). D.	)	Bradlev-Ash	nton Funeral	Home, Inc	
23. PART I. Entar the diseases, or canock, or heart failure. IIIMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. CARDIAC  DUE TO (OR AS	ARREST  A CONSEQUENCE OF):		on as calanto of respiratory	Interval	212 mate Between nd Death
Commentation that are all the comments of the	CONGESTI	VE HEART I	FAILURE			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF):				
that initiated events resulting in daeth) LAST	DUE TO (OR AS	A CONSEGUENCE DF):				
PART II. Other algnificant conditions	s contributing to death	but not resulting in	the underlying cause given in	Part I. 24a, WAS AN AUTOPS	24b. WERE AUTOPSY	FINDINGS
				PERFORMED?	AMAILABLE PRIC COMPLETION OF OF DEATH?	R TO
					1   YES 2	] NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	theck only one)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND	HOSFITAL:		26. PLACE OF DEATH (COTHER:			
EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending		tpstient 3 DOA 4	OTHER: I Nursing Home 5 Residence OF 28c. INJURY AT		OCCURED	
EXAMINER?  1  YES 2 ND  27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OTHER:   Nursing Home 5 Residence OF 25c. INJURY AT WORK?   N YES 2 ND	8 Other (Specify)		
EXAMINER?  1 VES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29e. CERTIFIER (Check only)	1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, atc. (Sp	28b. TIME INJUI	OTHER:   Nursing Home 5 Residence OF 25c. INJURY AT WORK?   N YES 2 ND	8 Other (Specify)  28d. DESCRIBE HOW INJURY (  28f. LOCATION (Street and Num City or Town, State)	ber or Rural Route Number,	s stated.
EXAMINER?  1 VES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Could not be detarmined  29a. CERTIFIER (Check only)	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Sp	28b. TIME INJUI	OTHER:    Nursing Home 5   Residence   Residence   Residence	8 Other (Specify)  28d. DESCRIBE HOW INJURY (  28f. LOCATION (Street and Num City or Town, State)  is to the cause(s) and manner as a term of the cause (s) and manner as the time, data and place, and dua to	ber or Rural Route Number,	

OHMH-18 Rev 1/89



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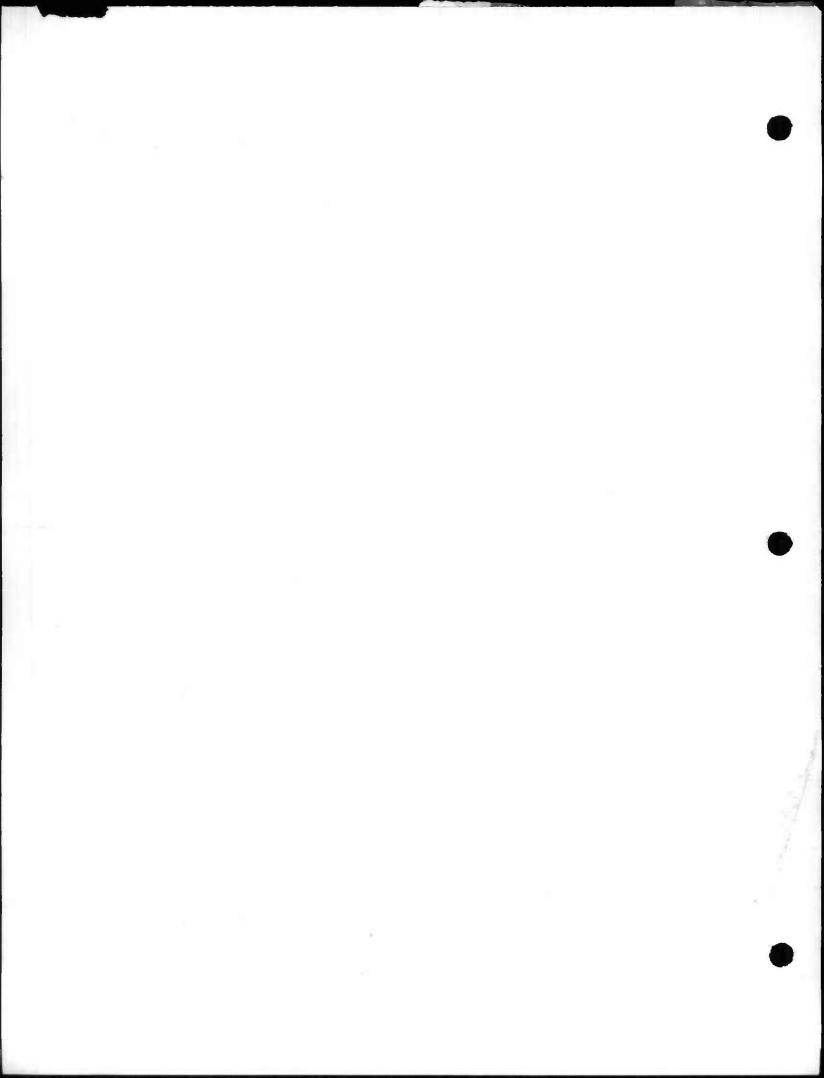
Linden

5 1991

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)						DEATH	REG.	NO.	9	3. TIME OF DEATH
		llie	Mae		Eller	h		MONTH	DAY	YEAR	10:08a
		S. SEX	6. AGE (In yrs. last		IF UNDER 1		IF UNDER 24 HRS.	March 29	9, 199	6. BIRTHP	LACE (State or For
	250-48-7983	□ M 2 X F	65	YRS.		DAYS	HOURS MIN.	(Month, Day, Year 1-28-1		Country)	S.C.
	9a. FACILITY NAME (If not institution, give street				9b. CITY,	о имо	R LOCATION OF OR			UNTY OF DE	
OR O	Maryland General	Hospita	1		Ва	lti	more Cit	У			
נל	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	LOCAT	ION			T	10d. INSIDE CITY
DIRECTOR	Md				timor						LIMITS?
	10e. STREET AND NUMBER					-	ZIP CODE		10g. Ci	TIZEN OF WI	HAT COUNTRY?
FUNERAL	229 N. Mount St	reet					21223		U	SA	
S S	11. MARITAL STATUS	2. WAS DECEDENT	T EVER IN U.S. ARI	MED				IIC ORIGIN? (Specify n, Puerto Ricen, atc.)		14. RACE - Black,	— American India White, etc.
ВУ	1 Never Married 2 Narried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		i	YES	2 NO Specify			Specify	
ED	15. OECEDENT'S EDUCA		16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON	16b. KIND OF	BUSINESS/IN	DUSTRY	
<u> </u>	(Specify only highest grade co	mpleted) College (1-4 or 5+	l/fin	ve kind of Do NOT u	work done do se retired.)	iring mo:	sl of working				
AP I				Hous	ewife						
COMPL	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Mai	den Sumame)		
6	John Shannon		,					Thomas			
TO BE	19a. INFORMANT'S NAME (Type/Print)		196					Baltimo			2.7
	Mary Terry 200, METHOD OF DISPOSITION		20h BLACE				a Lane		LOCATION -		
	1 A Buriel 2 Cremation 3 Remov	al from State	other ple	dlaw	n Cerr	ete	rv		altimo		
	21. SIGNATURE OF FUNERAL SERVICE LICES	YSEE /	1				D ADDRESS OF FA			,	
CYGUILLE	Kny+11) 4	INA	7			Man	rch F/H	West			
	23. PART I. Enter the disesses, or co	mplications that	t caused tha da	ath. Do	not enter			sh Avenue		rreat,	Approxima
	ahock, or heart failure. Li	at only one cau									Interval Be
	disease or condition	4	OCARDA								481
event, une meuted	resulting in death) a.	QUE TO	(OR AS A CONSEC	DUENCE O	F):	1-	1	1.t ./			10.
	Sequentially list conditions, b.	HR	Noscla	OVC	CQA TG GS	$q_{0}$	ovascula	r dideas	e uso		
	If sny, leading to immediata cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE O	F):						
CERTIFICATION	CAUSE (Disesse or Injury 6.	OUE TO	(OR AS A CONSEC	DUENCE O	F):						+
	that initiated eventa reaulting in death) LAST				,						
	d.										
any injury,	PARA L Other eignificant conditions	Southput to	ated during of	n 12	hour	S. A	TIOT TO	Part I. 124a. WA. death Per	AN AUTOPS	Y 24b.	WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF C
EDICAL	HOT KE HOOME	10515 -	Opera!	recy (	span	12	n prior	1 🗇 ÌYE	S 2 110		OF DEATH?
EΣ	- to deal	^									1   YES 2
AN S	25. WAS CASE REFERRED TO MEDICAL			-	_	26. PI	LACE OF DEATH (C)	neck only one)			
SICI	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		ne 5 🗆 Residence	6 Other (Specify)			
PHYSICI	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY	28b. TH	-	28c. INJ	JURY AT ORK?	28d. DESCRIBE H		CCURED	===
marked BY P!	1 Return 5 Pending Processing Processing	(month, c			М		YES 2 NO				
2 O	3 Suicide 8 Could not be	26e. PLACE C building,	of INJURY At he etc. (Specify)	me, farm,	atreet, facto	ry, offic	200	281. LOCATION (St City or Town, S		ber or Rurel R	oute Number,
ETE						_					
OMPLETE	29a. CERTIFIER (Check only one)	The State of									90 <u>0-</u>
BE CON	2 MEDICAL EXAMINER	: Un the basis of a	xamination and/or	investigati	ion, in my o	oinlon, d	seath occured at the	time, data and plac			0.00
EI T	29b. SIGNATURE AND TITLE OF CERTIFIER	0 1					29c. LICENSE NU	MBER	29d. D.	ATE SIGNED	(Month, Day, Year)
E H	100	(1)							b	3-29	.0,

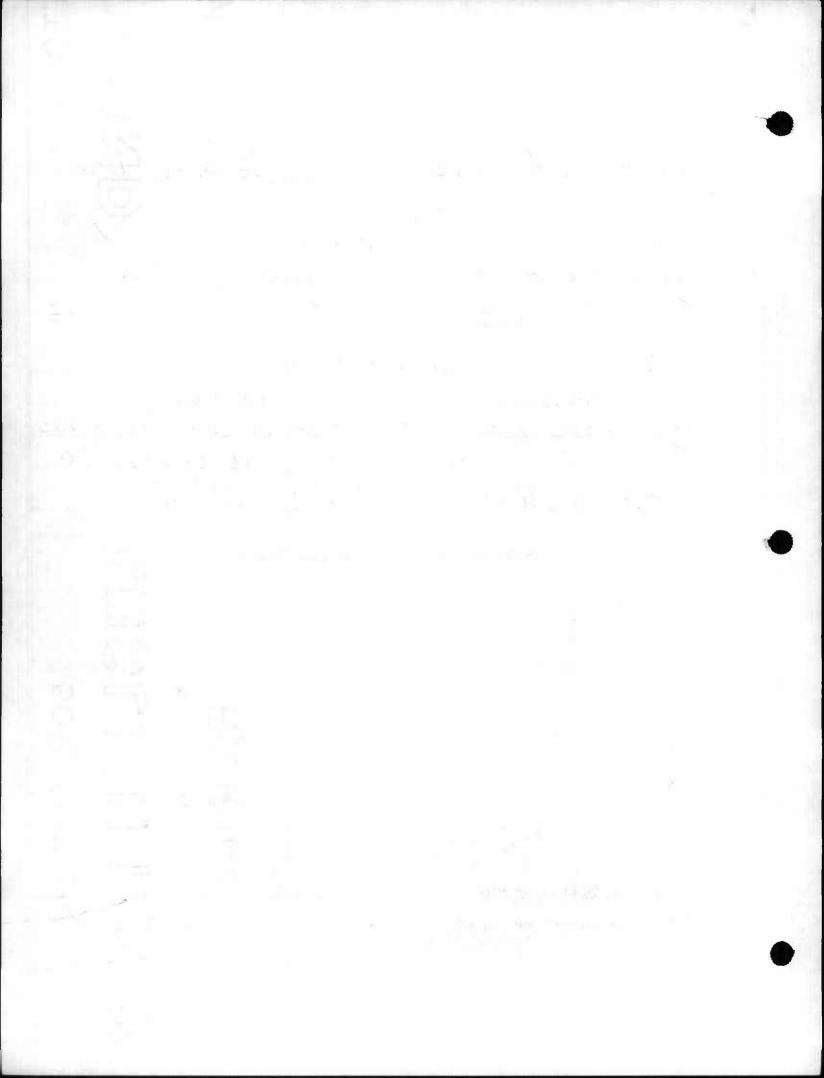
c/o Maryland General Hospital

DHMH-16 Rev 1/89



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1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTN CERTIFIC			MENTAL	HYGIEN REG. NO.	E 9	0	8943
1. DECEDENT'S NAME (First, Middle, Last KENNETH	L	EV	ERHART		2. DATE MONTH	OF DEATH D	1991	EAR	:26 p M
4. SOCIAL SECURITY NUMBER 214-22-2799	1 🛭 M 2 🗆 F	In yrs. lest birthday) IF MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS.	7. DATE (Month)	DE BIRTH Day, Year)	27	BIRTHPLA Country)	CE (State or Foreign
9å. FACILITY NAME (If not institution, give 2602 COLE STRE)	· ·		BALTIMO		ATH		9c. COUNTY	OF DEATH	
2602 COLE STRE	TY	10c. CITY, T	OWN OR LOCATIO	N N					1. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER  2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Street		101. 2	CIP CODE	3		10g. CITIZEI	OF WHAT	COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 7 YES IF YES, GIVE WAR OR	2 NO	If yes, spec	IDENT OF HISPAN Ify Cuban, Mexica NO Specify	n, Puerto F		or No 14	Black, Wi Specify:	American Indian, hite, etc.
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Leet)		16a. DECEDENT'S USI (Give kind of work	done during most	of working	16b.	KIND OF BU	SINESS/INDUS	TRY	
17. FATHER'S NAME (First, Middle, Lest)		Death	7 00	18. MOTHER'S NA	ME (First, A	fiddle, Maiden	Surname)		
194, INFORMANT'S NAME (Typo/Print)	nown	405 444 11 110 45	22550 (2)	U	nk	now	n	- 4.4	
KAREN L. EVE	chart	2602	ODRESS (Street end	Stree	1	Bait	D . A	10	21223
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		DE PLACE AND DATE OF COMMENTS OF THE PROPERTY	other place)		4/5	200,10	- 11 -	y oc Town,	Md
21. SIGNATURE OF PUNERAL SERVICE	Willer Willer			ADDRESS OF FA	Che	ster	CT. H.		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ARTERIOSCA	each line.							Approximata Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):							
PART II. Other aignificant conditi	ona contributing to death	but not reaulting in	the underlying	cause given in	Part i.	24a. WAS AN PERFO	RMED?	CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MIPLETION DF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 A YES 2 NO  27. MANNER OF DEATH			26. PLA	CE OF DEATH (Ch	eck only or	ne)			14/1
EXAMINER? 1 A YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Ou		THER:					100	
	28e, DATE OF INJURY (Month, Day, Year)	Y 26b. TIME (	Y WOR	RY AT K? S 2 NO	28d. DES	CRIBE HOW	INJURY OCCU	RED	
2 Accident Investigation 3 Suicide 6 Could not I 4 Homicide determined	28e. PLACE OF INJUI building, stc. (Sc	RY — At home, farm, stre	et, factory, office			ATION (Street or Town, State	end Number or	Rural Route	» Number,
anal and	YSICIAN: To the best of my kno								nd manner as stated.
				29c. LICENSE NU					onth, Day, Year)
	hight MO			OCME		1	•		
DONALD G WRIG	HT, MO DOM	E 111	N. PENN	STREET	BALT	IMORE	,MARYL	AND 2	21201
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	SON-Randelle							



**QIVISION OF VITAL RECORDS, P.O. BOX 68760,** 

6 6 9 F 1 6 9

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFICAT	E OF	DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEATH		
	MARK DE	VEN	EVANS				MONTH 3	25		EAR	2:40 P M		
	4. SOCIAL SECURITY NUMBER 219-78-3035	5. SEX	6. AGE (In yrs. last birt	thday) IF UNDE	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D			Country)	LACE (State or Foreign		
OR	SINAI HOSPITAL OF BALTIMORE BALTIMORE BALTIMORE BALTIMORE  RESIDENCE OF DECEDENT  SINAI HOSPITAL OF BALTIMORE BALTIMORE  BALTIMORE  BALTIMORE												
DIRECTOR	10e. STATE 10b. COUNT	MORE		DC. CITY, TOWN		LTIMOR	E		/		IOd. INSIDE CITY LIMITS?  YES 2 NO		
	100. STREET AND NUMBER 4206 BONNE	r ROAD	>		101	ZIP CODE ZIZIE	>			US	IAT COUNTRY?		
BY FUNERAL	** MABITAL *********** *************************		T EVER IN U.S. ARMED YES 2 NO WAR OR DATES	13.	If yes, sp	ENDENT OF HISPAP ecity Cuben, Mexica 2 NO Specifi	n, Puerto Ric		or No.— 14	Black,	- American Indian, White, etc. BLACK		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give k	DENT'S USUAL Of dind of work done NOT use retired.	during me	ON ast of working	16b. K	IND OF BUS	INESS/INDUS				
MPL			Purc	chasin	q C	lerk	Nor	th (	Charl	es	Gen'l Hos		
S	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Mid	idle, Maiden	Sumame)				
BE	George L. Evan	S				Patri							
0	194. INFORMANT'S NAME (Type/Print) Patricia Parke	. 20				nd Number or Rural					2 21216		
	20a. METHOD OF DISPOSITION	1:	20b. PLACE AN	)6 Bon			-	_	CATION - CH	_	and 21216		
	1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)						1				Co., MD		
H	21. SIGNATURE OF FUNERAL SERVICE L		-C   AL DUCC	22	NAME A	ND ADDRESS OF FA	CILITY NI	1++01	Fun	ore	1 Homes		
	- Leenon	R. Bo	ules		250 Bal	l Gwynn timore,	s Fal	lls I	Parkwa 1 21	ay 216	1 nomes		
	23. PART i. Enter the diseases, or ahock, or heart failure.										Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	SEF	PSIS				1				Onset and Dasth		
NO	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events												
F	resulting in deeth) LAST	d											
	PART II. Other significant condition	ne contributing to	death but not resu	ulting in the s	nderivin	a cause given in	Part I 2	4a, WAS AN	AllTOPSY	24h	WERE AUTOPSY FINDINGS		
DICAL								PERFOR	IMED?	- 8	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: ME					_		- 1				1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL				28 P	LACE OF DEATH (C)	neck only one)						
SICI	EXAMINER?	HOSPITAL:	□ ER/Outpatient 3 □	OTHE A DA	R:	ne 6 🗆 Residence							
H	27. MANNER OF DEATH	28a. DATE O	F INJURY 2	8b. TIME OF	26c. IN.	JURY AT	1		NJURY OCCUI	RED			
ВУР	1 Natural 5 Pending 2 Accident investigation		Day, Year)	INJURY M		YES 2 NO							
	3 Suicide 6 Could not be determined	28e. PLACE (	OF INJURY — At home, , atc. (Specify)	, farm, atreet, fa	ctory, offic		261, LOCAT City or	TON (Street Town, State)	and Number or	Rural Ro	oute Number,		
COMPLETED	296. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMIN		f my knowledge, death								end manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIC	ER		-		29c. LICENSE NU	MBER	-	29d. DATE S	HGNED (	(Month, Day, Year)		
) BE	James 2. Ba	utita	- House	EJTAF	F	1			D 3	3/2	5/91		
5	30. NAME AND ADDRESS OF PERSON W					H.				1			
	31. DATE FILED (Month, Day, Hear) 199	32. BEGUSTA	APIONSIGNATURE PAR	ndell									

DHMH-16 Rev 1/80

mynding physician.	a as the burish-trans	
THE PERSON OF	or of Manhall Service	)
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within L. Hours after death. Page 6 may be retained by my house, go remember providing.	DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be resemble to use as the funeral trans-	hours after bean with the State bear. Or required to mental hyperic prior to bords, beingour, or entower.  Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ance.
OR ATTENDING PHYSICIAN:	DIRECTOR, After this certifical	item 28 is marked, or ite

OF VITAL RECORDS, P.O. BOX 13146,

DIVISION

HOSPITAL OR ATTENDING

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIEF

30, NAME AND ADDRESS OF PERSON RAVI

31. DATE FILED (Month, Day, Year)

TO THE HOSPITAL OF TO THE FUNERAL DE FRED WITHIN 72 hr

BALTIMORE, MARYLAND 27203-3146

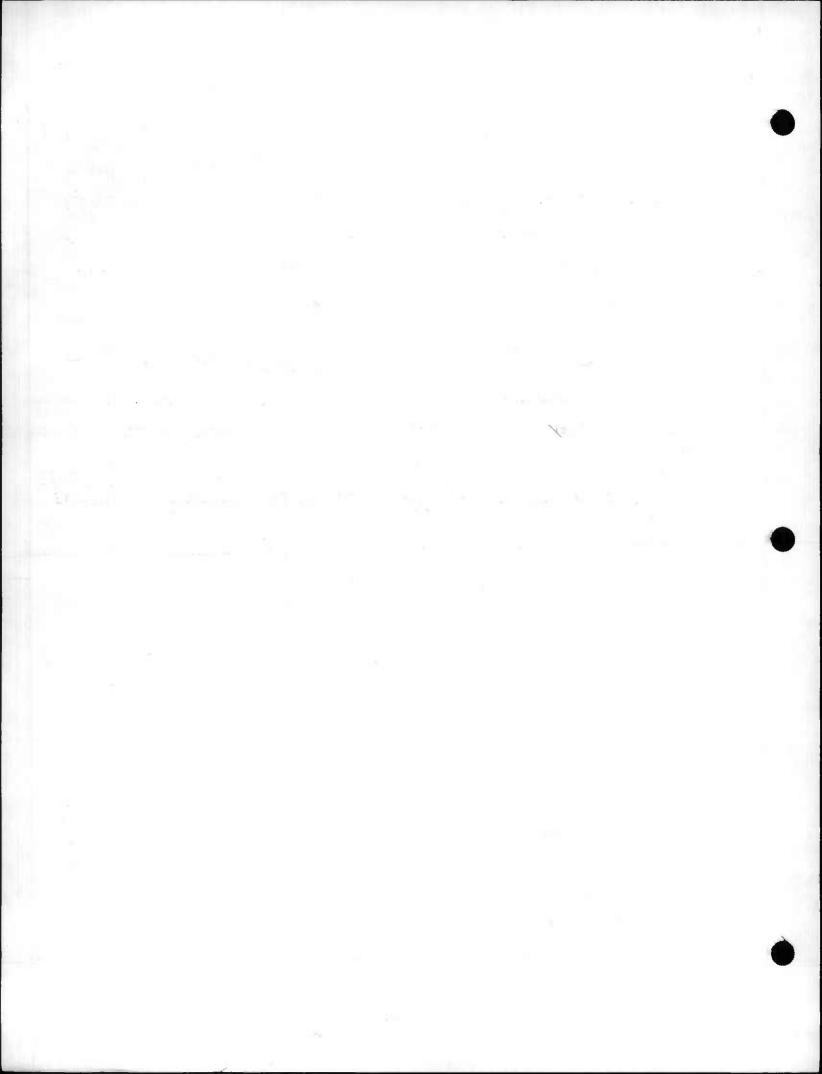
08945 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First Marifie, Last) 2. DATE OF DEATH 3. TIME OF DEATH 5.40 Pm Elzie Edward Foley 4/02/91 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday, 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAY8 1\_ M 2 | F YRS. 213-03-0464 81 1/19/10 West Vinginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Balto. Co. General Hosp. Baltimore County Randallstown RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Owings Mills 1 TES 2 THE FUNERAL 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 10110 Barnes Road 21117 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-1 Never Herried 2 Merried If yes, specify Cuben, Mexicon, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced Caucasian COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (So) Koppers Grade Stationery Engineer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) BE Homer D. Foley Doma R 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Helen Anita Fole 10110 Barnes Boad Owings Mille Marsyland 21117 20c. LOCATION - City or Town, State 20. METHOD OF DISPOSITION

4. Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 4 🗆 Donation 6 🗆 Other (Specify) Park
22. NAME AND ADDRESS OF FACILITY
Loring Byers Funeral Directors, Inc 21133 21. SIGNATURE OF FUNERAL SERVICE LICENSEL ame 8728 Liberty Road Randallstown 23. PART / Entire the diseases, or complications that caused the death Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** Interval Batwe shock, or heart failure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Final ESPIRATORY PAILURE
DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) DNEUMONIA CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINGINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 TYES 2 T NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO rsing Home 5 - Residence 6 - Other (Specify) 4 🗌 Nı 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street end Number or Rurel Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the fima, date end place, and due to the cause(e) and manner as stated.

29d. DATE SIGNED (Month, Day, Year) . 28

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner as stated.



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician,	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a fine moval.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fined within 72 hours after death with the State Detd. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last	)				_	2. DATE C	OF OEATH		9.3	TIME OF DE	TH	
	Calvin	,		E.	auntler	ou. To	MONTH 3	DAY 31		AR	2:30	Р	
-	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		IF UNDER 1 YEAR		7. DATE O				CE (State or	-	
	213-29-9657	1 💟 M 2 🗆 F		YRS.	MONTHS DAYS	HOURS MIN.		Day, Year)		Country)	Md -		
	9a. FACILITY NAME (If not institution, give	street and number)				OR LOCATION OF E		<u>-1990</u>	9c. COUNTY	OF DEATH		-	
5	St. Agnes Hospital Baltimore												
5	RESIDENCE OF DECEDENT												
אטוספעוט	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION  Raltimore									10d.			
	100. STREET AND NUMBER			B	altimore	IOI, ZIP CODE			10g. CITIZEN		YES 2	NO	
5	426 N. Hilton	Street				21229				SA	COUNTRY		
LONGLAL	11. MARITAL STATUS		NT EVER IN U.S. (	VRMED	13. WAS O	ECENOENT OF HISPA	ANIC ORIGIN?	/Specify Year		BACE -	American In	llen.	
-	1 Never Married 2 Married	FORCES?	YES 2 7		If yes, i	specify Cuben, Maxie	cen, Puerto Ri			Black, WI Specify:	hite, etc.	,,,,,	
5	3 Widowed 4 Divorced	11 120, 0172	THE ON DAILS		1 '''	ES 2 (X) NO Spec	ary.			Specify.	B1ack		
COMPLEIED	15. DECEDENT'S EC (Specify only highest grader)		16a, C	ECEOENT'S	USUAL OCCUPAT	FION	18b.	KINO OF BUSI	NESS/INOUST	TRY			
إ	Elementary/Secondary (0-12)	College (1-4 or 5		te. Do NOT u		nous or working							
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, M	iddie, Maiden S	lumame)				
3	Calvin L. Fauntle	roy, Sr					lalm L						
	19a. INFORMANT'S NAME (Type/Print)	ii tolo	1			t and Number or Rura				de)			
	Glendalyn L. Sm	ircn				Street Ba							
	26g. METHOD OF DISPOSITION 1	moval from State	20b. PLAC	ry, cremator	e of disposition by or other place) Cemeter	N (Name	OATE		ATION — City				
	4 Donation 5 Other (Specify)	I LOENINEE	_ weste	rn Sta		~	4591	. Cat	onsvill	e. Mo		_	
	21. SIGNAL DIE OF PARESTE SERVICE	LICENSEE											
	1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	111	wase of			ch F/H Wes							
	23. PART i. Enter the diseasee, o shock, or haert failure immediate CAUSE (Finel disease or condition	e. Liat only ona ca	use Dn aach ili	ne.	Mar 43 not enter the n	ch F/H Wes 300 Wabash node of dying, su	t Avenue		atory arrest	,	Approxi Interval Onset a	Batw	
	shock, Dr haert fallure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Sudden oue To	use Dn aach ili	Deatl	Mar 43 not enter the n	ch F/H Wes 300 Wabash node of dying, su	t Avenue		atory arrest	,	Interval	Batw	
101100111111	shock, Dr haert fallure iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate	a. Sudden OUE TO DUE TO	Infant	Deatl	Mar 43 not enter the n h Syndro	ch F/H Wes 300 Wabash node of dying, su	t Avenue		atory arrest	,	Interval	Batw	
4	shock, Dr haert fallure  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Sudden OUE TO  b. DUE TO  c. DUE TO  d.	Infant O (OR AS A CONS O (OR AS A CONS	Deatleouence of	Mar 43 not enter the n h Syndro DF):	rch F/H Wes 300 Wabash mode of dying, su ome	t Avenue ach aa cerdi	lac or reepir.	AUTOPSY MED?	24b. WE	Interval	FINDING TO	
4	shock, Dr haert fallure iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Sudden OUE TO  b. DUE TO  c. DUE TO  d.	Infant O (OR AS A CONS O (OR AS A CONS	Deatleouence of	Mar 43 not enter the n h Syndro DF):	rch F/H Wes 300 Wabash mode of dying, su ome	t Avenue ach aa cerdi	lac or reepin	AUTOPSY MED?	24b. WE	Interval Onset a Onset a	FINDING TO	
4	shock, Dr haert fallure iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Sudden OUE TO  b. DUE TO  c. DUE TO  d.	Infant O (OR AS A CONS O (OR AS A CONS	Deatleouence of	Mar 43 not enter the n h Syndro DF):	rch F/H Wes 300 Wabash mode of dying, su ome	t Avenue ach aa cerdi	lac or reepir.	AUTOPSY MED?	24b. WE	Interval Onset a	FINDIN PI TO	
١	shock, Dr haert fallure iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Sudden OUE TO  b. DUE TO  c. DUE TO  d.	Infant O (OR AS A CONS O (OR AS A CONS	Deatleouence of	Mar 43 not enter the n h Syndro DF): DF):	rch F/H Wes  OO Wabash  node of dying, su  Dime	Avenue ordi	24s. WAS AN / PERFORE 1 X YES 2	AUTOPSY MED?	24b. WE	Interval Onset a Onset a	FINDIN PI TO	
4	shock, Dr haert fallure  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b	Infant O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	Deatleouence of	Mar 43 not enter the n h Syndro  OF):  OF):  In the underly  26.	rch F/H Wes  OO Wabash  node of dying, su  DITIE  Ing cause given I	Avenue In Pert I.	24a. WRS AN A PERFORI	AUTOPSY MED?	24b. WE	Interval Onset a Onset a	FINDING TO	
4	shock, Dr haert fallure  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	b	Infant O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	Deatleouence of	Mar 43 not enter the n h Syndro DF): DF):  In the underly  26. OTHER: 4 □ Nursing H	ing cause given in PLACE OF DEATH (come 5 - Realdence	Avenue In Pert I.  Check only one 8  Other	24a. WAS AN A PERFORI	AUTOPSY MED?	24b. WE	Interval Onset a Onset a	FINDIN PI TO	
THE SIGNAL WEEK	shock, Dr haert fallure  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 × YES 2 NO  Noture 1 S Pending	B. List only one ca	Infant O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	Deatleouence of the country of the c	Mar 43 not enter the n h Syndro OF): OF): OF): OTHER: 4   Nursing H ME OF 28c. I JURY	rch F/H Wes  OO Wabash  node of dying, su  DITIE  Ing cause given I	Avenue In Pert I.  Check only one 8  Other	24a. WRS AN A PERFORI	AUTOPSY MED?	24b. WE	Interval Onset a Onset a	FINDIN PI TO	
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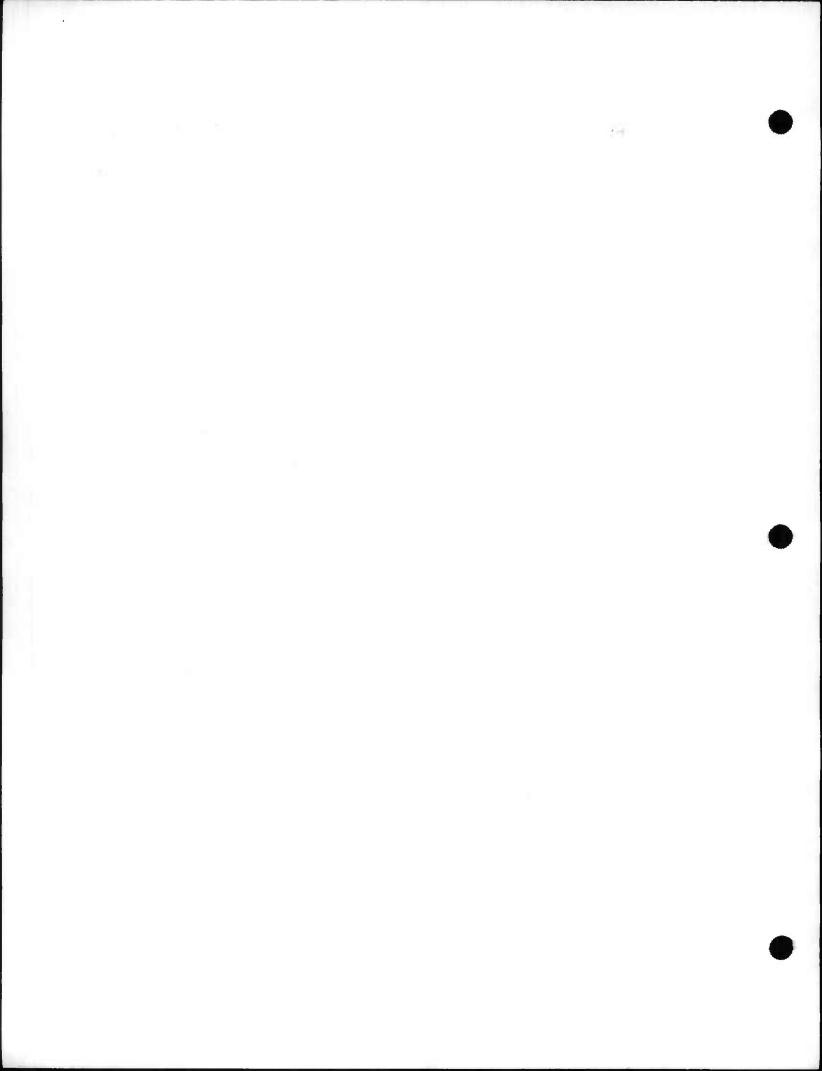
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact he find within 72 hours after death with the State Dect, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	FOR STATE REGISTRAR		STATE OF I			TMENT OF		ALTH AND I	MENTA	AL HYGIENI REG. NO.	9		08947
,	1. DECEDENT'S NAME (First, A	Aiddle, Last)							2. DAT	E OF DEATH	,	YEAR	3. TIME OF DEATH
	MARY	A	NN F	ORESMAN					MON.	04/02/	91	TEAN	1320 M
Ì	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YEA	$\overline{}$	IF UNDER 24 HRS.		E OF BIRTH		8. BIRTI Count	HPLACE (State or Foreign
ı	213-32-5745		1 🗆 M 2 🗔 F	81	YRS.	MONTHS DAY	AS H	IOURS MIN.	19-	r. 27.1	nna.		
İ	9a. FACILITY NAME (If not inst		96. CITY, TOWN OR LOCATION OF DE										
8	St. Agnes Hospital Baltimore 6:tv												
ל	RESIDENCE OF DECE	DENT			40- 017	Y, TOWN OR LO				/			10d. INSIDE CITY
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	1 Never Married 2 N	larried	FORCES?	YES 2		If yes	, specif	ty Cuben, Mexica	n, Puerto		or No-	Blac	k, White, atc.
B	3 Widowed 4 Divorce	ed	IF YES, GIVE	MAR OR DATES		1 1	YES 2	NO Specify	у:			Spec	WHITE
<u>a</u>		DENT'S EDUC				USUAL OCCUP			16	Sb. KIND OF BUS	INESS/IN	DUSTRY	
	(Specify only : Elementary/Secondary (0-1	1	College (1-4 or 5		(Give kind of life. Do NOT u	work done during se retired.)	g most o	of working					
립	12		2		Cross	ing GU	ARD			Baltim	ore	City	Police
COMPLETED	17. FATHER'S NAME (First, Mid	Idle, Last)		•				16. MOTHER'S NA		, Middle, Malden			
BE C	John	-	Bubb					Caroly	n S	topper			
	19a. INFORMANT'S NAME (Typ	oe/Print)		T	19b. MAILING	ADDRESS (Str	eet and	Number or Rural i		mber, City or Town	, State, Zi	ip Code)	
임	Hugh M. Fo:	resman	n		707	Maide	n Ci	hoice L	ane	(ant.	9112	)	
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	1 ☑ Buriel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (		oval from State		place) raine	Park (	Cem	eterv		Woo	d1aw	m . l	Maryland
	21. SIGNATURE OF FUNERAL	SERVICE LIC	EMBEE /			22 I NAM	51012	ADDRESS OF EA	GUT1	Home-4	107	Wilk	ens Ave.
	· 71.7	leaf	lden			Ba	lti	more. M	arv	land 2	1229		
	IMMEDIATE CAUSE (Fine	ert fállure.	List only one ca	use on each li	ne.						ratory si	rrest,	Approximats interval Between Onset end Deeth
	disease or condition resulting in death)	<b>*</b>	o. Coud	O (OR AS A CONS	SEQUENCE O	Seco OF):	nd	ary (	<i>\</i> 0	14. 1.			
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ᅙ	EXAMINER?		HOSPITAL:	□ EB/Outpatlant	.3 □ DOA	OTHER:							
إ ≼	27, MANNER OF DEATH		28e. DATE O		28b. Til		: INJUF	6 - Residence		ESCRIBE HOW I	NJURY O	CCURED	
	1 Natural 6 🗆 F	Pending		Day, Year)		JURY	WOR						
B	a Deutste	nveatigation	28s. PLACE	OF INJURY — At	home, farm,	177			261. L	DCATION (Street :	and Numb	er or Rural	Route Number,
		Could not be letermined		, atc. (Specify)					C	ity or Town, State)			
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BE	296. SIGNATURE AND TITLE			. REC	IDE	WI		29c. LICENSE NU					D (Month, Day, Year)
2	DS) OW 30. NAME AND ADDRESS OF BIKRAM	PERSON WI	O COMPLETED CA	USE OF DEATH (	TEM 27) (Tvo	e, Print)						- 1/	- / 11
	BIKRAM	IDHE	P. C	T AR	NES	420H	TA	4. 901	CF	A MAR	υ,	BAL	TO. MT.

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

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DIVISION OF VITAL RECORDS,	

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	CIAL SECURITY NUMBER	5. SEX	S. AGE (In yrs.	last birthday) YRS.	MONTHS DAYS	HOURS MIN	- 4	ATE OF BIRTI Honth, Day, Yo		8. BIRT Coun	HPLACE (State or Foreign try)	
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1 🗆 N	RITAL STATUS Never Married 2 Married Widowed 4 Divorced		NT EVER IN U.S. 1 YES 2 WAR OR DATES	ARMED	If yes, s	CENDENT OF HIS pecify Cuban, Ma S 2 NO Sp	xican, Pu			14. RAC Blac Spec	E — American Indian, ck, White, atc.	
	15. DECEDENT'S EC		16a,	DECEDENT'S	USUAL OCCUPATI	ION		16b. KIND O	F BUSINESS/INC	OUSTRY		
- ⊩	(Specify only highest gra	de completed) College (1-4 or 5		(Give kind of a life. Do NOT us	work done during m se retired.)	ost of working						
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17. FATE	HER'S NAME (First, Middle, Last)				110 11010	1	NAME (F		aiden Sumame)			
100 101	GORDON SMITH					MAR	Y C	URTIS				
19a. INF	FORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street			Number, City o	r Town, State, Zip	Code)		
	MRS. GERALDIN	E SMITH		3312 L	UDGATE I	ROAD	BALT	IMORE.	MARYL	AND	21215	
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Seque if any course cause cause that ir result  25. WART  27. MAI  29a. CE  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (	ART I. Enter the diseases, o shock, or heert fellum shock, or heert fellum to shock, or heert fellum ting in death)  Tentiality list conditions, leading to immediate e. Enter UNDERLYING SE (Disease or injury initiated events ting in death) LAST  Til. Other significent conditions of the conditions of	b. DUE TO  b. DUE TO  c. OUE TO  d. OUE TO  d. OUE TO  d. OUE TO  c. OUE TO  d. OUE TO  d. OUE TO  d. OUE TO  d. OUE TO  c. OUE TO  d. OUE TO  d. OUE TO  d. OUE TO  d. OUE TO  d. OUE TO  d. OUE TO  d. OUE TO  d. OUE TO  d. OUE TO  d. OUE TO  E. OUE TO  O	O (OR AS A CON O (OR	SEOUENCE O SEOUENCE O SEOUENCE O TO Tresulting  2 3 DOA 2 St. Till IN. t home, farm, death occurrily investigation	LEWIS 4517 not enter the management of the manag	PLACE OF DEATH ONLY OVER  To GW  PARK H  Ode of dying,  PLACE OF DEATH ONLY OVER  TO RESIDENT ONLY OVER  To RESIDENT ONLY OVER  To RESIDENT ONLY OVER  To RESIDENT ONLY OVER  To RESIDENT ONLY OVER TO	YNN EIGH such se  I (Check or  28d  28f.  I due to the time,  NUMBER	I. 24a. W. PE 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	AS AN AUTOPSY REFORMED? ES 2 NO  Street and Number State)  d menner as state, and due to to	24  24  CCUREO  Or Or Rural  sted.  the cause	Approximate interval Betwee Onset and Det On	
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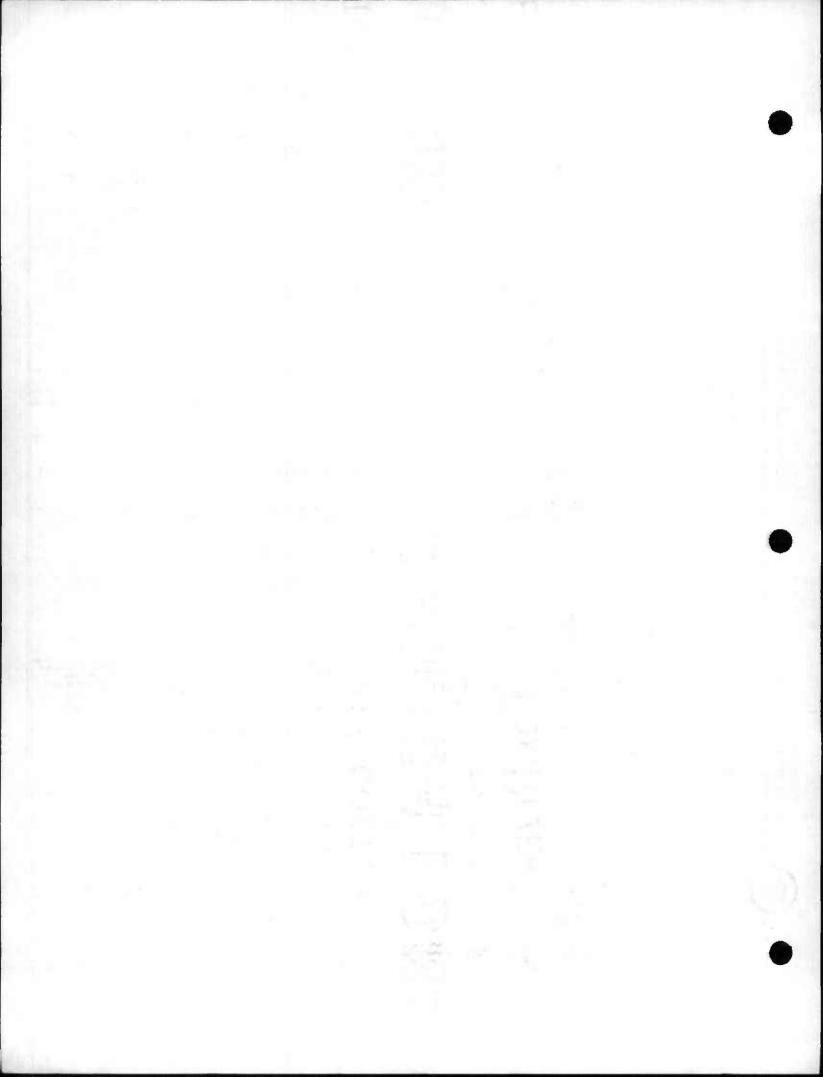
DIVI THE HOSPITAL OR AT THE FUNERAL DIRECT THAT WITHIN 72 HOURS &		DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 2121	The property of the property of the particular of the period of the property o	TO THE HIME PAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	the final within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to bunal, cremation, or removal.
	-	DIVISION	THE JUSPITAL OR ATTENDING PHY	THE FUNERAL DIRECTOR: After this	find within 72 hours after death with

	FOR 1 • STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF					MENTAL HYGI REG.	-14-		08949
-	1. DECEDENT'S NAME (First, Middle, Last)  CHARLES E	Goo	DRICH					2. DATE DE DEATH	DAY	YEAR	3. TIME OF DEATH  5 PM M
			NGE (In yrs. lest birthday) 61 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year 04/15/29	)	Country	PLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give street University Of Mary		pital		time	or LOCATI	ON OF DE			UNTY OF DE	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  Maryland  Baltimo	re	200	ry, town o		TON				T	10d. INSIDE CITY LIMITS? 1  YES 2 NO
FUNERAL	100. STREET AND NUMBER 2401 Tionesta Road					ZIP COD				TIZEN OF W	HAT COUNTRY?
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 X Divorced	WAS DECEDENT EV FORCES? 1 X IF YES, GIVE WAR I	YES 2 NO		Il yes, sp		n, Mexica	HC ORIGIN? (Specify n, Puerto Rican, atc. /:		14. RACE Black Specif	- American Indian, Whita, etc.
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)  11		16a. DECEDENT': (Give kind of life. Do NOT	work done see retired.)			ng	16b. KIND OF	BUSINESS/III urant	IDUSTRY	
	17. FATNER'S NAME (First, Middle, Last) W. Emory Goodrich							ME (First, Middle, Ma	den Surname)		L Int
TO BE	19a. INFORMANT'S NAME (Type/Print) Gilbert S. Goodric	ch, Sr.						Route Number, City of Lansdowne			21227
	20a. METHOD OF DISPOSITION 1		20b. PLACE AND DA	y or other p	ning	ton		4/6/91	Location -	City or Too	wn, Stata ryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		A	mbro		uner	al Home,		Arbut	us, Md. 212
(	23. PART 1. Entar the diseases, or comehock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause	on each line.						eapiratory a	rrest,	Approximata Interval Between Onset and Death
LION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEDUENCE OLD CLASS A CONSEQUENCE	OF): OF):	s c	4	Syn	drone			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d	DUE TO (OR	AS A CONSEQUENCE	OF):							
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions of IS Charmic Charic Obs	heart	disur		Mariyin		given in	PE	S AN AUTOPS RFORMED? S 2 ND	Y 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL, EXAMINER?	OSPITAL:	VOutpatient 3 DOA	OTHE 4   Nu	R:	- N-5		8 Other (Specify)			
ВУ РН	27. MANNER DF DEATN  1 Naturel 5 Pending 2 Accident Investigation	28a. DATE DF INJ (Month, Day, )	bar) II	M M	1 [		] NO	28d. DEŞCRIBE N			
0	3 Suicide s Could not be determined	building, etc.						28f. LOCATION (S) City or Town,	itato)		oute Number,
COMPLET	(Check only one) 2 MEDICAL EXAMINER: (										a) and manner as stated.
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIER	- Ghar		7		29c. LIC	ENSE NU	MBER	29d. D.	ATE SIGNED	(Month, Day, Year)
_	DR. V.S. GWARPU		DE DEATH (ITEM 27) (Ty)	on, Print)	11	James	land	Concar Co	رماي	R.IL	21201

32. REGISTRAR'S SIGNATURE
Julia Navidson-Randall

31. DATE FILED (Month, Day, Year)

DHMH-18 Rev 1/89



1 - STATE REGISTRAF

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RTIFIC	ATE C	F DEATH	RE	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY	WEAR	3. TIME OF DEATH
	Carl Gardner					April		1991 YEAR	5:20 P M
		AGE (in yrs. lest b	oirthday) IF	UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BI	RTH	8. BIRT	THPLACE (State or Foreign
	261-74-2273 1X M 2 🗆 F	73	YRS.	ITHS DAY		04-09	_191	7 I1	linois .
E	9a. FACILITY NAME (If not institution, give street and number) Maryland General Hospital				n or location of de more City	HTA	1	c. COUNTY OF	DEATH
5 1	RESIDENCE OF DECEDENT								
2	10a. STATE 10b. COUNTY		10c. CITY, TO						10d. INSIDE CITY LIMITS?
₽	Maryland			Balt	imore				1 YES 2 - NO
A	10e. STREET AND NUMBER				101. ZIP CODE		1	10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	524 N. Charles Street				21201				SA
교	11. MARITAL STATUS  1 X Never Married 2 Married  12. WAS DECEDENT ET FORCES? 1	YES 2 NO	ED	13. WAS	DECENDENT OF HISPAN , specify Cuben, Mexica	IIC ORIGIN? (Sp n, Puarto Rican,	ecify Yea or etc.)	No- 14. RA	CE — American Indian, ick, Whita, atc.
B	3 Widowed 4 Divorced IF YES, GIYE WAR	OR DATES		10	res 2 X NO Specify	r:		Spe	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECE	EDENT'S USU	IAL OCCUP	ATION most of working	18b. KINI	OF BUSIN	ESS/INDUSTRY	
9	Elementary/Secondary (0-12) College (1-4 or 5+)				most of working				
MP			Kitc	hen	Worker			auran	t
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA				
BE	"Unknown to Record		<del>_</del>					Recor	ds"
2	19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural I				
-	Ida B. Chew	1 4	14 D	elre	y Avenue	, Bal	to.,	MD 2	1228-3301
	20e. METHOD OF DISPOSITION  1 □ Burlal 2 📉 Cremation 3 □ Ramoval from State  4 □ Donation 5 □ Other (Specify)				cometery, crematory or ry, Inc.			timer	
	21. SIGNATURE OF FUNERAL SERVICE CIDENSES	//		22, NAM	AND ADDRESS OF FA	CILITY			
	George E. MacNabb				mation S				. MD 21228
	23. PART I. Enter the diseases, or complications that or	used the deat	th. Do not						Approximate
	ahock, or heart failure. List only one cause	on each line.					0.17		Interval Between
	resulting in death) a. leruille	AS A CONSEQU	JENCE OF):	myo	pathy	with	<i>E f</i>	- 1.5	1
z	W W DEST	e Myoca	raial	OLLITE	rction S/p	. 2	ABG	x 2	Dys.
CERTIFICATION	If any leading to immediate	AS A GONSEQU	ENPE OF	one w	/ /				
윤	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	AS A CONSEOU	JENCE OF:	cian	Ley.				
E	resulting in death) LAST		anne de la constante de la con						ļ
CE	d								
AL	PART II. Other significant conditions contributing to de	eth but not rea	suiting in t	he underl	ying cause givan in	Part I. 24a	WAS AN AL		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
200						10	YES 2	] NO	COMPLETION OF CAUSE OF DEATH?
ME				_					1 YES 2 NO
ä	2.								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:				. PLACE OF DEATH (Ch	eck only one)			
SI	1 YES 2 NO 12 Inpetiant 2 El	R/Outpatient 3		THER:	Home 5 - Residence	8 Other (Spi	ectly)		
PHYSICIAN: MEDICAL	27. MANNER OF DEATH  28s. DATE OF IN. (Month, Day,	IURY Year)	28b. TIME O	F 28c.	INJURY AT WORK?	28d. DESCRIE	E HOW INJ	URY OCCURED	
ВУ	2 Accident Investigation				YES 2 NO				
	3 Suicide 8 Could not be determined 28e. PLACE OF if building, etc	IJURY — At hom . (Specify)	e, farm, stree	et, factory,	office	281. LOCATION City or Tox	N (Street and wn, State)	d Number or Run	Il Route Number,
ET	29a. CERTIFIER	_							
COMPLETED	(Check only one)  CERTIFYING PHYSICIAN: To the best of my one)  MEDICAL EXAMINER: On the best of exam								e(s) and manner as stated
	29b. SIONATURE AND TITLE OF CERTIFIER	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N		29c, LICENSE NUI				
BE	Pierre 453	3			29C. LICENSE NUI	MBEH			ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE-	OF DEATH (ITEM	27) (Type, Pri	nt)				7	
	P. Ezzi, M.D. c/O Man				spital				
	31. DATE FILED (Month, Day, Year) 4-2-91 APR 5	SIGNATURE	- Saind	an-Ra	ndelle				
	4-2-91 APK D 133	100	m to may \$ about		- A				

BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mount after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

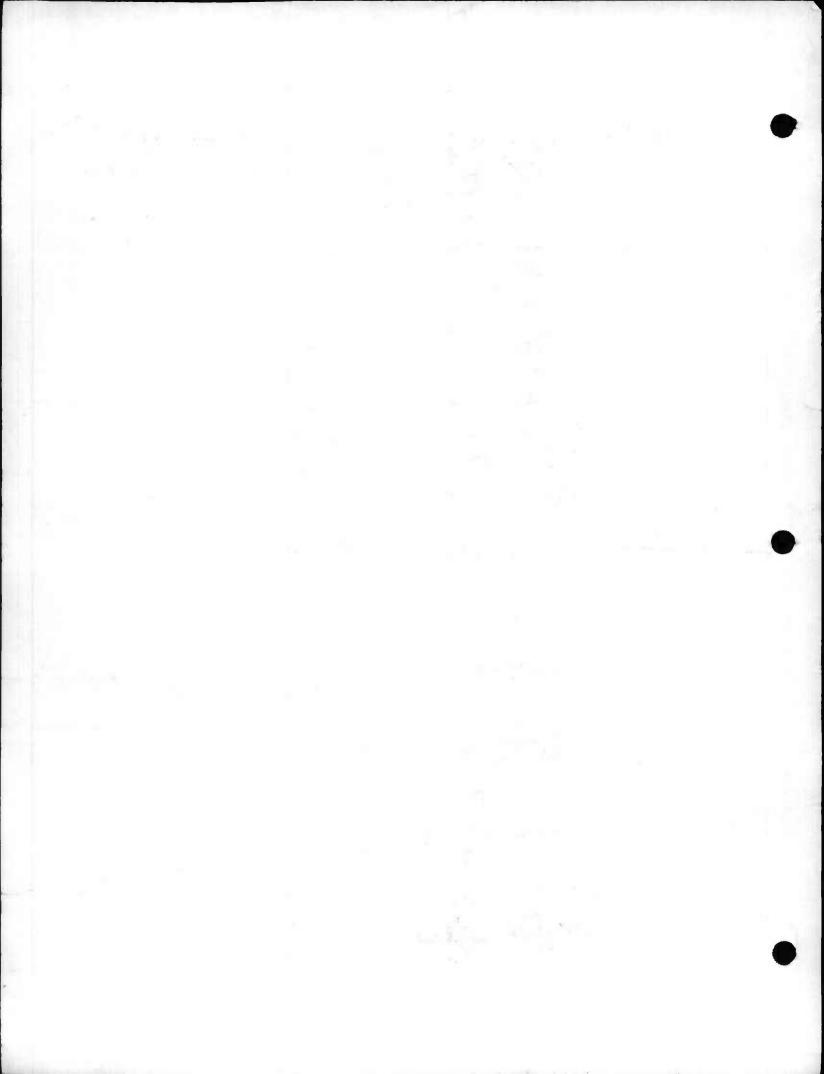
BALTIMORE, MARYLAND 21203-3146

nours after death. Page 6 may be retained by the hospital or attending physician. In the fundal transit permit, Pages 1, 2, 3 should in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furbe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or removal.	ANT
THE S	PORT
23	E

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR . DECEDENT'S NAME (First, Middle, Last)		00.				2. DATE OF	F OEATH DAY		VEAG	3. TIME OF OEATH
ANNIE	HURB	AZ]				MONTH	31	9	YEAR	725
SOCIAL SECURITY NUMBER	5. SEX (	6. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		L BIRTHP	LACE (State or Foreig
21707-4385	1 M 2 XF	88	YRS. MON	THE DAYS	HOURS MIN.	6-	16-0	12	Country	Va.
e. FACILITY NAME (If not institution, give at			9b.		OR LOCATION OF	DEATH		9c. COUNT	Y OF OE	ATH
LIBERTY MED	NTER		BALT	IMORE,	MD.					
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY										
MD 106. COUNTY				TIMO		ITY				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				10	Of, ZIP COOE			10g. CITIZE	EN OF WI	HAT COUNTRY?
2113 BROOKF	IELD AV	/E.	APT-1		21217			l	JSA	
1. MARITAL STATUS  Never Merried 2 Married  Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2	ARMEO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexic S 2 10 Spec	an, Puerto Ric		or No— 1		American Indian, White, etc.
15. OECEOENT'S EDUC (Specify only highest grade	CATION	16a.	DECEDENT'S USU	AL OCCUPAT	TION	16b. K	UNO OF BUS	INESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of work life. Do NOT use ret		lost or working					
6th			DOMEST	I C		1.0				
7. FATHER'S NAME (First, Middle, Last)	D.				18. MOTHER'S N			Surneme)		
ARCHIE JACKS	ON				MAR	y 10	NES			
Sa. INFORMANT'S NAME (Type/Print)					and Number or Rura					212
MARY JACKSON			2113	BROOK	FIELD /	AVE A	PT-1	/BAL7	LIMO	DRE, MD
Qa. METHOD OF DISPOSITION	ALL THE SECOND	20b. PLA			emetery, cremetory or			ATION - C		
X_XBurial 2 Cremation 3 Rem Donation 6 Other (Specify)		VO	SHELL !		IAL GAS		DAI	_ 1 1 14 (	JKE .	, MD.
Cyburiel 2 Cremation 3 Rem   Donation 6 Other (Specify)     Signature of Funeral Service Lice   Company     Compan	ENSEE COMPILE THAT	e on each i	death. Do not dine.	WM . Conter the m	AND ADDRESS OF F	FACILITY H F . H	. 11(	01 E.	. N(	ORTH AVI
ACMSurfel 2 Cremation 3 Rem Comparison 6 Other (Specify) The Specific Specify The Specific Specify The Specific	complications that List only one caus  DUE TO (C	SPI OR AS A CON OR AS A CON PSI	death. Do not dine.	WM . Conter the m	. MARCI	FACILITY H F . H	. 11(	01 E.	. N(	ORTH AVI
A Service 2 Cremation 3 Rem    Donetion   Other (Specify)	DUE TO (c	OR AS A CON OR AS A CON OR AS A CON OR AS A CON	death. Do not dine.  RATI SEQUENCE OF:  SEQUENCE OF:	WM . Conter the m	ARRIVATION APPLICA	ACILITY  H F . H  ich as cardle	. 11(	O1 E.	. N (	ORTH AVI Approximate Interval Betw Onset and D
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A Surial 2 Cremation 3 Rem   Donetion 6 Other (Specify)   The Specify	DUE TO (c	OR AS A CONCEPTION OF AS A CONCE	death. Do not of ine.  RATI SEQUENCE OF): SEQUENCE OF):  SEQUENCE OF):  ot resulting in the	22. NAME / WM . Conter the m	MARCI MARCI	PACILITY  H F . H  Ich as cardle  E S  The Check only one)	. 11( c or respir	O1 E.	. N (	Approximate interval Betw Onset and D
A partial 2 Cremation 3 Rem   Donetion   Concept   Conce	DUE TO (c	OR AS A CON OR AS A CON OR AS A CON OR AS A CON Genth but ne	death. Do not of ine.  RATI SEQUENCE OF): SEQUENCE OF):  SEQUENCE OF):  Ot resulting in the control of the cont	22. NAME / WM . Conter the monter	MARCI  MA	n Part I.	. 11( )  24a. WAS AN PERFOR 1   YES 2	AUTOPSY MED?	. N (	Approximate interval Betwoen and D
A Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significant condition resulting in death)  PART II. Other significant condition of the initiated events resulting in death)  PART II. Other significant condition of the initiated events resulting in death)  PART II. Other significant condition of the initiated events resulting in death)  PART II. Other significant condition of the initiated events resulting in death)  PART II. Other significant condition of the initiated events resulting in death)  PART II. Other significant condition of the initiated events resulting in death)  PART II. Other significant condition of the initiated events resulting in death)  PART II. Other significant condition of the initiated events resulting in death)  PART II. Other significant condition of the initiated events resulting in death)  PART II. Other significant condition of the initiated events resulting in death)  PART II. Other significant condition of the initiated events resulting in death)  PART II. Other significant condition of the initiated events resulting in death)  PART II. Other significant condition of the initiated events resulting in death)  PART II. Other significant condition of the initiated events resulting in death initiated events resulting in death initiated events resulting in death initiated events resulting in death initiated events resulting initiated even	DUE TO (C. DUE TO (C.	OR AS A CON  CON	death. Do not of ine.  RATI SEQUENCE OF): SEQUENCE OF):  SEQUENCE OF):  ot resulting in the	22. NAME / WM . Contor the months the underlying th	MARCI  Ode of dying, su  APT  The control of the co	n Part I.	. 11( c or respir	AUTOPSY MED?	. N (	Approximate interval Betw Onset and D
A Surial 2 Cremation 3 Rem   Donetion   Second   Company	DUE TO (C. DUE TO (C.	OR AS A CON OR AS A CON OR AS A CON DOR AS A CON ER/Outpatient INJURY (x, View)	death. Do not of ine.  RATI SEQUENCE OF): SEQUENCE OF):  SEQUENCE OF):  To resulting in the control of the cont	22. NAME / WM . Common the modernyl 26. THER: Nursing Ho F 26. W	MARCI  Ode of dying, su  API  The company of the co	n Part I. 2 Check only one)  6 © Other ( 28d. DESC	. 11( )  24a. WAS AN PERFOR 1   YES 2	AUTOPSY MED?	24b.	Approximate interval Betw Onset and D
Cause Enter Under United Examiner?  1. Other significant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  1. Other significant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  1. Other significant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  1. Other significant conditions in the condi	DUE TO (C. DUE TO (C.	OR AS A CON OR AS A CON OR AS A CON OR AS A CON DERIVOR  Seath but ne  ER/Outpatien  INJURY  (Final Price (Specify)  Try knowledge	death. Do not dine.  RATI SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):  Ot resulting in the control of the control	22. NAME / WM . Conter the monter the monter the monter the monte the monte the monte the underlying the underl	MARCI  Ode of dying, su  API  The control of the co	Part I. 2 Check only one)  8   Other ( 28d. OESC  28f. LOCAT	. 11 ( DE OF PERPIRE  24a. WAS AN PERFOR  1  YES 2  (Specify)  RIBE HOW II  FROM (Street a Rown, State)	AUTOPSY MED?	at,  24b.  URED  or Flural Re	Approximate Interval Betw Onset and D  WERE AUTOPSY FIND MARLABLE PRIOR TO COMPLETION OF CAU OF DEATH?  To VES 2 No



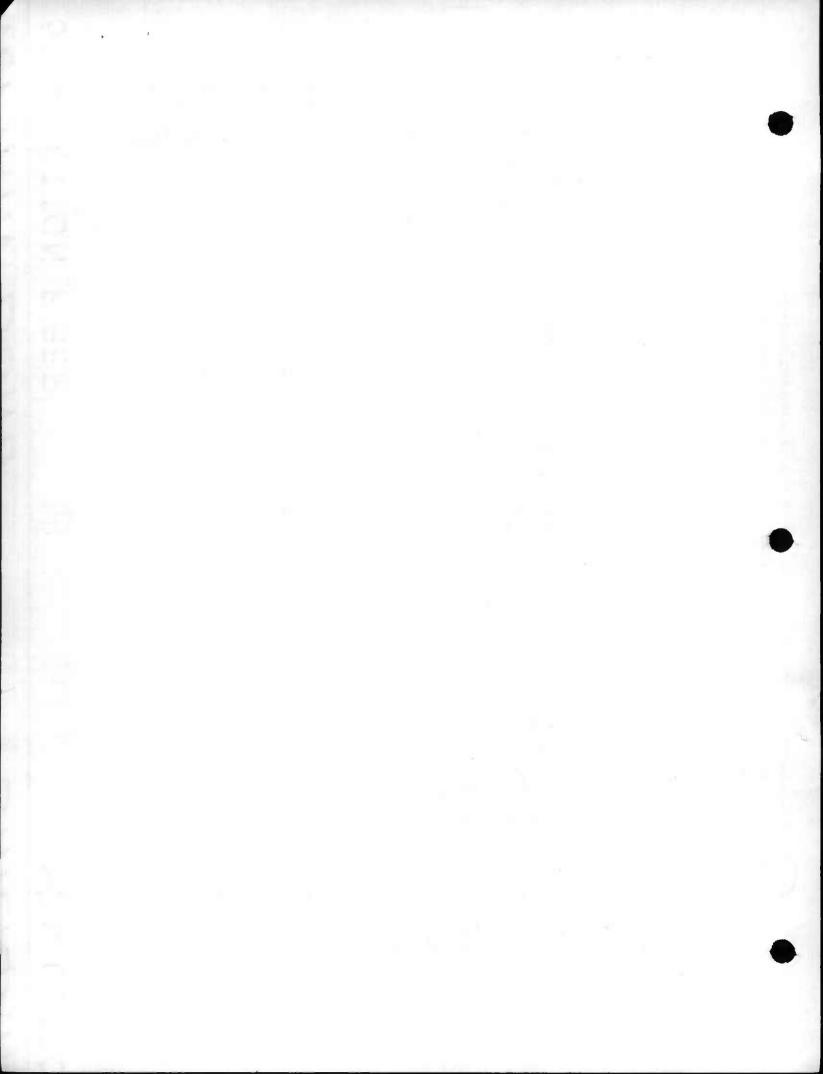
APR 0 5 1991

32. REGISTRAR'S SIGNATURE
JUNE Davidson-Randell

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	, 2, 3 should	
	ermit. Pages	
hysician.	vurial-transit p	
or attending p	r use as the l	
the hospital	e detached fo	f once.
be retained by	ge 5 should b	e notified a
. Page 6 may	al director, pa	iner must b
urs after death.	in by the funer removal.	edical axam
within 2+ 10	mpletely filled , cremation, or	rvent, the m
te be executed	sician and co prior to burial,	fraumatic of
death certifical	attending phy	ry or other
uires that the	signed by the Health and Mi	rws any Iniu
N: The law req	icate has been State Dept. of	Item 23 she
ING PHYSICIA!	Wher this certification is eath with the	marked or
OR ATTENDING PAYSICIAN: The law requires that the death certificate be executed within zamours after death. Page 6 may be retained by the hospital or attending physician.	LI DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 2 hours after death with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal.	4 Hem 28 is marked or liber 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

1	G-674 4/22/91 cm	STATE OF							MENTA	L HYGIE	NE (		08952
1.	REGISTRAR DECEDENT'S NAME (First, Middle, Last)	Λ	Head	CERTIF	ICAT	E OF	DEAT	TH_	2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
1	SOCIAL SECURITY NUMBER	5. SEX	HENG	ERSO	4				3	3	019		18.72 A
T.		1 M 2 KF		s. lest birthday)  YRS.	IF UNDER	DAYS	IF UNDER	MIN.	(Month	OF BIRTH , Day, Year)		Cou	THPLACE (State or Foreign ntry)
	137-28-9026  a. FACILITY NAME (If not institution, give str		5	4 Tho.		Y, TOWN O				18,			orgia
		et and number)							AIR		90. 00	UNTY OF	DEATH
-	Mercy Hospital				1	Balt	1 mo	re					
10	De. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ON		- 1				10d. INSIDE CITY
F 10 10 10 10 10 10 10 10 10 10 10 10 10	farvland		Y	12	Balt	timo	re						1 XYES 2 NO
10	De. STREET AND NUMBER	- British Control	4,				ZIP CODI				10g. C	ITIZEN OF	WHAT COUNTRY?
4	1604 Manordene	Road	Apt B				21	229			U.	S.	Α.
11	I. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S								Yes or No-	14. RA	CE — American Indian, ick, White, etc.
	Never Married 2 Married Wildowed 4 Divorced		WAR OR DATES			1 TYES				Rican, etc.)			soffy:
- 11									1.07			1	Black
17	15. DECEDENT'S EDUC (Specify only highest grade of		184	(Give kind of life. Do NOT u	work done	during mos	N it of worldr	g	16b	KIND OF I	BUSINESS/I	NDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 6	+)				10		N	T) M-	tion	1	Bank
-	7. FATHER'S NAME (First, Middle, Last)			Inve	SUI	Jaco		JEDIO NA			fon Sumame		Dallk
		n								efiel		,	
-	Louis Henderso	11		19b. MAILING	ADDRES	S /Street e						Zin Codel	
				544									nd 21229
1	Marie Millner  Oo. METHOD OF DISPOSITION		20h PL	ACE OF DISPO					LUIR				Town, State
1	☐ Buriel 2 □X Cremetion 3 ☐ Remo	val from State	oth	ro Cr						1			le, MD
- 11-	1. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- Trie c	TO CI	22	. NAME AN	D ADDRE	SS OF FA	CILITY N	11++6	r Fi	iner	al Homes
	D 1/01 00 . S	) 1	_ (	)		250	1 G	wyni	ns F	alls	Pai	kwa	al Homes
-	MUNUMIK	/	>all	ly		Balt	imo	re,	Mar	ylar	id 2	2121	6
1	<ol> <li>PART I. Enter the diseases, or c shock, or heart feliure. I</li> </ol>				not ente	r the mo	de of dy	ing, suc	h as care	disc or re	spiratory	arrest,	Approximate Interval Between
	MMEDIATE CAUSE (Final disease or condition			(									Onset and Deat
	resulting in death)		Deps1	S									
		DUE TO	O (OR AS A CO	NSEQUENCE C	PF):								
	Sequentially list conditions,	DHE TI	O (OR AS A CO	NSEOLIENCE (	NEI -								
	f any, leading to immediate cause. Enter UNDERLYING	562 1	o (0.1 Ab A 00	NOLUCLIOL C	,,,								
	CAUSE (Disesse or injury that initiated events	DUE TO	O (OR AS A CO	NSEQUENCE C	OF):								-
	resulting in death) LAST												
		•											
	PART II. Other significant condition	contributing t	o death but r	not resulting	in the u	inderlyln	causs !	given in	Part I.		AN AUTOPS FORMED?	Y 2	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	- thy	pe den	21000							1 TYES	2 200	6	COMPLETION OF CAUSE OF DEATH?
	Di	abeter		4		_			_		,		1 YES 2 NO
	Cax	Wester !	teans	fail	und								
2	5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		ACE DF	EATH (C	neck only o	ne)			
	1 TYES 2 NO	1 Unpatient 2			4 🗆 Nu	insing Hom		esidence	6 🗆 Othe				
2	7. MANNER OF DEATH  1 Maturel 5 Pending		Day, Year)		JURY	28c. INJ WC		_1	28d. DE	SCRIBE HO	W INJURY	OCCURED	
	2 Accident Investigation	3130	191		SAM.	10		MD					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY —	At home, farm,	street, fac	ctory, offic			28f. LOC City	or Town, St	late)	ber or Run	al Route Number,
		M4	Ch H	1 spide					301	st Pa	MPK	712	But mp.
2	90. CERTIFIER (Check only	CIAN: To the best	of my knowledg	je, death occur	red at the	time, date	end place	, and due	to the ce	use(e) end	manner as	stated.	
	one) 2 MEDICAL EXAMINE	R: On the basis of	examination en	nd/or Investigat	ion, in my	opinion, d	eath occu	red at the	time, date	and place	, and due to	the caus	e(s) and manner as stated,
2	96. SIGNATURE AND TITLE OF CERTIFIEF						29c. LJC	ENSE NU	MBER		29d. C	ATE SIGN	ED (Month, Day, Year)
1		0										2 0	101
N	MINE INCORT	- / 111										(174	17/



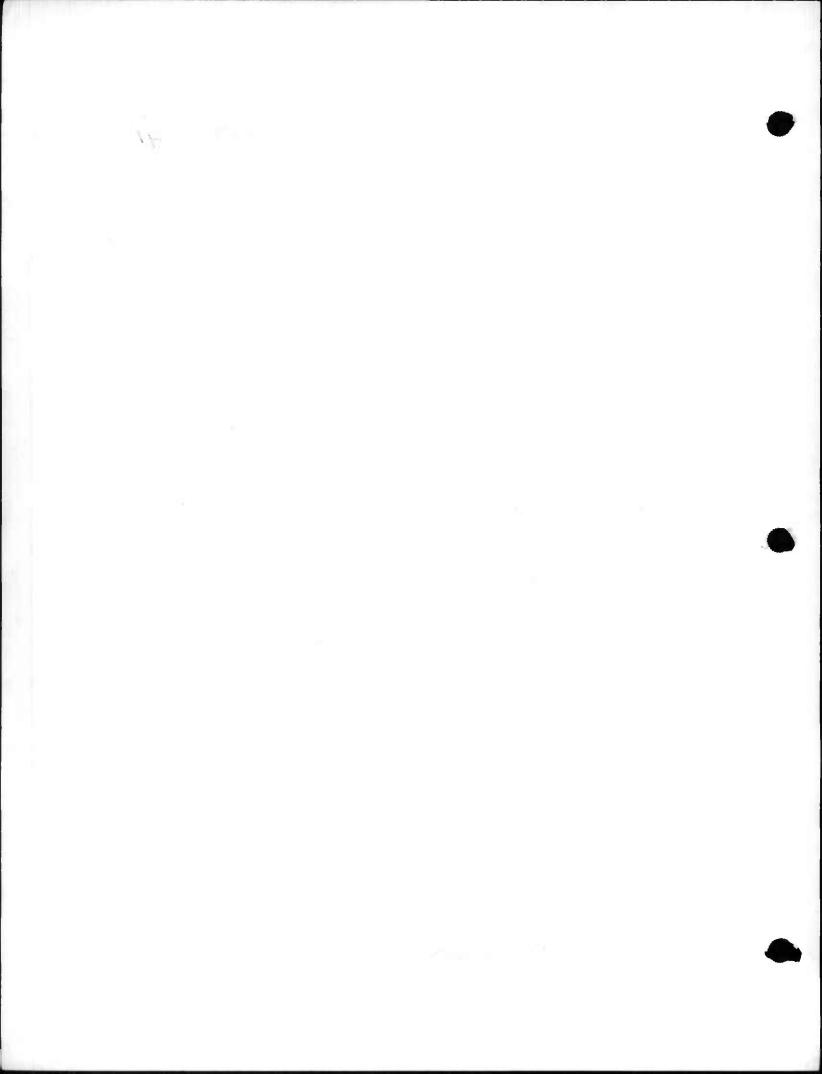
THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO A TOWN THE CONTRICATION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-transit permit. Pages 1, 2, 3 should be account to the state Dept. of Health and Mental Hygiene prior to bunda, cremation, or removal.

IN PORTANT: If the 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

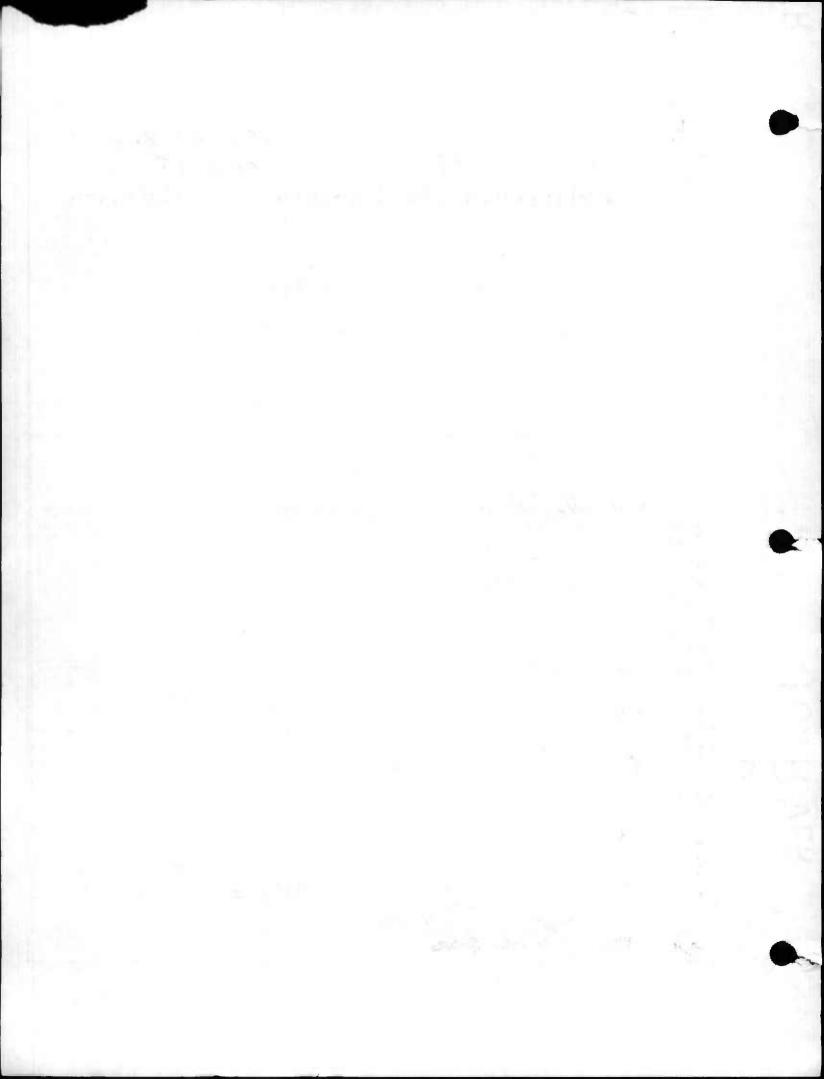
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  Nathaniel Johnso:	<b>20</b>	Sir		2	DATE OF DEATH DA	3 - 8	3. TIME OF DEATH
Н	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In		IF UNDER 1 YE	AR IF UNDER	24 HRS. 7.	DATE OF BIRTH		BIRTHPLACE (State or Foreign
1	220-09-2496 18420F 71	YRS.	MONTHS DA	rs Hours	MIN.	3 OT	20 °	country) Hd
	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TO	WN OR LOCATIO	N OF DEATI	H	9c. COUNTY	OF DEATH
Ď.	Bon Secours Hosp RESIDENCE OF DECEDENT		73	210	<u>, n</u>	nD		
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY	, TOWN OR L	CATION		_		10d. INSIDE CITY
	7(9		Balt	0				1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 12(1) W. Franklin St			10f. ZIP CODE	122	3	10g. CITIZEN	OF WHAT COUNTRY?
NE I	11. MARÍTAL STATUS 12. WAS DECEDENT EVER IN U.S.A	RMED	13. WAS	DECENDENT OF	100	ORIGIN? (Specify Yea	or No.— 14.	RACE — American Indian,
BY FI	1 Never Merried 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES 2 FF YES, GIVE WAR OR DATES	NO		YES 2 NO	, Mexican, F Specify:	Puerto Rican, etc.)		Black, White, etc.  Specify: Black
		ECEDENT'S	USUAL OCCU	PATION		Tab KIND OF BUILD	INCO INCLIST	
COMPLETED	(Specify only highest grade completed) (	Give kind of w fe. Do NOT us	rork done durin	g most of working	7	16b. KIND OF BUS	INESS/INDUST	KY .
APL	Elementally (6-12)							
00	17. FATHER'S NAME (First, Middle, Last)			111	ER'S NAME	(First, Middle, Meiden	Surneme)	
BE	198. INFORMANT'S NAME (Type/Print) 1	OL MAILING	ADDRESS /S	May	U .	te Number, City or Town		(4)
2	Kinda Diacs	131.	3 U	). La-	FULLE	He Ar		HU, HO 2/2/7
	20s. METHOD OF DISPOSITION 20b. PLAC: 1 Surfal 2 Cremetion 3 Removal from State other;	E OF DISPOS	ITION (Name	of cometery, crem	atory or		CATION — City	
	4 Donation 8 Dotter (Spacey)	Hr	Dutas	Mer	1 fc	INTE HA	Eufus,	MB
	21. SIGNATURE OF TUNERAL SERVICE LICENSEE		Wi)	E AND ADDRES	S OF FACIL	Wast	1	
	Tolly garon	1150	100	4	300	wabas	s Ave	
	<ol> <li>PART I. Enter the diseases, or complications that caused the cahock, or heert failure. List only one cause on each lir</li> </ol>	leath. Do n	ot entar the	moda of dyl	ng, such a	es cardiac or respi	ratory arrest,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	2 Kp	alf	Kalen	en.			Onset and Death
	resulting in death)	EQUENCE OF	7: 0	0 +	_	1	2 1	0
N	Sequentially list conditions,	144	NA	esolz	ca	amoun	las	drelay
E	If any, leading to immediate couse. Enter UNDERLYING	CHARLETTE OF	(60)					j
CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONS	EQUENCE OF	F):					
H	resulting in deeth) LAST							
	PART II Other significent conditions contributing to death but not	resulting i	n tha unde	lying cause g	iven in Pa	ert I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO
AEDICAL	revol faileuse					1 YES 2		COMPLETION OF CAUSE DF DEATH?
-	V					-		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			6. PLACE OF D	EATH (Check	r naly one)		
PHYSICIAN:	EXAMINER?	3 DOA	OTHER:			Other (Specify)	_	
FF	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY	: INJURY AT WORK?	2	8d. DESCRIBE HOW I	NJURY OCCUR	ED
BY	1 Netural 5 Pending 2 Accident Investigation			YES 2	_			
8	3 Suicide 6 Could not be datermined 28e. PLACE OF INJURY — At building, etc. (Specify)	потне, заглі, і	street, nactory,	omes	ľ	81. LOCATION (Street of City or Town, State)		surai rioute number,
E	29e. CERTIFIER (Check only Check only Inc.)	death occurr	ed at the time	date and place,	and due to	the ceuse(e) end me	nner as stated.	
COMPLETED	one) 2 MEDICAL EXAMINER: On the besie of examination and/o							suse(e) end manner ee stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	0		29cets CE	NSE NUMB	IR 7	29d. DATE SI	GNED (Mgrith, Day, Year)
TO B	17 ONOTION / WITHOUT / MI	- V -	Delate		217	TO	14/	3/9/
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (T	BON	St.	WOOK	3	1805/17	AL	_
	31. DATE FILED (Moniph, Day, Year)  APR 0 5 1991  Julia Savidson Rand	-						
	BER 0 5 1991 Suha Davidson Rand	00						



BALTIMORE, MARYLAND 21215-0020	n 24 nours after death. Page 6 may be retained by the hospital or attending physician.	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND	MENTAL HYGIENI REG. NO.	E 9	08954
	1. DECEDENT'S NAME (First, Middle, Lest)	OHNSON			2. DATE OF DEATH DA	9 9 YEA	3. TIME OF DEATH
	210 02 0121	SEX 6. AGE (In yrs. la	YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYB HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 07/28/	1915 8. BH	ATNPLACE (State or Foreign untry)
OR	Sinai Hospital of	Baltimore,	MD B	TOWN OR LOCATION OF D		Bal Bal	TWORE
DIRECTOR	RESIDENCE OF D€CEDENT  10a. STATE  10b. COUNTY		10c. CITY, TOWN O				10d. INSIDE CITY LIMITS?
	Ma		Balti				1 YES 2 NO
FUNERAL	2137 KOKO (	ahe		101. ZIP CODE	16	10g. CITIZEN O	F WHAT COUNTRY?
	1 Never Married 2 Married	. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2	NO I	MAS DECENDENT OF NISPA f yes, specify Cuban, Maxic YES 2X NO Speci	an, Puerto Rican, etc.)	В	ACE — American Indian, lack, White, etc.
ED BY	3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION	ON 16a D	ECEDENT'S USUAL OF	/ 0	16b. KIND OF BUS	INESS/INDITISTE	Daor
COMPLETE	(Specify only highest grade com	npleted) (C	Give kind of work done on the Do NOT use retired.)	luring most of working	THE RIP OF BOO	MEGS/MOOGIA	
E COM	17. FATHER'S NAME (First, Middle, Last)			16. MOTNER'S N.	AME (First, Middle, Meldee	Burname)	
TO B	190. INFORMANT'S NAME (RIPO/Print)	inson	96. MAILING ADDRESS	Street and Number or Rural	Poute Number, City or Town Balto, 1	n, State, Zip Code	1216
	20a, METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Removal 4 Donation 6 Other (Specify)		e AND DATE OF DISP		46-91 Ra	cation - city o	Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Phron	27.	name and address of F	West 10 walsons	a short	
-	23. PART I. Enter the diseases, or com shock, or heart fallure. List	pilications that caused the dit only one cause on each lin	laath. Do not anter	the mode of dying, au-	ch as cardiac or respi	retory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	SEPTIC SH	HOCK				Onset and Death
-		MENINGIT	EOUENCE OF):				
TIOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	EQUENCE OF):				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A CONSE	EOUENCE OF):				
ERT	reaulting in deeth) LAST						
CALC	PART II. Other significent conditions of	ontributing to deeth but not	resulting in the un	derlying cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC					1 _ YES 2	NO	OF DEATH?
N.							1 NES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	OTHER	26. PLACE OF DEATH (C	heck only one)		
HYS	1 TYES 2 NO 1	Unpatient 2 ☐ ER/Outpatient 26s. DATE OF INJURY	26b, TIME OF	sing Nome 6 Residence 28c, INJURY AT	6 Other (Specify)  28d. DE\$CRIBE NOW I	NJURY OCCURE	)
ВУ Р	1 Natural 6 Pending Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	nome, farm, street, fact	tory, offica	281. LOCATION (Street and City or Town, State)		ral Route Number,
COMPLETED	and and	N: To the best of my knowledge, d On the basis of axamination and/or					se(a) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Can M	D	29c. LICENSE NO.	1MBER 12-2-		NED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO C	_	EM 27) (Type, Print)				
	APR 05 1991 Hor) Julia	22. REGISTRARY SIGNATURE	,				



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

APR 0 5 1991

3. REGISTRAR'S SIGNATURE Julia Davidson-Randell

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
		E OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthdey) 15 UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Jean) 7. DATE OF BIRTH (Month, Day, Jean) 7. DATE OF BIRTH (Month, Day, Jean) 7. DATE OF BIRTH (Month, Day, Jean) 7. DATE OF BIRTH (Month, Day, Jean) 7. DATE OF BIRTH (Month, Day, Jean) 7. DATE OF BIRTH (Month, Day, Jean)	(State or Foreign
	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH	·
TOR	2508 E. CHASE ST BALTO, Md	
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. H	NSIDE CITY
	10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT CO	YES 2 NO
FUNERAL	2508 E. CHASE St 21213 U.S.A	
BY FU	11. MARITAL STATUS  1 Naver Merried  2 Merried  3 Widowed 4 Olvorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.)  14. RACE — Am Black, White Specify:	erican Indian, i, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18b. KIND OF BUSINESS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surname)  CLONZO SONES  CLONZO SONES	
TO BE	19e. INFORMANT'S NAME (Type/Print):  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town/State, Zip Code)  2508 15- CHASE SI BALTO MA	3.12.13
	20e. METHOD OF DISPOSITION 20 Burlet 2 Cremetion 3 Removal from State 4 Donetion 6 Other (Specify)	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Lock Funeral Home 1304 n. Cen	Tol at
	shock, or heart fallure. List only one cause on each lina.  IMMEDIATE CAUSE (Final	Approximate Interval Between Onset and Death
	disease or condition resulting in death)  s. Non Small Cell Lung Cancer  DUE TO (OR AS A CONSEQUENCE OF):	6 mo.
ATION	Sequentially list conditions, If any, leading to immediata cause, Enter UNDERLYING	
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE	
CAL	PERFORMED? AVAIL	
	Tobbacco USE 1 YES 2 XNO COMP	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH?
	× 000	ABLE PRIOR TO LETION OF CAUSE
	× 000	ABLE PRIOR TO LETION OF CAUSE EATH?
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	ABLE PRIOR TO LETION OF CAUSE EATH?
BY PHYSICIAN: MED	25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. WAS CASE REFERREO TO MEDICAL  EXAMINER?  1 OTHER:  1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  28. DATE OF INJURY (Month, Day, Year)  1 NURY WORK?	ABLE PRIOR TO LETION OF CAUSE AITH? YES 2   NO
BY PHYSICIAN: MED	25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  28. DATE OF INJURY  28. DATE OF INJUR	ABLE PRIOR TO LETION OF CAUSE ATH?  YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined  26. PLACE OF DEATH (Check only one)  28b. TIME OF INJURY WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCUREO  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESCRIBE HOW INJURY OCCUREO  1 NJURY MORKY  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESCRIBE HOW INJURY OCCUREO  28d. DESC	ABLE PRIOR TO LETION OF CAUSE ATH?  YES 2 NO  Number,  menner as stated.

2

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RECTOR

10a. STATE

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

152-24-0470

9a. FACILITY NAME (If not institution, give street and number)

Howard County General

10b. COUNTY

1 -

	Maryland   Ann	e Arundel	Br	ookTa	ı Park			1 X YES 2   1	
FUNERAL	10a. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
E	5506 Ballman A	venue			2	1225		USA	
5	11. MARITAL STATUS 1 Never Married 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D	n u.s. armed 2 □ no hates Korea	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexicar S 2 1 NO Specify	, Puerto Ricen,	cify Yea or No- 1 etc.)	4. RACE — American India: Black, White, etc. Specify: Whit	
요	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPAT	ION lost of working	16b. KIND	OF BUSINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 8+)	30	ork done during in e retired.) eacher			Educat	ion	
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle,			
	Martin J.	Keenan			Ma	ry E	. McCl	ain	
1	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural R	loute Number, City	y or Town, State, Zip C	code)	
2	Lorraine G.	Keenan	5506	Ballma	an Avenu	le Ba	ltimore	, MD 212:	
	20a. METHOD OF DISPOSITION 1	oval from State of	b. PLACE AND DATE cemetary, crematory letro Cr	or other place)	N (Name		20c. LOCATION — CI	ore. MD	
	21. SIGNATURE OF PUNERAL SERVICE LIKE	ENSEE //CL		Cres	nation S	ociet	y of Md	., Inc.	
	George E.	MacNabb		299	Frederi	ck Rd	. Balt	o. MD 21:	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.								
MEDICAL	PART ii. Other aignificant condition	na contributing to death	but not resulting i	n the underlyi	ng ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 1 NO	24b. WERE AUTOPSY FIR AWAILABLE PRIOR TO COMPLETION OF CO OF DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL	Ī		28.	PLACE OF DEATH (Ch	ack only one)		_	
SIC	EXAMINER?  1 TES 2 TO NO	HOSPITAL: 1   Inpatient 2   KER/Ou	tpetient 3 DOA	OTHER:	me 5 🗆 Residence	8 Other (Spe	clfy)		
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		E OF 28c. II	NJURY AT WORK?		id. DESCRIBE HOW INJURY OCCURED		
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJUR building, etc. (Sp	ſY At home, farm, a ec/fy)	street, fectory, of	lica	261, LOCATION (Street and Number or Rural Route Number, City or Youn, State)			
COMPLETED	(Critical Crity	ICIAN: To the best of my kno							
O	296 SIGNATURE AND TITLE OF CERTIFIE				29c, LICENSE NUI	MDED	204 0475	SIGNED (Month, Day, Year)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

M.D.

32. REGISTRAR'S SIGNATURE

Surya P. Mundra,

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Columbia

CERTIFICATE OF DEATH

Keenan

10c. CITY, TOWN OR LOCATION

William

8. AGE (In yrs. last birthday)

60

(E.R.)

Hospital

Martin

1 🗶 M 2 🗆 F

5. SEX

3. TIME OF DEATH

New Jersey

10d. INSIDE CITY

1 X YES 2 NO

21225

21228

**Approximate** interval Betwe **Onset and Death** 

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

8. BIRTHPLACE (State or Foreign

11:50 am

REG. NO.

7. DATE OF BIRTH (Month, Day, Year) 08/04/30

1991

9c. COUNTY OF DEATH

Howard

Baltimore,

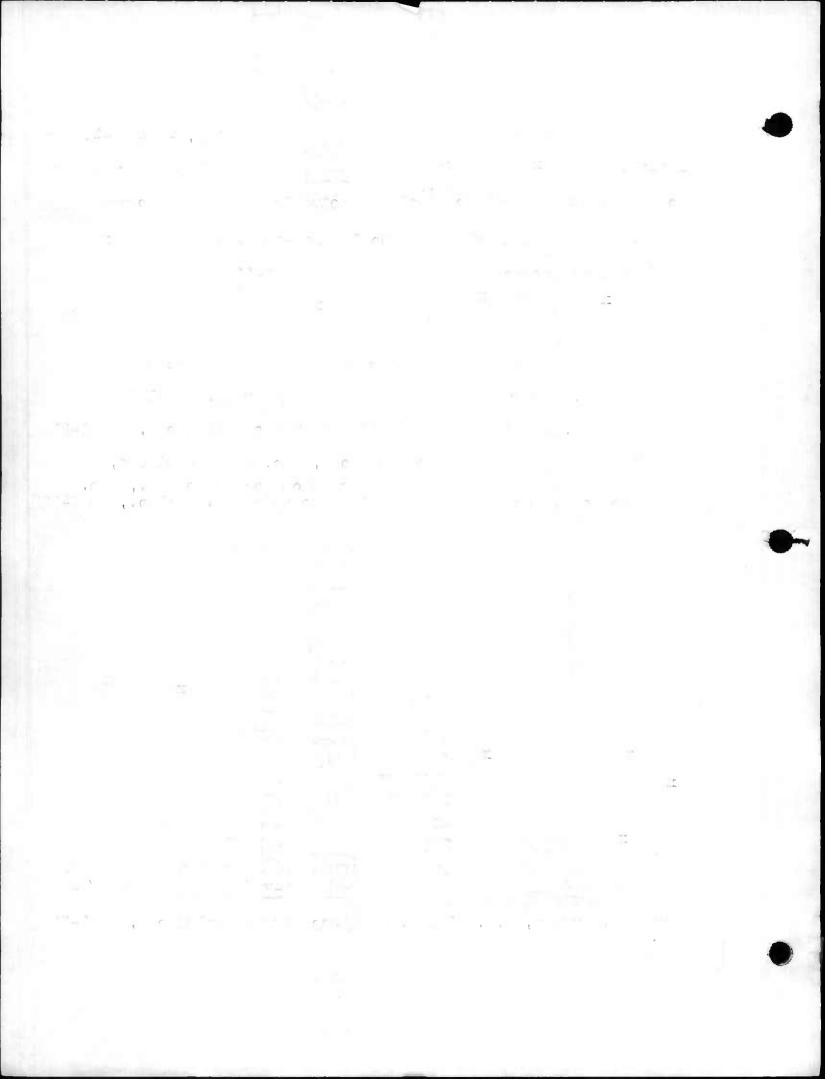
203 E. Patapsco Avenue

MD 21225

2. DATE OF DEATH

April

DHMH-16 Rev 1/89



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Į.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	redical	
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crem.	event.	
burial	atic	
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	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPAR	RTMENT OF H	EALTH AND N		GIENE	91	089	57
	DECEDENT'S NAME (First, Middle, Last)		OLITTI	TOATE OF	DEATH	2. DATE OF DE			3. TIME O	E DEATH
Ì	STARLING	IVONC				MONTH	DAY	YEAR	1 1 1 1 1 1 1	
	4. SOCIAL SECURITY NUMBER	LYONS 5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	<u>Z</u>	1991	THPLACE (Sta	30 A M
	262-24-0329 9a. FACILITY NAME (If not institution, give st	1 50 M 2 □ F 66	YRS.	MONTHS DAYS	HOURS MIN.	12-26-	1924	Cou	eorgia	
TOR	MALCOLM GROW HOSE				SPRING	AIR.			GEORG	E'S
<u>입</u>	10a. STATE 10b. COUNTY		10c, CIT	Y. TOWN OR LOCAT	ION				10d, INSID	DE CITY
- DIRECTOR	Maryland Princ	ce George's	Ft	. Washin			-			2 NO
FUNERAL	9000 Larkwood Ave			107.	20744		10g.	US.	F WHAT COUN A	ITRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN U FORCES? 1 XXES IF YES, GIVE WAR OR DATI		If yea, apo	ENDENT OF HISPAN Holfy Cuban, Mexican 2 New Specify	n, Puerto Rican, e		BI	ACE — America ack, White, etc ectly: Bla	C.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u		on st of working / Miltar				,	
Z	9th		CIVII	Services						
BE CO	17. FATHER'S NAME (First, Middle, Last) Pleasure Lyons				Janie	ME (First, Middle, Jeffers		me)		
10	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F			-		
=	Emma Lyons (wife	≘)	9000	Larkwood	Avenue;	Ft. Wa	shing	ton,	Md. 2	20744
	20a. METHOD OF DISPOSITION  1  Burlal 2  Cremation 3  Rame 4  Donation 5  Other (Specify)	ovel from State 20b. F	PLACE OF DISPO other place) rlingto	n Nation	netery, crematory or al Cemeto	ery	Arling		Town, State Virgi	nia
	21. SIGNATURE OF FUNERAL SERVICE LIC	1- K-d	),	J. B	. Jenkin Landove	s Funer			Marvl	and
	23. PART I. Enter the diseases, or/o	emplications that caused t	the death. Do							proximate
		List only one cause on lead	ch lina.							rval Between set and Daath
	immediate-cause (Final disease or condition resulting in death)	a. Alcoholic	Liver	Disease						
	_	Complicate			l Effusio	on			Ì	
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A C							<del>-  </del>	
A	If any, leading to immediate cause. Enter UNDERLYING	Esophago -		•	1 a				1	
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C			Lu				+	-
Ē	resulting in death) LAST	d. Type II Di	inhotos	Mollitu	-					
Ë		d. Type II Di	Labeles	Mellicus	<u> </u>					
MEDICAL	PART II. Other algolificant condition	a contributing to death but	t not resulting	in the underlying	g cause given in		WAS AN AUTO PERFORMED? YES 2XXN		AWAILABLE COMPLETI OF DEATH	TOPSY FINDINGS E PRIOR TO ION OF CAUSE I? 12 NO
Σ						-			I 🗌 YES	2 _ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28 101	ACE OF DEATH (Ch	ack naly one)				
를	EXAMINER?  1   YES 2   NO	HOSPITAL:	elect 2 DOA	OTHER:						-
4	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TI		IURY AT	28d, DESCRIBE		Y OCCURED		
BY PI	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY WO	PRK? YES 2 NO	200. 02001101		, 00001120		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specifi	– A1 home, farm, y)	street, factory, offic		28f. LOCATION City or Tow		umber or Ru	rel Route Numb	ner,
COMPLETED	construction of the	ICIAN: To the best of my knowle							se(a) and man	ner as stated.
EC	286. SIGNATURE AND TITLE OF CONTIFIE	N.			29c. LICENSE NUI	MBER	29d	. DATE SIGN	NED (Month, De	ny, Ybar)
TO BE	Sturddely	CPT U					•		Apr 91	
-	30. NAME AND ADDRESS OF PERSON WA	W CUMPLETED CAUSE OF DEA'	TH (ITEM 27) (7yr)	e, Print)	1 1 0	TICA:	D M- 14			

MC

CAPT, USAF,

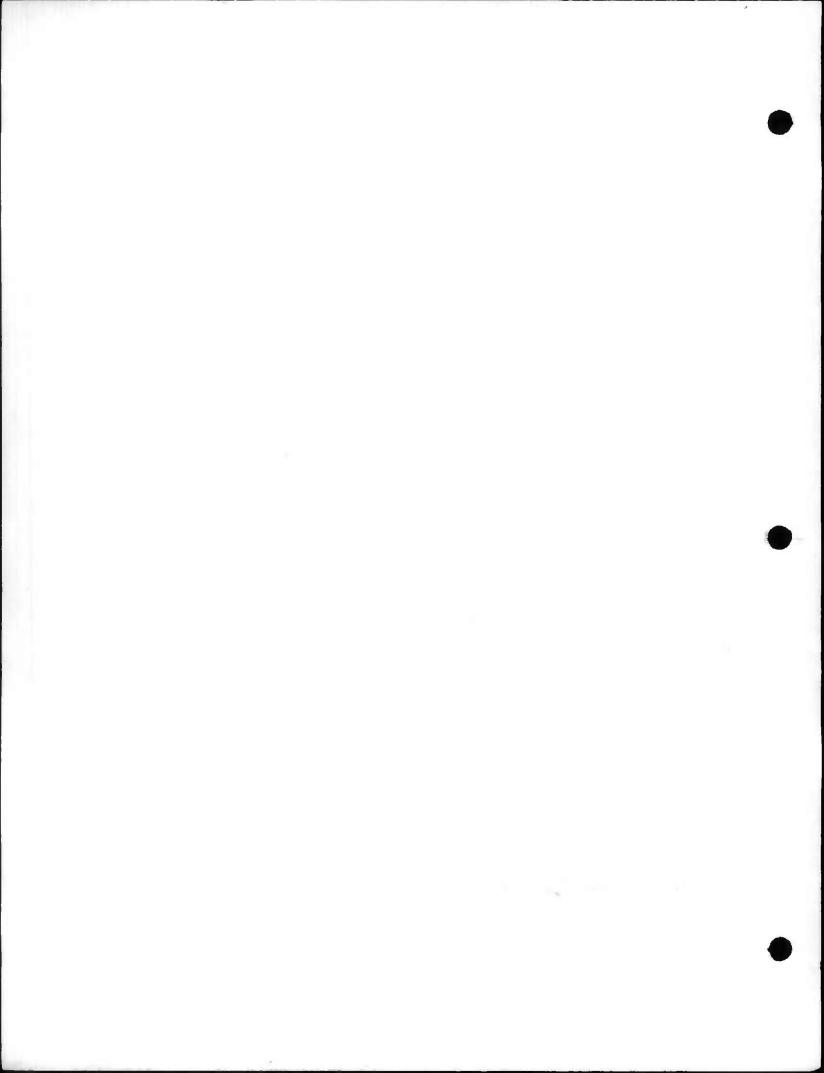
32. REGISTRAR'S SIGNATURE

STEVEN W. HUMBURG,

100

31. DATE FILED (Month, Day, Year)

Malcolm Grow USAF Medical Center Andrews AFB MD 20331-5300



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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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funer		жаш
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filled	Ju. 0.	The I
tely	matic	t, #
elduc	l, cre	even
and Co	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	atic
Jan S	or to	mae
physic	e pri	er tr
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	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT ERTIFICATI	OF HEALTH AND	MENTAL HYGIEN REG. NO.		08958
	1. DECEDENT'S NAME (First, Middle, Last)  IRENE	G. LITTL	Es		2. DATE OF DEATH BONTH D	9	3. TIME OF DEATH
100000	4. SOCIAL SECURITY NUMBER 2/3-74-9572	5. SEX 8. AGE (In yrs. las	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	12 7	BIRTHPLACE (State or Foreign Seyntry) Baldman Md
TOR	9a. FACILITY NAME (If not institution, give string from the st	ursing Center	1 Ba	Stimore .	Md	9c. COUNTY	OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN				10d. INSIDE CITY LIMITS?  VES 2 \( \text{N} \) NO
FUNERAL	100. STREET AND NUMBER	DONTFORD 1	4 VF	101. ZIP CODE	2 4	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 PH IF YES, GIVE WAR OR DATES	13.	WAS DECENDENT OF HISPA If yes, specify Cubso, Maxico 1 ☐ YES 2 ☐ NO Specif	in, Puerto Rican, etc.)	1	RACE — American Indian, Black, Whita, etc. Specify;
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (G	CEDENT'S USUAL Of ive kind of work done . Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF BU	SINESS/INDUS	TRY
MP	6TH		IEVER	WORKE			
	17. FATHER'S NAME (First, Middle, Last)  JOHN HUD	150N		and the second second	AME (First, Middle, Maiden	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)		b. MAILING ADDRES	S (Street and Number or Rural  MONTFOR	Route Number, City or Tow		n) 21224
	20e. METHOD OF DISPOSITION 1	20h PLACE	AND DATE OF DISF	OSITION (Name			or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE		22.	NAME AND ADDRESS OF FA			57.
	23. PART I. Enter the diseases, of c	omplications that caused the delist only one cause on each line					
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Preum	100	4.1			Onset and Death
		DUE TO (OR AS A CONSE		0 01 24	a to a		
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF):	al fibrill	U IIIVI		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):				
-	PART II. Other aignificent conditions	contributing to death but not	resulting in the u	nderlying ceuse given in	Part I. 24s, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
OICA					PERFO		AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL			- 1	3	_		1 TYES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF DEATH (C	heck only one)		
IYSI	1  YES 2 NO	1   Inpatient 2   ER/Outpatient :	3 DOA 4 Nu	rsing Home 5 - Residence			
BY PH	1 Netural 5 Pending 2 Accident Investigation	(Month, Dey, Year)	28b. TIME OF INJURY M	28c, INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW		
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fac	ctory, office	281. LOCATION (Street City or Town, State	and Number or )	Rural Route Number,
COMPLET	conton tray	CIAN: To the best of my knowledge, de R: On the basis of examination and/or					
BE	296. SIGNATURE AND TITLE OF CERTIFIER	MA		29c. LICENSE NO.		29d. DATE S	IGNED (Month, Day, Year)
5	30 NAME AND ADDRESS OF PERSON WHO	11 11 11 11 11 11 11 11 11 11 11 11 11	TAL DED (Toron Dulon)	200	,	7.7	~!!!

31. DATE FILED (Month, Day, Year)
APR 5 1991 22. REGISTRAR'S SIGNATURE

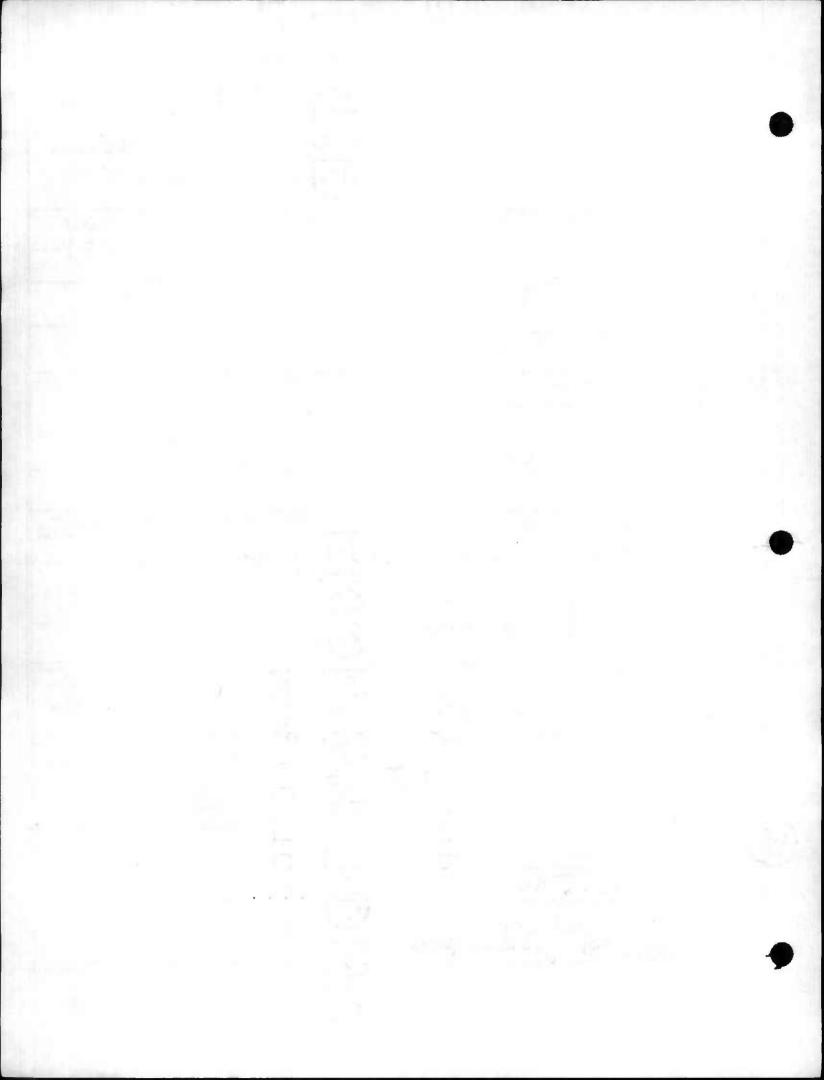
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FOR STATE REGISTRAR

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		t, Middle, Last)			TART	MILON	т.			MONT		DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM		OUIS 5. SEX	4 105 //	LAIN s. last birthday)	TEON			-	04	0	1 1	991	8:49
- 10	214-56-95		1 M 2 F	6. AGE (In yrs	-	MONTHS	DAYS	HOURS 1	MIN.	(Monti	of BIRTN b, Day, Year)	1951	Countr	
1	9a. FACILITY NAME (If not in		Λ		U	9b. CITY	, TOWN (	OR LOCATIO	N OF DE		10	_	Maj	ryland EATN
	IN FRONT OF	2306	DUKELAND	STREE	Т	BA	LTIM	ORE				BAI	TIMO	RE
	10a. STATE	10b. COUN	тү		10c. Cl	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY
	Maryland				Ba 1	time								1) YES 2 NO
	10e. STREET AND NUMBER						100	. ZIP CODE						VHAT COUNTRY?
ŀ	2220 Nor	th Du	IKELANG			142		2121 (		UC OBION	2 (Pacally V	U.		A .  — American Indian.
	1 Never Married 2 🔯 3 Widowed 4 Dive		FORCES? 1 IF YES, GIVE W	YES 2	NO		If yes, sp	ecify Cuban	, Mexica	n, Puerto		•• or no—		k, White, etc.
ŀ		EDENT'S ED		164	DECEDENT'S	S USUAL O	CCUPATION	DN		16b	KIND OF B	USINESS/IN	DUSTRY	DIACK
ı	(Specify on Elementary/Secondary (	ly highest grad 0-12)	College (1-4 or 5 -	.)	(Give kind of life. Do NOT (	work done use retired.)	during mo	ost of worlding	7					
1	12th Grad	e			Uti	lit:	y We	orke	r	Br	oadn	ead	Ret	iremt.Co
I	17. FATNER'S NAME (First, A	Aiddle, Last)						16. MOTN	ER'S NA	ME (First,	Middle, Maide	n Surname)	-511	
	Louis La		, Sr.						cil					
	19a. INFORMANT'S NAME (				19b. MAILIN									
	Theresa I		teon	Disease					d S					MD 21216
	1 Burial 2 Cremati	on 3 🗆 Rei	movel from State	. of ceme	ACE ANO OA	y or other	olace)		D	OAT		OCATION -		
	21. SIGNATURE OF FUNERA			ιψ Ar	butus	Me:	MOL.	NO ADDRES	Par s of fA	CILITY N	8 Ba	Itin	ore	County al Homes
							250	1 Gw	vnn	e Fa	111c	Park	ner	al Homes
4							Bal-	1 Gw	re,	Mai	vlar	d 2	121	6
일	Sequentielly list condi- if any, leading to imme	ediete	DUE TO	(OR AS A CO	NSEQUENCE (									
5	ceuse. Enter UNDERLY CAUSE (Disease or Inj that initiated events		DUE TO	(OH AS A CO	NSECUENCE	OF):								
CERI	CAUSE (Disease or Inj that initiated events resulting in deeth) LAS	вт	d											
MEDICAL CERT	CAUSE (Disease or Inj that initiated events	вт	d				nderlyin	g ceuse g	lven in	Part I.	PERF	AN AUTOPS) ORMED? 2   NO	7 241	D. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?
שבסומשר מבשוו	CAUSE (Disease or Inj that initiated events resulting in deeth) LAS	ant condition	d							_	PERF 1 YES	ORMED?	7 241	AMJLABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL CERT	CAUSE (Disease or in) that initiated events resulting in deeth) LA: PART II. Other signific  25. WAS CASE REFERRED EXAMINER?	ant condition	d	deeth but r	not resulting	othe	28. P	LACE OF DE	EATH (Ch	eck only o	PERF 1 YES	ORMED?		AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 XOYES 2 NO
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ratsician: medical centi	CAUSE (Disease or in) that initiated events resulting in deeth) LA:  PART II. Other signific  25. WAS CASE REFERRED EXAMINER? YE 2 \( \text{NO} \) 27. MANNER OF DEATH  1 \( \text{Noture} \) Notures 5	ant condition	HOSPITAL: 1   Inputient 2   28a. DATE Of (Month, I.	deeth but r	not resulting	OTHE 4 Nu	28, P R: rsing Nor 28c, IN	PLACE OF DI	EATH (Ch	8 X Other	PERF 1 YES 1	ON ST	CREET	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 XOYES 2 NO
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	CAUSE (Disease or Inithat Initiated events resulting in deeth) LAST PART II. Other significations of the control of the contro	ant condition TO MEDICAL Pending Investigation Could not be detarmined	HOSPITAL: 1   Inpetient 2 [ 28a. DATE OF building. ON P	deeth but r  ER/Outpatie FINJURY Pay, 'bar' 1/1991 PFINJURY — etc. (Specify) JBLIC Imy knowledge	not resulting  nt 3 □ DOA  28b. Ti 8 : 4  At home, farm  STREE 7	OTHE 4 Nu ME OF JUNRY 9 pt , street, fac	28. PR: raing Nor 28c. IN. 1	LACE OF DI	NO and due	8 M Other SU 28d. DE SU 28f. LCO. City IN F	PERF 1) YES 1) YES 1) YES 10 Y	ON ST VINJURY OF SHOT OF 23	CREET CCURED Cor or Rural 306 D lated.	ANALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 XOYES 2 NO  Route Number,  UKELAND S
ELED BI FILISICIAN. MCDIOAL CENT	CAUSE (Disease or Initiated events resulting in deeth) LAST PART II. Other significations of the control of the	ant condition  TO MEDICAL  Pending Investigation  Could not be detarmined  ATTIFYING PHY  DICAL EXAMI	HOSPITAL:  1 Inpetiant 2 (Month, LO)  28a. PLACE Columbiation  28a. PLACE Columbiation  ON Place Columbiation  SICIAN: To the base of a	deeth but r  ER/Outpatie FINJURY Pay, 'bar' 1/1991 PFINJURY — etc. (Specify) JBLIC Imy knowledge	not resulting  nt 3 □ DOA  28b. Ti 8 : 4  At home, farm  STREE 7	OTHE 4 Nu ME OF JUNRY 9 pt , street, fac	28. PR: raing Nor 28c. IN. 1	LACE OF DI	NO and due	8 M Other SU 28d. DE SU 28f. LCO. City IN F	PERF 1) YES 1) YES 1) YES 10 Y	ON ST VINJURY OF SHOT OF 23	CREET CCURED Cor or Rural 306 D lated.	ANALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 XOYES 2 NO  Route Number,  UKELAND S
COMPLETED BY PHISICIAN, MEDICAL CENT	CAUSE (Disease or Inithat Initiated events resulting in deeth) LAST PART II. Other significations of the control of the contro	ant condition  TO MEDICAL  Pending Investigation  Could not be detarmined  ATTIFYING PHY  DICAL EXAMI	HOSPITAL:  1 Inpetiant 2 (Month, LO)  28a. PLACE Columbiation  28a. PLACE Columbiation  ON Place Columbiation  SICIAN: To the base of a	deeth but r  ER/Outpatie FINJURY Pay, 'bar' 1/1991 PFINJURY — etc. (Specify) JBLIC Imy knowledge	not resulting  nt 3 □ DOA  28b. Ti 8 : 4  At home, farm  STREE 7	OTHE 4 Nu ME OF JUNRY 9 pt , street, fac	28. PR: raing Nor 28c. IN. 1	LACE OF DI	NO and due	8 M Other 28d. DE SU 28f. Loo City IN F	PERF 1) YES 1) YES 1) YES 10 Y	ON ST VINJURY OF SHOT SHOT PROPERTY OF 23 Name of the second of the seco	CREET CCURED Cor or Rural 306 D Intend.	ANALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 XOYES 2 NO  Route Number,  UKELAND S
	CAUSE (Disease or in that initiated events resulting in deeth) LA:  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Suicide 8 Medident  29 Accident  3 Suicide 8 Medident  296. CERTIFIER (Check only one) Medident  296. SIGNATURE AND TITL	Pending Investigation Could not be detarmined ATTEVING PHYDICAL EXAMILE OF CERTIFIE	HOSPITAL: 1 Inpetient 2 [ 28a. DATE Of Month, I O 4 / O 28a. PLACE o building, ON Pl SICIAN: To the basis of a	deeth but r  ER/Outpatie INJURY by, Year) 1/1991 OF INJURY— atc. (Specify) JBLIC I'my knowledg xamination an	not resulting  nt 3 DOA 28b.Ti 8:4 At home, farm STREET	OTHE 4 Number of	28. PR: raing Nor 28c. IN. 1	LACE OF DI	NO and due	s X Other 28d. DE SU 28f. Loc City IN F to the ca	PERF 1) YES 1) YES 1) YES 10 Y	ON ST VINJURY OF SHOT SHOT PROPERTY OF 23 Name of the second of the seco	CREET COURED Cor or Rural BO6 Disted.	ANALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 XOYES 2 NO  Route Number,  UKELAND S  and manner se state
BE COMPLETED BY PHISICIAN, MEDICAL CENT	CAUSE (Disease or Initiated events resulting in deeth) LAST PART II. Other significations of the control of the	Pending Investigation Could not be detarmined ATTEVING PHYDICAL EXAMILE OF CERTIFIE	HOSPITAL: 1 Inpatiant 2 Or (Morth, L) 28a. DATE OF building, ON PI SICIAN: To the best of a DATE OF the building.	deeth but r  ER/Outpatie INJURY by, Year) 1/1991 OF INJURY— atc. (Specify) JBLIC I'my knowledg xamination an	not resulting  nt 3 DOA 28b.Ti 8:4 At home, farm STREET	OTHE 4 Nu Mun of Nu Nu Nu Nu Nu Nu Nu Nu Nu Nu Nu Nu Nu	28. P. R: raing Nor 28c. IN. W. W. T. Ctory, officitime, data opinion,	LACE OF DIE	NO and due od at the	s M Other 28d. DE SU 28f. LOCCHY IN F to the cate time, data	PERF 1) YES 1) YES 1) YES 100	ON ST VINJURY OF SHOT Lanner as st and due to	CREET CCURED Sold District.  Sold District. Street Bigner O4/O	ANALABLE PRIOR TO COMPLETION OF CALL OF DEATH?  1 XOYES 2 NO  Route Number,  UKELAND S  a) and manner se state  0 (Month, Day, Year)  2/1991
BE COMPLETED BY PATSICIAN: MEDICAL CENT	CAUSE (Disease or Inithat Initiated events resulting in deeth) LAST PART II. Other significations of the control of the contro	Pending Investigation Could not be detarmined E OF CERTIFICATION OF PERSON V	HOSPITAL:  1 Inpatiant 2 (Morth, Louiding, ON P)  SICIAN: To the best of a left.  WHO COMPLETED CAU	deeth but represented the second of the seco	not resulting  nt 3 □ DOA  28b. Til 8:4  At home, farm  STREE 7  pe, death occur  ad/or investigat	OTHE 4 Nu Mun of Nu Nu Nu Nu Nu Nu Nu Nu Nu Nu Nu Nu Nu	28. P. R: raing Nor 28c. IN. W. W. T. Ctory, officitime, data opinion,	LACE OF DI	NO and due od at the	s M Other 28d. DE SU 28f. LOCCHY IN F to the cate time, data	PERF 1) YES 1) YES 1) YES 100	ON ST VINJURY OF SHOT Lanner as st and due to	CREET CCURED Sold District.  Sold District. Street Bigner O4/O	ANALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 XOYES 2 NO  Route Number,  UKELAND S  e) and manner se state  O (Month, Day, Year)
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	CAUSE (Disease or Inithat Initiated events resulting in deeth) LAST PART II. Other significations of the control of the contro	Pending Investigation Could not be detarmined TTIFYING PHYDICAL EXAMI	HOSPITAL:  1 Inpatiant 2 (Morth, Louiding, ON P)  SICIAN: To the best of a left.  WHO COMPLETED CAU	deeth but r  ER/Outpetler  INJURY  Pay, Year)  1/1991  PF INJURY —  atc. (Specify)  JBLIC  I my knowledg  xamination an	not resulting  not a DOA  28b. Ti 8 ° 2  At home, farm  STREET  16, death occur  addor investigation  (ITEM 27) (Typ)	OTHE 4 Nu Mun of Nu Nu Nu Nu Nu Nu Nu Nu Nu Nu Nu Nu Nu	28. P. R: raing Nor 28c. IN. W. W. T. Ctory, officitime, data opinion,	LACE OF DIE	NO and due od at the	s M Other 28d. DE SU 28f. LOCCHY IN F to the cate time, data	PERF 1) YES 1) YES 1) YES 100	ON ST VINJURY OF SHOT Lanner as st and due to	CREET CCURED Sold District.  Sold District. Street Bigner O4/O	ANALABLE PRIOR TO COMPLETION OF CALL OF DEATH?  1 XOYES 2 NO  Route Number,  UKELAND S  a) and manner se state  0 (Month, Day, Year)  2/1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



		G-678 8/23/91 cm  FOR STATE REGISTRAR BADY	STATE OF MARYLAND /		TMENT OF I			YGIENE	08960
		1. OECEDENT'S NAME (First, Middle, Last)		.niii	CAILOI	DEATH	2, DATE OF E	EG. NO.	3. TIME OF DEATH
	·	DUSTIN MCPHERS	ON DUSTIN WES	LEY N	1cPHERSC	ON	APRIL	DAY	
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. less	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		BIRTHPLACE (Spate or Foreign Country) DILLEFICES
			1 🔀 M 2 🗌 F	YRS.	MONTHS DAYS	HOURS MIN.	3 -23	3-1991 W.	Virginia
pino	1	9a. FACILITY NAME (If not institution, give stre	net and number)			OR LOCATION OF DE		9c. COUNTY	
2, 3 should	Œ	THE JOHNS HOPKINS	HOSPITAL		BALTIMO	ORE CITY		BALTI	MORE CITY
1, 2,	СТОВ	RESIDENCE OF DECEDENT							
ft. Pages	DIREC	WIRGINIA 106. COUNTY	Mexcer	10c. CITY	r, TOWN OR LOCA	lue fie	12		10d. INSIDE CITY LIMITS?  1 YES 2 NO
Electric	A	10a. STREET AND NUMBER	/	470	/ 10	of, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
n. ansit	ÉA	Koute I Dox	284 Blueste	LDA	J.VA.	241	01	4	(-7.4.
LAND 21203-3146 by the hospital or attending physician, be detached for use as the burlal-transit permit. Pages 1, at once.	BY FUNI	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 1 YES 2 1 N IF YES, GIVE WAR OR DATES	MED	If yes, s	CENDENT OF HISPAI pecify Cuban, Maxica S 2 NO Specif	n, Puerto Ricen		RACE — American Indian, Black, Whita, etc. Specify: White
S-C	ED	15. DECEDENT'S EDUC	ATION 16a. DE	CEDENT'S	USUAL OCCUPAT	ION	16b. KIN	ID OF BUSINESS/INDUS	
21203-3146 intail or attending physical or use as the buri	51	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	ve kind of v Do NOT us	vork done during m e retired.)	nost of working			
AND 2. the hospital detached fo	COMPL	17. FATHER'S NAME (First, Middle, Last)	RRY LEE SMALL			16. MOTHER'S NA	MF (First Middle	le, Maiden Surname)	
LA by the							_	ynn McPhe	rgon
	B	19a. INFORMANT'S NAME (Type/Print)	.01	. MAILING	AODRESS (Street			City or Town, State, Zip Co	
MARY retained 5 should notified	2	TAMMI/4MM/4C	Pherson	Rou	te I	Esox 3	284	Bluesiel	& W. Vierran
AE, Pmay be or, page		20a. METHOD OF DISPOSITION 14 Burlal 2 Committee 3 Ramo	20b. PLACE	OF DISPOS	SITION (Name of ce	emetery, crematory or		20c. LOCATION — City	or Town, Stata
ORE e 6 maj ector, p		14™ Burial 2 ☐ Cremation 3 ☐ Ramo 4 ☐ Donation — 5 ☐ Other (Specify)	val from Stata	E ANN	Men.	GARDENS	4-6-91	HEINCEEN W	I. Virginia
BALTIMORE, at death. Page 6 may 1 he funeral director, page 1 examiner must by		21. SIGNATURE OF FUNERAL SERVICE LICE		/	22. NAME 4	AND ADDRESS OF FA	CILITY		
ALTI death.		and I	Munico	(	0086	apn N. 2	zannır	io Jr. Fu	neral Home
BALTIMORE, Its after death. Page 6 may be not the funeral director, page removal.		23. PARTY I. Enter the diseases, or or	omplications that caused the de	ath. Do i	ot enter the m	ode of dving, aud	th as cardiac	pr reapiratory arrea	t, Approximate
or re		shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition	lat only one cause on each line	/					interval Between Onset and Death
thin the thin matter that the thin the		resulting in death)		rest					immediate
4 5 0 5			DUE TO (OR AS A CONSE						12-1-15
13 and and	NO	Sequentially list conditions,	DUE TO (OR AS A CONSE						THETRYS
BOX icate be e physician ie prior to	ATI	if any, leading to immediate cause. Enter UNDERLYING	542 10 (011 A0 A 001102)	JOENOE O	, ,.				j
P.O. BOX 1 sath certificate be ex- trending physician a rai Hygiene prior to f, or other traum	CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	DUENCE O	F):				
.O. Bo h certificat anding phy Hygiene p	듄	resulting in death) LAST							
- 10 € E	빙								
OF VITAL RECORDS, PRYSICIAN: The law requires that the of this certificate has been signed by the swith the State Dept. of Health and Merked, or Item 23 shows any Injury	MEDICAL	PART ii. Other algnificant conditions	contributing to death but not i	esuiting	In the underlyi	ng cause given in	Part i. 24	e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
OR OR the safth a safth a	ğ						1	YES 2 NO	OF DEATH?
Po Be Signatura									1 TES 2 NO
law ras be Dept.	ÿ	5 I							
OF VITAL F PHYSICIAN: The law this certificate has b with the State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_	OTHER:	PLACE OF DEATH (C)	heck only one)		
CLAN Sertific the S	14S	1 VES 2 NO	1 Scinpatient 2 ER/Outpatient 3	28b. TIN		ome 5 - Raaldenca	-	pecify) IBE HOW INJURY OCCUP	REO
ING PHYSI frer this creath with marked,		1 Natural 5 Pending	(Month, Day, Year)	IN.	JURY W	NJURY AT YORK? YES 2 X NO	Zou. DESCHI	N/A	
After death	B	2 Accident Investigation 3 Suicide B Could not be	28e. PLACE OF INJURY — At he				26f. LOCATIO	ON (Street and Number or	Rural Route Number
TTEN TOR: after		4 Homicide 8 Could not be	building, etc. (Specify)	J/A				own, State) N/A	
DIVISION  L OR ATTENDING  . OIRECTOR: After hours after death Item 28 Is ma	COMPLETED	29a. CERTIFIER 1 N CERTIFYING PHYSIC	TAN: To the heat of my beautyday at	L= 21273	ad at the time de-	de and place and d	a to the same of	COLUMN AL LANGE	
	MP	(Orioth Oriny	CIAN: To the best of my knowledge, de R: On the basis of examination and/or						
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: If	8				,, opiniott,				
TO THE F De filed v	BE	296. SIGNATURE AND TITLE OF CERTIFIER	Lacos MA			29c. LICENSE NU	MBEH	29d. DATE 8	BIGNED (Month, Day, Year)
223	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) /5~~	Drine)			7/	4/*[1

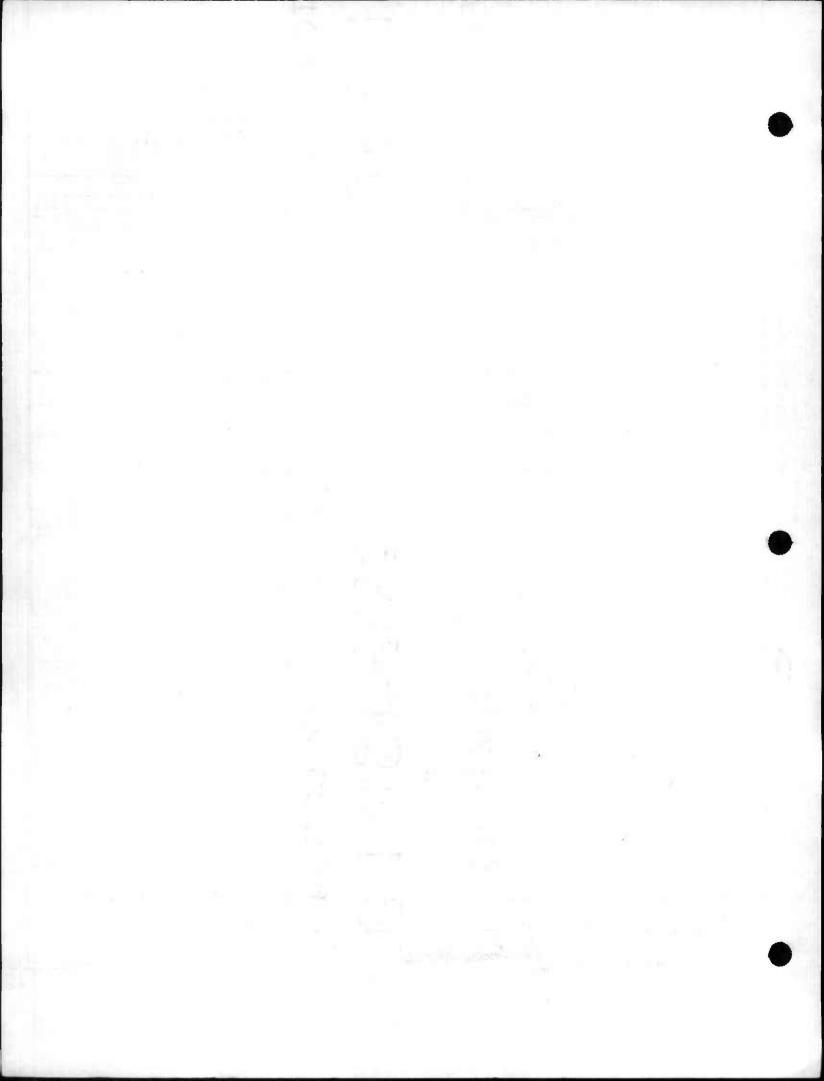
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Michelle Abram, M.D. M.D. APR 0 5 1991

cata

BALTIMORE, MARYLAND 21215-0020	24 Tiours after death. Page 6 may be retained by the hospital or attending physician.	certificate has seen supposed that the properties and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the Same Dect. or Hamman Mysterian prior to burial, cremation, or removal.	te medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, N.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires remained to the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been proceed that the publician and completely filled in by the it is find within 72 hours after death with the State Deep of Health and Archine prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H			YGIENE 9	08961
	1. DECEDENT'S NAME (First, Middle, Legt)	e R M	1 1.			2. DATE OF D	DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In	yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	IRTN A	BIRTHPLACE (State or Foreign
	227-16-8386	1 🗆 M 2 💢 F		IONTHS DAYS	HOURS MIN.	12-15	Year)	Virginia
_	9a. FACILITY NAME (if not institution, give str	set and number)			R LOCATION OF DE		9c. COUNT	Y OF DEATN
6	UNION MEMORIAI	HOSPITAL		BALTIN	MORE CI	ΤΥ		
DIRECTOR	Mostar and Do	1+imous	10c. CITY,	TOWN OR LOCATI				10d. INSIDE CITY LIMITS?
	Maryland Ba	ltimore		101	Balti	Lmore	10n CITIZE	1 ☐ YES 2 ☒ NO EN OF WHAT COUNTRY?
ERA		Barkdoll Cour	rt Apt. I			L237		J.S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spe	ENDENT OF HISPAN celfy Cuban, Maxica 2 NO Specify	n, Puarto Rican,		4. RACE — American Indian, Block, Whita, atc. Specify: White
윤	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S U	vk done during mos		16b. KINE	OF BUSINESS/INDUS	STRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 6 +)	ille. Do NOT use	retired.)			Waitre	ess
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle	, Maiden Surname)	W = 1
BE		Edward E				Susan G		
2	Louis C. Mulcahy				.1 Court		ny or Town, State, Zip C D Baltimo	ore, MD 21237
	29a METHOD OF DISPOSITION 1128 Buriel 2 Cremetion 3 Remo	val from State 20b.	PLACE AND DATE	or olsposition	(Name		20c. LOCATION - CH	ity or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE		, _	22. NAME AN	D ADDRESS OF FA	CILITY		
	· Hallyd	enso laip	enter)	BURGEE	-HENSS F	TUNERAL	HOME 36	31 Falls Road 11to MD 21211
1	23. PART I. Enter the diseases, Dr ci shock, Dr haart fallure. L	omplications that caused	the death. Do no	t anter the mo	de of dying, auc	h aa cerdiec	or respiratory street	st, Approximate interval Between
	IMMEDIATE CAUSE (Fine)	Harry.	TEA		=			Onset and Death
	resulting in death)	DUE TO (OR AS A	T Fa		1			
NO	Sequentially list conditions,		rator CONSEQUENCE OF		ilure	_		
CERTIFICATION	if any, lesding to immediate cause. Enter UNDERLYING	Cardi	om 40		,			
Ħ	CAUSE (Disease or Injury that initiated events resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE OF		1			
CER	- Conting in death) Exci	LONG	- CAI	DCE1.	٧,			
NA.	PART II. Other significant conditions Bilatera	contributing to death bu	t not reaulting in	the underlying	ceuse given in	Part I. 24e.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC	Congesti	PNEUM	RT Fa	ilus	•	_   10	YES 2 NO	OF DEATH?
ž	20109 23 11	VC 19.00		1101				1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck anly one)		•
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outps 28a. DATE OF INJURY		4 - Nursing Hom	URY AT		ecity) BE HOW INJURY OCCU	URED
ВУ Р	1 Natural 6 Pending 2 Accident Investigation	(Month, pay, Year)	NIA	M 1 1	RK?	^	IA	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Special	At home, farm, at	reet, factory, office		281. LOCATION	N (Street and Number own, State)	r Rural Route Number,
E	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	dge, death occurred	d at the time, date	and place, and due	to the cause(s)	and manner as states	<i>T</i> ,
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of examination						cause(a) and manner as stated.
BE (	296. SIGNATURE AND STUDY OF CERTIFIER			1	29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Menth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	UNINI	KESIO	en 11 -07	107/71
	120 S. Gre			NORE	MD 2	1201		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE					
	Ubk no 1991	O MUICON-	monay to					DNMH-16 Rev 1/89



of permit. Pages 1, 2, 3 should

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É	ep	-
2	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o
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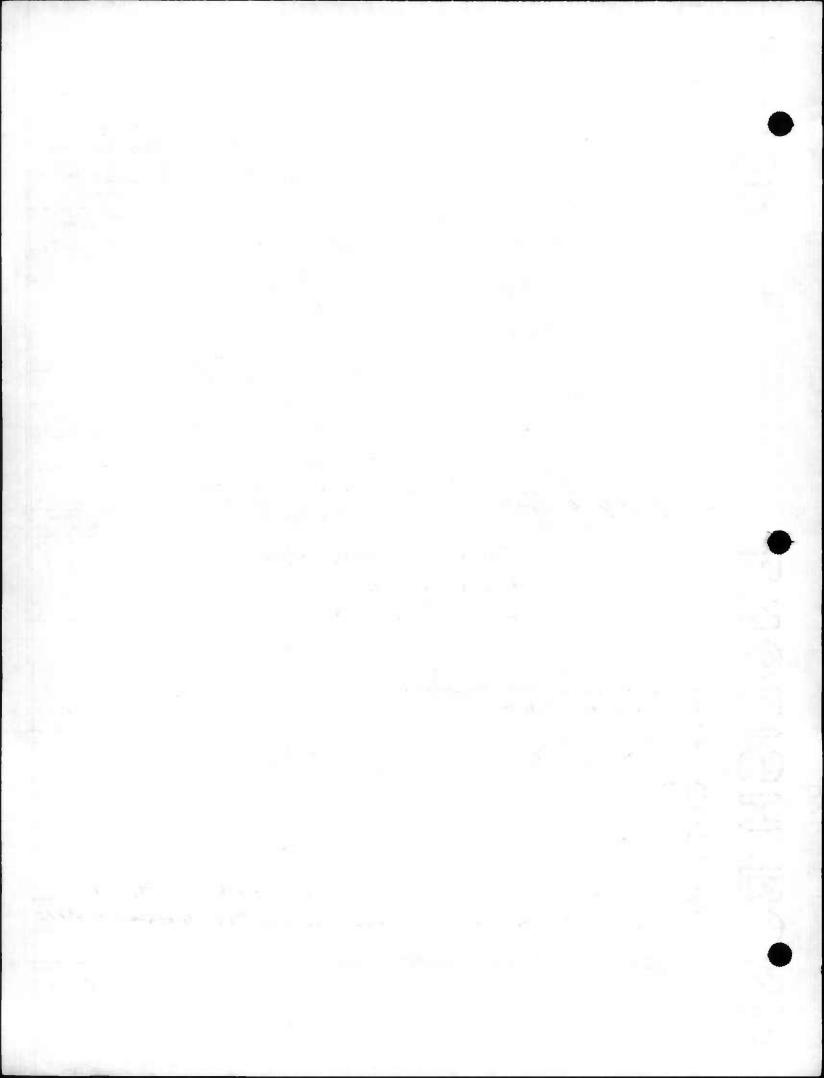
31. DATE FILED (Month, Day,

~	FOR	OTATE OF 14	ADVI AND / DEDA	DTMENT OF	115 41 511 4 115		91	08962
	1 - STATE REGISTRAR	SIAIE UF M	ARYLAND / DEPA CERTII	FICATE O		MENIAL HYGIEN REG. NO	-	00702
	1. DECEDENT'S NAME (First, Middle, Last)	OMTN.				2. DATE OF DEATH	<sup>AY</sup> 10	3. TIME OF DEATH 2:53 P
	Jennettie M. MAI		6. AGE (In yrs. last birthday	) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
i	239-52-0660	1 - M 2 - F	76 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10 - 25-	1924	North Carolina
OR	9a. FACILITY NAME (If not institution, give at DOCTORS COMMUNITY	,		LANHAM	N OR LOCATION OF D	DEATH		TY OF DEATH CE GEORGE
<u> </u>	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	1	10c. C	ITY, TOWN OR LOC	CATION			10d. INSIDE CITY
L DIRECTOR	Maryland Prince	e George's	s Up	per Mar	lboro		T 40 - 0/7/7	LIMITS?  XIX YES 2 NO  EN OF WHAT COUNTRY?
ERA	115 Joyceton Terr	cace			20772		107	SA
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 34 Widowed 4 Divorced			If yes,		ANIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	e or No-	14. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind o	'S USUAL OCCUPA if work done during use retired.)	NTION most of working	18b. KIND OF BU		
AP.	8th		House	wife		Priva	te	
BE CO	17. FATHER'S NAME (First, Middle, Last) Southern Hunter M	loore				AME (First, Middle, Malden Shepherd	Sumame)	
TO B	19a. INFORMANT'S NAME (Type/Print)  Jacqueline A, Hod	lges				Route Number, City or Tow er Marlbor		
	20a, METHOD OF DISPOSITION  COMParter 2 To Cremation 3 Rem  4 Disposition 5 Other (Specify)  21 AUGUSTURE OF FUNERAL SERVICE LICE		20b. PLACE AND DA of cemetary, cremate Hyman Ch	ny or other place) Lapel Cer 22. NAME J.	metery AND ADDRESS OF F B. Jenki	4+6-91 H	avelo Home	oty or Town, State  CK, N. Carolina
- 1	Janny, 6	Hear						er, Maryland
	23. BART I. Enter the diseases, or shock or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	se on aach lina.				olratory arre	Approximate Interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a atr	OR AS A CONSEQUENCE	illation				
	PART II. Other significant condition	na contributing to	death but not resultin	g in the underly	/Ing cause given is	n Part I. 24s. WAS AI	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Cerebrovaso Diabetes		Cicciden			PERFO 1 TYES	PRIMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN.								
SC.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 LINO	NOSPITAL:		OTHER:	PLACE OF DEATH (C			
HYS	27. MANNER OF DEATH	28a. DATE OF	ER/Outpatient 3 DOA	-	INJURY AT	8 Other (Specify)  26d. DESCRIBE HOW	INJURY OCC	URED
BY PI	1 Natural 8 Pending investigation	(Month, D		M 1 (	WORK?  YES 2 NO			
TED	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At home, fair etc. (Specify)	n, street, factory, c	mice	City or Town, State	and Number	or Rural Route Number,
COMPLETED	coel cray		my knowledge, death occumulation and/or investiga					ed. e cause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	- MO			29c. LICENSE N	UMBER 734	29d. DATE	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WE S. Trifoglio	10 COMPLETED CAUS	SE OF DEATH (ITEM 27) (7)	pe, Print)	100		0	1 1 1 2 7 7 7
	S. Trifoxlio	MD	7500 Gre	enway	Center ?	7 430	breen	PO 50210

Greenway

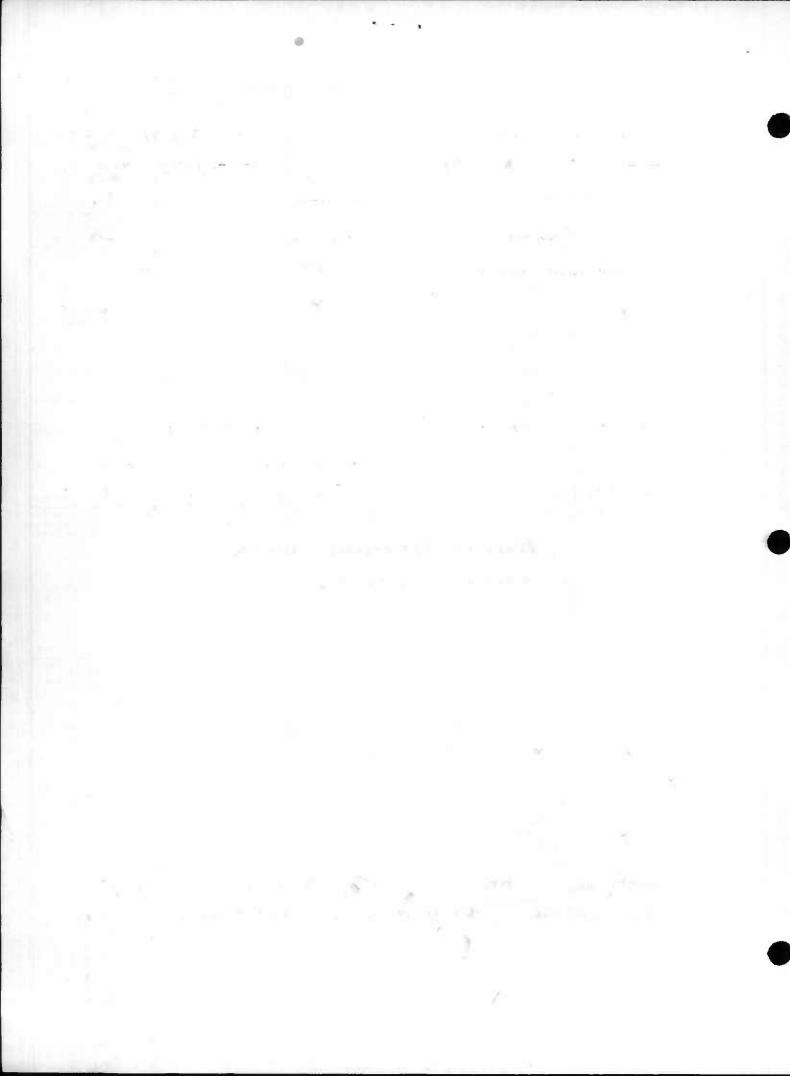
32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Explores after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained to the form with the State Day of Health and Mental Haringe Infort in build, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerated with the State Dent of Health and Mental Moriele Indior to build controlling on removal	3 =

. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D			3. TIME OF DEATH
ELIZABETH	MENIKHE	IM	CHEIR		_	MONTH	DAY	9/	0600 h
I. SOCIAL SECURITY NUMBER		NGE (In yrs. last bir	rthday) IF UNDE		F UNDER 24 HRS.	7. DATE OF B	IRTH		RTHPLACE (State or Foreign
216-01-1448	1 - M 2 - F	71	YRS. MONTHS	DAYS H	OURS MIN.	12-09-	1919		ennsylvania
le. FACILITY NAME (If not institution, give a			9b. CIT	Y, TOWN OR L	LOCATION OF DE	ATH	90.	COUNTY O	
Carroll County (	Beneral			Westmi	inster			Carro.	ll Co.
RESIDENCE OF DECEDENT	v		Oc. CITY, TOWN	OR LOCATION	N.				Land History Street
71.75			1.15	-					LIMITS?
Maryland Car	iroll		West	tminst	P CODE		104	a CITIZEN O	F WHAT COUNTRY?
701 Humbert Scho	alhouse Ra	ad		10.11	21157			1	
11. MARITAL STATUS	12. WAS DECEDENT EV		D 13.		DENT OF HISPAN	VIC ORIGIN? (Se	pecify Yee or N	USA 10- 14, R	ACE — American Indien,
Never Merried 2 Merried	FORCES? 1 1				ly Cuben, Mexica	n, Puerto Rican			ACE — American Indien, Hack, White, etc. Specify:
Widowed 4 Divorced					7				White
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECES	DENT'S USUAL ( kind of work done NOT use retired.)	OCCUPATION during most o	of working	16b. KIN	D OF BUSINES	SS/INDUSTR	Υ
Elementary/Secondary (0-12)	College (1-4 or 5 +)		emaker.	)			tatio II am		
		110/11	enarer	_			wn Hon		
17. FATHER'S NAME (First, Middle, Leat)  Michael Ledli	ch			10	s. mother's na Moveu		s, Maiden Sum inger	ame)	
9e. INFORMANT'S NAME (Type/Print)		100 11	AAII INO ADDDES	SS /Smeat and	Number or Rural I			ata 7in Paris	4
Robert L. Meni	kheim. Sr.				ont Roa				21222
10s, METHOD OF DISPOSITION	,	20h PLACE OF	DISPOSITION (A	Verse of comets	any commetony or		20c LOCATIO	ON — City o	r Town State
Buriel 2 ☐ Cremation 3 ☐ Ren	noval from State	Hall II	Hill Mo	m. Pa	rk 4/6	191	Ralt	timata	ND.
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	110.000	22	. NAME AND	ADDRESS OF FA	CILITY			
23 PART Enter the diseases, or shock, or heart fellure.	complications that ce	pused the deeth	h. Do not ente	NAME AND DUCKER REPORTED TO THE MODE	address of fauck Fun ise Ave	eral H nue. B	ome of	Dunc Tel N	Anuland 21: Approximate Interval Betwo
23 PART Enter the diseases, or shock, or heart fellurs.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditione, if eny, leading to immediate	complications that ce List only one cause of the complete of t	AS A CONSEQUE	h. Do not ente  REPY(  ENCE OF):  ERITO  ENCE OF):	NAME AND DUCIONERS	address of fauck Fun ise Ave of dying, ouc	eral H nue. B	ome of	Dunc Tel N	dalk, Inc.  Aaryland 21  Approximate Interval Betw
21 PART I Enter the disease, or shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	complications that ce List only one cause of the complete of t	as a conseque	h. Do not ente  REPY(  ENCE OF):  ERITO  ENCE OF):	NAME AND DUCIONERS	address of fauck Fun ise Ave of dying, ouc	eral H nue. B	ome of	Dunc Tel N	dalk, Inc.  Aaryland 21: Approximate Interval Betw
PART I. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR d.	AS A CONSEQUE	h. Do not ente  REPY(  ENCE OF):  ENCE OF):	NAME AND DUCA - RI 1922 W. Ber the mode	ADDRESS OF FA UCK FUN ise Ave of dying, ouc	Part 1. 24	ome of	Duncontel Many errest,	Aaruland 21 Approximate Interval Betwood and D Onset and D  24b. WERE AUTOPSY FIND MAILABLE PRIOR TO
22 PART I. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions	DUE TO (OR d.	AS A CONSEQUE	h. Do not ente  REPY(  ENCE OF):  ENCE OF):	LORIC	ADDRESS OF FAUCK Funise Ave	Part I. 24	ome of altimo or reepirate	Duncontel Many errest,	Adlk, Inc.  Approximate Interval Betwoneet and Doneet a
21. PART I. Enter the disease, or shock, or heert fellurs.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions are conditions.	Complicatione that ce List only one cause of a. PERFOR DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE	h. Do not enter  REPY  ENCE OF):  ENCE OF):  ENCE OF):	LORIC  ON 1715  26. PLACER:	ADDRESS OF FAUCK FUNICE AVE	Part I. 24	ome of altimo or reepirato	Duncontel Many errest,	Adlk, Inc.  Approximate Interval Betwoneet and De Oneet a
21. PART I. Enter the diseeses, or shock, or heert fellurs.  IMMEDIATE CAUSE (Finel diseese or condition resulting in death)  Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 SANO	DUE TO (OR  C. DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSEQUE  AS A C	h, Do not enter  REPY(  ENCE OF):  ENCE OF):  ENCE OF):  Ulting in the uniting in	LORIC  26. PLACER: underlying c	ADDRESS OF FAUCK FUN  ise Ave of dying, euc  U LO  CE OF DEATH (CF	Part I. 24	ome of altimo or reepirato	Duncontel Survey errest,	Adlk, Inc.  Adruland 21 Approximate interval Betwoes and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do One
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PART II. Other eignificent condition  III. Other eignificent condition  Examiner?  1 Yes 2 SANO  Examiner?  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be	DUE TO (OR  C. DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSEQUE  AS A C	h. Do not enter  PERY  ENCE OF):  ENCE OF):  ENCE OF):  ODA OTHER  DOA OTHER  NUMBER OF INJURY  M	LORIC  26. PLACER: underlying c  26. PLACER: unsing Home  26. INJUR  26. INJUR  1 YES	ADDRESS OF FAUCK FUN ise Ave of dying, euc  Ceuse given in	Part I. 24s  Peck only one)  6 □ Other (Sp  28d. DESCRII	a. WAS AN AUT PERFORMED  YES 2   DOC//y)  BE HOW INJURE	Dunconte J A	Adlk, Inc.  Adruland 21 Approximate interval Betwoes and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do Oneet and Do One
PART II. Other eignificent condition  To yes 2 No  Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions  1 YES 2 NO  1 Netural 5 Pending investigation investigation in the initiated events resulting in death)  2 Accident 5 Pending investigation investigation investigation investigation in the initiate events resulting in the initiated events resulting in death)  2 Accident 6 Could not be determined  20. CERTIFIER Check only	Complicatione that ce List only one cause of the control one cause of the control one cause of the control one cause of the control one cause of the control one cause of the control one cause of the control one cause of the control one cause of the control one cause of the control one cause of the cause	AS A CONSEQUE  AS A C	A. Do not enter  REPY  ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  Manual Control of the course of t	LORIC  28. PLACER: underlying c  28. PLACER: unsing Home  28. INJUR 1   YEs  ectory, office	ADDRESS OF FA  UCK FUN  ise Ave of dying, euc  Ceuse given in  CE OF DEATH (CF 5   Residence  TY AT S 2   NO	Part I. 24a  Part I. 24a  Part I. 24a  Description of City or R  to the cause(e	ome of altimo or reepirato or r	OPSY P	Adult, Inc.  Adruland 21 Approximate Interval Betwood Oneet and Down oneet and Down oneet and Down oneet and Down oneet and Down oneet and Down of Death?  1 yes 2 no
21. PART I. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 VANO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR  DUE TO	AS A CONSEQUE  AS A C	A. Do not enter  REPY  ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  Manual Control of the course of t	LORIC  28. PLACE  28. PLACE  28. PLACE  28. INJUR  WORK  1 Yes  actory, office	ADDRESS OF FA  UCK FUN  ise Ave of dying, euc  Ceuse given in  CE OF DEATH (CF 5   Residence  TY AT S 2   NO	Part I. 24s  Pert I. 24s  Description one)  CER  Part I. 24s  Description one)  City or R  to the cause(e)  time, date and	ome of altimo or respirato or r	TOPSY TOPSY	Adult, Inc.  Approximate Interval Betwoneet and Double Interval Betwoneet and Double Interval Betwoneet and Double Interval Betwoneet and Double Interval Betwoneet and Double Interval Inc.  24b. WERE AUTOPSY FINDMANIABLE PRIOR TO COMPLETION OF CAUTO OF DEATH?  1 YES 2 NO



BALTIMORE, MARYLAND 21203-314

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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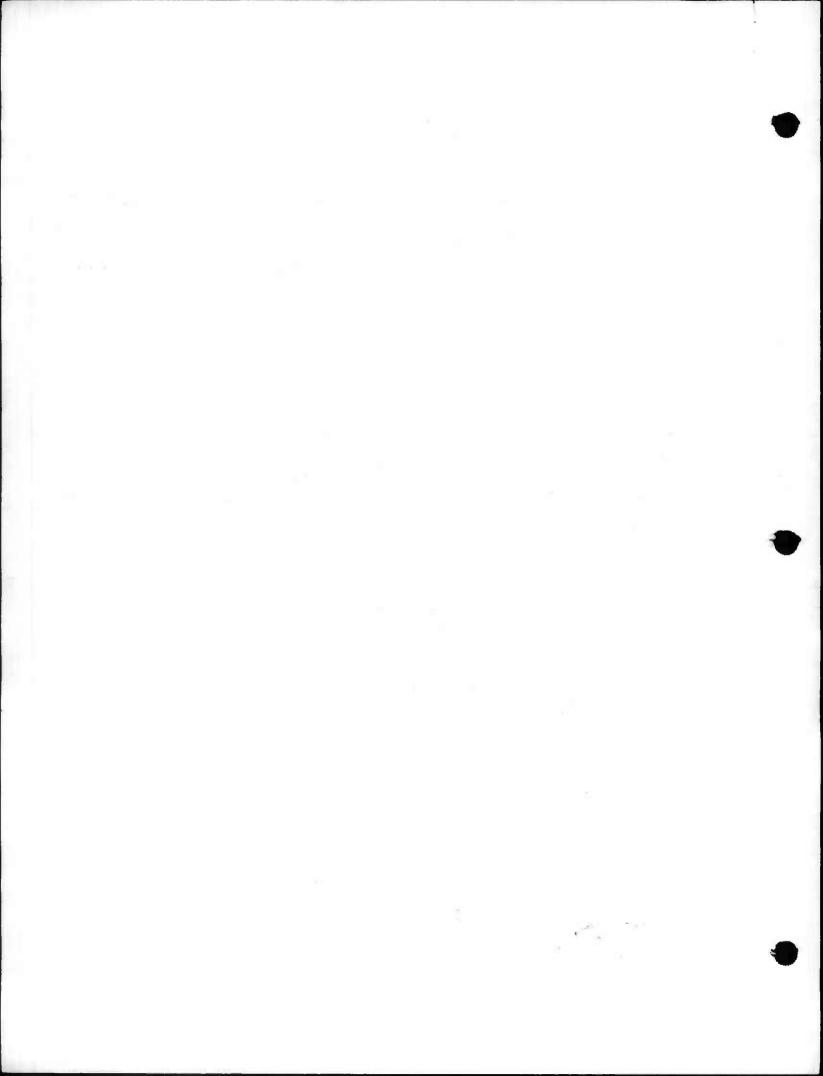
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31. DATE FILED (Month, Day, Year)

APR 5 1991

32 REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MA		DEPAR ERTIF					IENTAL HYGIEN			18964
į	1. DECEDENT'S NAME (First, Midrin, Last)	.44	01	4	IOAII	. 01	DLA		2. DATE OF DEATH		YEAR 3.	TIME OF OEATH
		Gordon Jam	es Perry						монтн 4/03/ <sup>8</sup>	91	TEAR	12:40 AM
	4. SOCIAL SECURITY NUMBER		i. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign
	219-14-0121 A	1 M 2 □ F	70	YRS.					10/21/			Vermont
~	9s. FACILITY NAME (If not institution, give st							ON OF DEA	ATH		NTY OF DEAT	
<u>ē</u>	Balto. Co. General Ho	sp.			, F	anoal	Llstor	m		par	tumore (	County
DIRECTOR	Maryland 106. COUNTY	Baltimore		10c. CIT	Y, TOWN (	oodst					-	d. INSIDE CITY LIMITS? X  YES 2 X NO
FUNERAL	10. STREET AND NUMBER 3605 Granite Ro	ad				101	ZIP COD	1163		10g. CIT	IZEN DF WHA	U.S.A.
	11. MARITAL STATUS 1 Never Married 242 Married	12. WAS DECEDENT FDRCES? 1 [ IF YES, GIVE WA	YES 2 V		13.	WAS DEC	ENDENT Cooking	OF HISPANI in, Maxican Specify:	C ORIGIN? (Specify Ye , Puerto Rican, etc.)	or No—	Black, W Specify:	
) BY	3 Widowed 4 Divorced											Caucasian
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(G	CEDENT'S	work done			ng	16b. KIND OF BU	SINESS/IN	DUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	-	. Do NOT u		r n	n		01/-4-1 1	6 <del>-</del> -	am Wa4	-11
N N	12 years				F	eat :			f Metal Al		an Met	car sear
		lbert Perry					16. mO1	nen a nam	NE (FIISI, MIGGIS, MISIGE)		Cofrin	
BE	19a, INFORMANT'S NAME (Type/Print)	merc rerry	19	b. MAILING	ADDRES	S (Street a	and Numbe	r or Aural A	oute Number, City or Tox			
2	Mrs. Alice Perry			3605 0	Granit	e Ro	had	Wood	stock Maryla	and 21	163	
	29a. METHOD OF DISPOSITION  4 Donation 5 Other (Specify)	oval from State	20b. PLACE other pi	OF DISPO	SITION (N	ume of cer			20c. L0	CATION —	City or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LIC		Lake	A TEM 1	22.	NAME A	ND ADDRE	SS, OF FAC	Harana Firmer	wl Di	nootone	, Inc 21133
	· Kamos	BC	vey		3	728 I	Libert	ty Roa	d Randall	stown		Maryland
	23. PART I. Enter the diseases, or cabook, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)		e on each line	3					n es cerdiec or resp	iratory er	rest,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. OUE TO (	OR AS A CONSE	GUENCE O	Info	ivati	· Du					
<u> </u>	PART II. Other significant condition	s contributing to c	leath but not	resuiting	in the u	nderlyin	g ceuse	given in I	Part i, 24a. WAS A			ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	- Previo	pertension	n wall	2 May	OCAN	elist	Inf	avali	PERFO		DI	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
ä												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF I	DEATH (Che	ck only one)			
ΥS	1 YES 2 NO 27. MANNER OF CEATH	1 Inpatient 2 I		DOA 28b. TII			OURY AT	lesidence	6 Other (Specify)  28d. DESCRIBE HOW	IN HIRV O	CUREO	
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	(Month, De	(, Ybar)	IN	JURY	1 🗆	YES 2	□ NO				
	3 Suicide 6 Could not be determined	28e. PLACE OF building, e	INJURY — At hete. (Specify)	ome, ferm,	street, fac	tory, offic	ו		28f. LOCATION (Street City or Town, State		er or Aural Rou	te Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI								to the cause(s) and m			nd menner as stated.
BE	296. SIGNATURANO TITLE OF CENTERS	S MID.					1	ENSE NUM		29d. DA	TE SIGNED (M	lonth, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WH					_					112/11	
	CANTIUS M. CHAN	IT Jr. M	0. \$40	100	Low	RT 1	ret.	PAN	DALLSTONA	, MC	213	3



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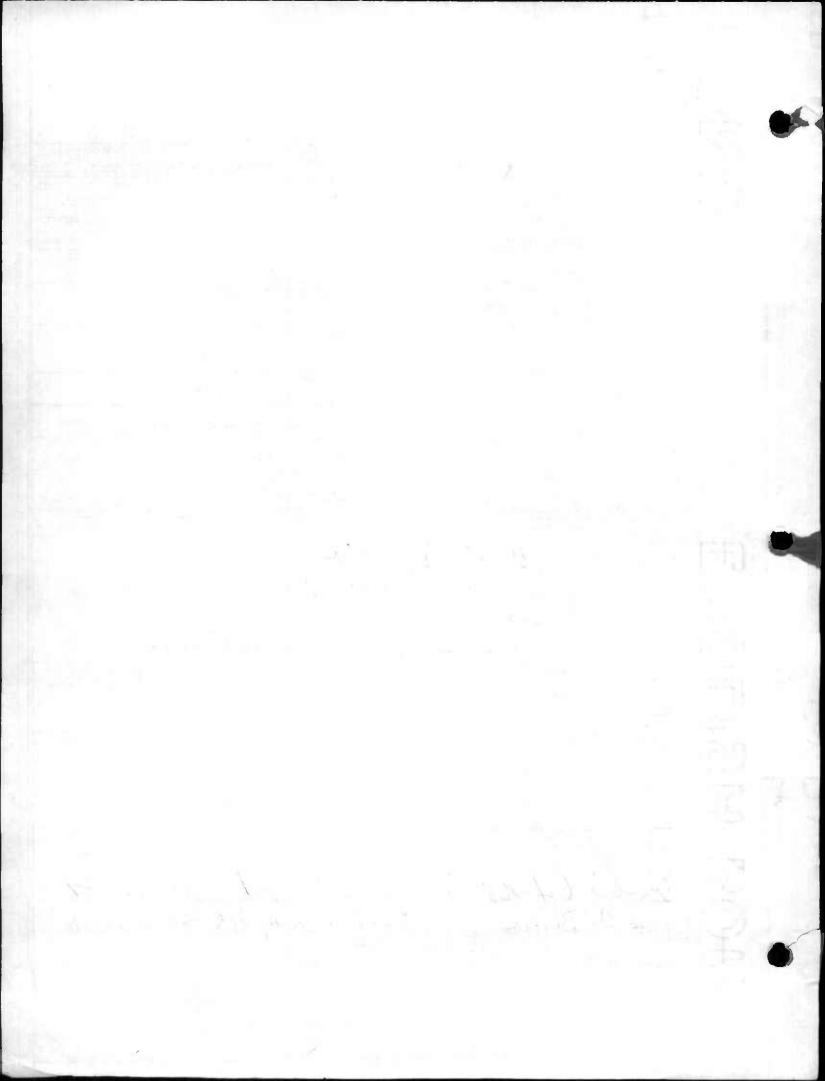
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30 NAME AND ADDRESS OF PERSON
WHILE CA E
31. DATE FILED (Month, May, Walr)
APR

132. REGISTRAT'S SIGNATURE

DECEDENT'S NAME (Firs	t, Middle, Last)			ERITE	ICATE OF	DEATH	REG. NO.		08965
JANEY		F	URCELL				03 2	7 5	1 9 40P M
social security num 062-76-1416		5. SEX	6. AGE (In yrs. 35	last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 9/ (Month, Day, Year) Sept. 25y	23/53 LBI	emplace (State or Foreign country) renada, W Inc
FACILITY NAME (If not		treet and number)	- 33		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY O	
PRINCE GEO		HOSPITAL	CENTER		CHEVERL				E GEORGE'S
ESIDENCE OF DE	10b. COUNT	y		10c. CIT	Y. TOWN OR LOC	ATION			10d. INSIDE CITY
Maryland		e George	او	200	verdale				LIMITS?
e. STREET AND NUMBER		c conge	5	1.0		01. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
904 Furmar	Parkv	av				20	737	TI:	SA
MARITAL STATUS  Never Married 2  Wildowed 4 Div	Married	12. WAS DECEDEN	YES 2	ABMED	If yes,	ECENDENT OF HISPA	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No— 14, F	tACE — American Indian, Black, White, etc. Specify: Black
	CEDENT'S EDU		16a.		USUAL OCCUPAT		16b. KIND OF BUS	SINESS/INDUSTR	TY .
Elementary/Secondary		College (1-4 or 5	+)	ille. Do NOT us	se retired.)	CASTO CONTRACTOR	37/3		
12th				Unemp	толеа	1	N/A		
FATHER'S NAME (First, )	The Albertain					THE RESERVE THE PARTY OF THE PA	AME (First, Middle, Meiden ha Purcell	Surname)	
S. INFORMANT'S NAME				405 11411 010	ADDRESS (0)		Route Number, City or Tow	- Otata Tla Carlo	
Agatha Puro		(Mother	<b>)</b>				Riverdale		
Donation 5 Oth	AL SERVICE L	CENSEE	Kins	2	J	AND ADDRESS OF F B. Jen 474 Land		al Home Landov	er, Maryland
	heart fallure.	a. Albana ca		tol	enie	A A	on as cardiac or reap	iratory arrest,	Interval Between Onset and Death
	ediate	. Sef	OR AS A CON			Non	mpetor	ice	
sequentially list cond I any, leading to imm ause. Enter UNDERL CAUSE (Disease or in hat initiated events esulting in death) LA		d. 1 m						ALTTORON I	
l any, leading to imm ause. Enter UNDERL AUSE (Disease or in hat initiated events	ST	d. And the desired of	death but n	ot reaulting	In the underly	ing ceuse given i	n Part I. 24e. WAS AN PERFOI 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
any, leading to imm ause. Enter UNDERL AUSE (Disease or in hat initiated events esulting in death) LA	ST cant conditio		death but n	ot reaulting	26.	Ing ceuse given I	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
any, leading to imm ause. Enter UNDERL AUSE (Disease or in hat initiated events esulting in death) LA ART II. Other aignific	ST cant conditio	d			26. OTHER:	PLACE OF DEATH (	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
any, leading to imm ause. Enter UNDERL AUSE (Disease or in hat initiated events esuiting in death) LA PART II. Other aignific  5. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH	ST cant conditio	HOSPITAL: 1   Inpetient 2 266. DATE O	□ ER/Outpatien	R 3 DOA	26. OTHER: 4   Nursing H	PLACE OF DEATH (	PERFOI  1 VES :	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

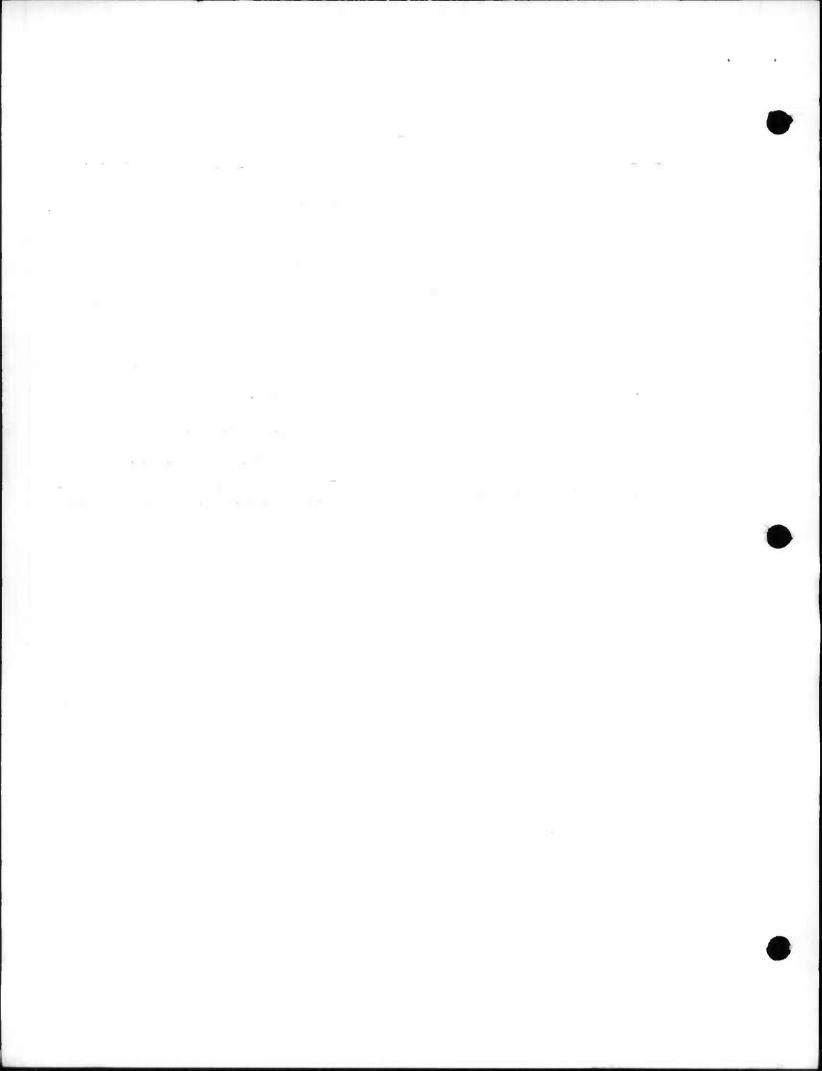
GREENWAS



DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
ral. I examiner must be notified at once.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed to the burial-transit permit. Pages 1, 2, 3 s	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
is death. Page 6 may be retained by the	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writing a second physician.

	1. DECEDENT'S NAME (First, Middle, Last)			-6			2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH						
	FRANCES	STICKEL:	S-PRINC	IPATE		04 03 91		97	5 P. M							
	4. SOCIAL SECURITY NUMBER							7. DATE OF BIRTH 8. BIRTH (Month Pay Vary) Count		PLACE (State or Foreign						
	212-20-3608	1 □ M 2 □ F	65 YR	S. WONTHS C	Ars Hoon	min.	09-27-19	25 .	Vi	rainia -						
_	9e. FACILITY NAME (If not institution, give st		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH													
5	Harbor Hospital		Baltimore City													
EG	40 00000	10c.	CITY, TOWN OR	OCATION					10d. INSIDE CITY							
DIRECTOR	Maryland Ba				Edgen	mere			LIMITS?							
	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN OF		EN OF W	HAT COUNTRY?						
FUNERAL	8024 Penwood Ave		21219			USA										
5	11. MARITAL STATUS	N U.S. ARMED				NIC ORIGIN? (Specify Yee or No 14. RAC		14. RACE Black	— American Indien, , White, atc.							
BYF	1 Never Merried 2 Merried 3 Widowed 4 Districted	IF YES, GIVE WAR OR D		If yes, specify Cuben, Mexica 1 TYES 2 NO Specifi					Specif	h.						
	15. DECEDENT'S EDUC	PATION	160 DECEDEN	DENT'S USUAL OCCUPATION						"White						
#	(Specify only highest grade	completed)	(Give kind	of work done dur.	ng most of w	orking	166. KIND OF BUSINESS/INDUSTRY									
PL	Elementery/Secondery (0-12) 12 Years	College (1-4 or 5+)	Tin	Sorter			Bethlehem Steel			0						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						E (First, Middle, Maider		M.K.K.							
BEC	Carl T. Cooper						O. Kule									
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS (S			ute Number, City or Tox	vn, State, Zip	Code)	1						
۲	Maisie Cooper		802	4 Penwo	od Av	enue.	Baltimore	MD	2121	19						
	20a, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Remo	b. PLACE OF DIS other place)	OF DISPOSITION (Name of cemetery, cremetory or			20c. LOCATION — City			SO DELINE CONTROL							
	4 Donation 5 Other (Specify)		Lorrain	e Park		4/8	191 Ba	ultimo	re.	MD						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NA	da-Ru	ck Fun	/91 Bo eral Home	of D	undo	alb Inc						
	Dearly +	· Coud	e	79	22 Wi	se Ave	nue Bali	imore	MI	2 1222						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory streat, shock, or heart feiture. List only one cause on each line.  Approximate interval Between															
				loc k						Onset end Daeth						
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  SEPTIC SHOCK.  DUE TO (OR AS A CONSEQUENCE OR):  GANGRENOUS Cholecystitis															
_		( DAN COR	E NO	LCC.	LOF	CYC	TITIS									
<u>0</u>	Sequentially list conditions,	DUE TO (OR AS														
SAT	If sny, leading to immediate cause. Enter UNDERLYING															
Ĕ	CAUSE (Diseese or injury that initieted events	DUE TO (OR AS	A CONSEQUENC	E OF):												
CERTIFICATION	resulting in deeth) LAST	d														
0	PART II. Other eignificant condition	s contributing to death	but not resulti	ng in the unde	rlying ceu	se given in P	art i. 24a. WAS A	N AUTOPSY	24b	. WERE AUTOPSY FINDINGS						
MEDICAL	PERFORMED?								AMAILABLE PRIOR TO COMPLETION OF CAUSE							
ED	A so i lo a lo									OF DEATH?						
	1 165 2 2010															
_ 1			25. WAS CASE REFERREO TO MEDICAL 26. PLACE OF DEATH (Check only one)													
_ 1					26. PLACE C	OF DEATH (Chec	ik Orliy Orle)	EXAMINER?    HOSPITAL: OTHER:   OTHER:								
_ 1	EXAMINER?		Ipatient 3 🗆 DC							11						
_ 1	EXAMINER?  1 Ayes 2 NO  27. MANNER OF DEATH			A 4 - Nurein		Reeldence 6		INJURY OCC	CURED							
PHYSICIAN:	EXAMINER?	1% Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	286.	A 4 Nursin	g Home 5 C Bc. INJURY A WORK? 1 YES	Residence 6	Other (Specify)  28d. DESCRIBE HOW									
BY PHYSICIAN:	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	150 Inpatient 2 ER/Ou	28b.	A 4 Nursin	g Home 5 C Bc. INJURY A WORK? 1 YES	Residence 6	Other (Specify)	and Number		Route Number,						
BY PHYSICIAN:	EXAMINER?  1 XES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined	150 Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR	28b.	A 4 Nursin	g Home 5 C Bc. INJURY A WORK? 1 YES	Reeldence 6	Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street	and Number		Route Number,						
BY PHYSICIAN:	EXAMINER?  1 PYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	15d Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Sp	Y — At home, fa	DA 4 Nursin TIME OF 2 INJURY M  rm, street, factor	g Home 5 G. INJURY A WORK? 1 YES /, office	Recidence 6	Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City of Rown, Staft	enner ee stat	or Rural i							
PHYSICIAN:	EXAMINER?  1 NES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only One)  2 MEDICAL EXAMINE	150 Inpatient 2 ER/Ou  28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Sp  CIAN: To the best of my kno  R: On the best of examinati	Y — At home, fa	DA 4 Nursin TIME OF 2 INJURY M  rm, street, factor	g Home 5 Ge. INJURY A WORK? 1 YES 7, office 9, date end phion, death of	Reeldence 6	Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Streec City or Town, State to the cause(e) end m ime, date and plece, o	enner ee stat	or Rural i	e) end menner ee stated.						
BY PHYSICIAN:	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only Onle) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIES	150 Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp  CIAN: To the best of my kno R: On the besie of examinating	28b, 28b, and a sectify) At home, far wiedge, death oc on end/or investi	TIME OF INJURY M  rm, street, factor  curred at the tim getton, in my opi	g Home 5 Ge. INJURY A WORK? 1 YES 7, office 9, date end phion, death of	Recidence 6	Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Streec City or Town, State to the cause(e) end m ime, date and plece, o	enner ee state	or Rural I	e) and manner se stated.						
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER  COULD TITLE OF CERTIFIER  CHECK ONLY ONE)	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Sp. CIAN: To the best of my known in the best of examinating the control of the best of examinating the control of the best of examinating the control of the best of examinating the control of the best of examinating the control of the best of examinating the control of the best of examinating the control of the best of examinating the control of the	17 — At home, fasecity) wiedge, death ocon end/or investi	A 4 Nurelin Time OF 2 INJURY M  rm, street, factor coursed at the tim gation, in my opi	g Home 5 C. INJURY WORK? 1 YES 6, office 9, date end phion, death of	Reeldence 6	Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City of Rown, State of the cause(e) and m ime, date and piece, of the cause and piece, of the cause and piece, of the cause and piece, of the cause and piece, of the cause and piece, of the cause and piece, of the cause and piece, of the cause and piece, of the cause and piece, or the	end Number enner ee state end due to th	or Rural F	o) and manner se stated.  O (Month, Day, Year)  O S - 9 / .						
E COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  COULD NAME AND ADDRESS OF PERSON WH	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Sp. CIAN: To the best of my known in the best of examinating the control of the best of examinating the control of the best of examinating the control of the best of examinating the control of the best of examinating the control of the best of examinating the control of the best of examinating the control of the best of examinating the control of the	Y — At home, facility)  Wiedge, death ocon end/or investi	A 4 Nurelin Time OF 2 INJURY M  rm, street, factor coursed at the tim gation, in my opi	g Home 5 C. INJURY WORK? 1 YES 6, office 9, date end phion, death of	Reeldence 6	Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City of Rown, State of the cause(e) and m ime, date and piece, of the cause and piece, of the cause and piece, of the cause and piece, of the cause and piece, of the cause and piece, of the cause and piece, of the cause and piece, of the cause and piece, of the cause and piece, or the	end Number enner ee state end due to th	or Rural F	e) and manner se stated.						



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	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)		-	CERTIF	ICATE	OF DE	ATH	_	EG. NO.			3. TIME OF DEATH
ľ	2021	A. PII	NKNEY					2. DATE OF MONTH 03	DEATH DAY 29		YEAR 1991	
4	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yes.	. lest birthday)	IF UNDER 1	YEAR IF UN	IDER 24 HRS.	7. DATE OF	энтн		a. BIRTN	PLACE (State or Foreign
	219-38-2910	1 🔀 M 2 🗆 F		47 YRS.	MONTHS	DAYS HOU	MIN.	Jul		943	Country	ryland
8	9e. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY, 1	TOWN OR LOC	ATION OF D	EATH			ITY OF D	
_	THE JOHNS HOPK	INS HOSP	ITAL		BAL	TIMORI	CITY	Y				
	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATION						10d. INSIDE CITY LIMITS?
	Maryland			Ва	altir	more						1 XYES 2 NO
1	10e. STREET AND NUMBER					10f, ZIP C	ODE			10g. CITI	ZEN OF W	HAT COUNTRY?
	3412 West Fore					_	216			U.	S.	
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	YES 2	MNO	H	yes, specify C	uben, Mexic	NIC ORIGIN? (S an, Puerto Rica		Black, White, atc.		
4.0	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 WES 2 NO Specify:						Specify: Black	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a.	DECEDENT'S	USUAL OCC	CUPATION	orkina	16b. KII	ID OF BUSI	NESS/IND	USTRY	220071
_	Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of ville. Do NOT us								
_	17. FATHER'S NAME (First, Middle, Last)		I	Posta:	1 C1			AME (First, Midd			11 S	ervice
1		\ T.P										
John W. Pinkney Evelyn Cromwell  190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code							Code)					
	Evelyn Pinkney	7		3412	West	t For	est	Pk Ave	e. ]	Balt	o.M	ID 21216
20e. METHOD OF DISPOSITION  1 X Burlisi 2 Cremetton 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)												
4	4 Donation 5 Dother (Specify)		_ MD	Veter	an C	cm/Ga	rris	0m1/5	Bal:	timo	re	County M
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes											
Ш	William Bully 2501 Gwynns Falls Parkway Baltimore, Maryland 21216											
	Jurnon	K DI	ulu	4								
-	23. PART i. Enter the disesses, or cahock, or heart feliure.				2 B	501 G	wynn ore,	s Fal.	ls Pa	arkw 21	216	
	ahock, or heert feliure.	List only one ceu	ise on each	line.	2 B	501 G	wynn ore,	s Fal.	ls Pa	arkw 21	216	Approximate Interval Between
	ahock, or heert feliure.	List only one ceu	ise on each	line.	2 B	501 G	wynn ore,	s Fal.	ls Pa	arkw 21	216	Approximate Interval Between
	ahock, or heert feliure.  IMMEDIATE CAUSE (Finel disease or condition	a. PO	COR AS A COM	ON I	not enter t	501 G altim	Wynn ore, dying, au	S Fal: Mary ch as cerdied	ls Pa	arkw 21	216	Approximate
	ahock, or heert feliure.  IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth)  Sequentielly list conditions,	a. PUI	EUM (OR AS A CON	line.	Pi:	501 G altim	Wynn ore, dying, au	S Fal: Mary ch as cerdied	ls Pa	arkw 21	216	Approximate Interval Between
	shock, or heert feliure.  IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. PUL TO DUE TO C.	COR AS A CON	ON I NSEQUENCE O	P:	501 G altim	Wynn ore, dying, au	S Fal: Mary ch as cerdied	ls Pa	arkw 21	216	Approximate Interval Between
	shock, or heert feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. PUL TO DUE TO C.	COR AS A CON	ON I	P:	501 G altim	Wynn ore, dying, au	S Fal: Mary ch as cerdied	ls Pa	arkw 21	216	Approximate Interval Between
	shock, or heert feliure.  IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	a. PUL TO DUE TO C.	COR AS A CON	ON I NSEQUENCE O	P:	501 G altim	Wynn ore, dying, au	S Fal: Mary ch as cerdied	ls Pa	arkw 21	216	Approximate Interval Between
	shock, or heert feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other significent conditions	a. PULTO  B. MUL  DUE TO  C. DUE TO  d	(OR AS A CON	Ine.  OAI  NSEOUENCE O  NSEOUENCE O	Pi:	SO1. G	wynn ore, dying, au	s Fal. Mary ch as cerdied	ls Pa	arkw 21 etory arr	72 Y 6	Approximate interval Betwee Onset and Dea 3 d.c.
	shock, or heert feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other significent conditions	a. PUL TO DUE TO d.	(OR AS A CON	Ine.  OAI  NSEOUENCE O  NSEOUENCE O	Pi:	SO1. G	wynn ore, dying, au	S Fal. Mary ch as cerdled	S P?	etrkwarz	72 Y 6	Approximate interval Betwee Onset and Dea 3 d.c.
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	shock, or heert feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent condition	a. PULTO  B. MUL  DUE TO  C. DUE TO  d	(OR AS A CON	Ine.  OAI  NSEOUENCE O  NSEOUENCE O	Pi:	derlying cau	wynn ore, dying, au	s Fal. Mary ch as cerdied	S P? Land or reapin	etrkwarz	72 Y 6	Approximate interval Betwee Onset and Dea 3 d.c
	shock, or heert feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  PART II. Other significent condition  SQUAMOUS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CON  (OR AS A CON  (OR AS A CON  (OR AS A CON  (OR AS A CON	NSEQUENCE O	Pi:	derlying cau	WYNN OTE, dying, au SIS	s Fal. Mary ch as cerdled	a. WAS AN / PERFORM	etrkwarz	72 Y 6	Approximate interval Betwee Onset and Dea 3 d.c
	shock, or heert feliure.  IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other significent conditions  SQUAMOUS  25. WAS CASE REFERRED TO MEDICAL	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON	INSECUENCE O	Pi:	derlying csu  26. PLACE (: :: :: :: :: :: :: :: :: :: :: :: :: :	wynn ore, dying, au  Sisse given in	s Fal. Mary ch as cerdied	a. WAS AN / PERFORM	etory arr	24b	Approximate interval Betwee Onset and Dea 3 d.c
	shock, or heert feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  PART II. Other significent condition  SQUAMOUS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO DU	(OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON	INSECUENCE O	Pi:	derlying cau	WYNN OFE, dying, au  S(S) se given in  FDEATN (C) Realdence	s Fal. Mary ch as cerdled	a. WAS AN / PERFORM	etory arr	24b	Approximate interval Betwee Onset and Dea 3 d.c
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	ahock, or heert feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other significent condition  SQUAMOUS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	B. DUE TO  B. DUE TO  C. DUE TO  d. HOSPITAL:  10 Inpetient 2 [ 28e. DATE Of (Month, E)  28e. PLACE (	(OR AS A CON (OR A	NSEQUENCE O	Primot enter to the uncompared	derlying csu  26. PLACE (: :ing Home 5 [ 28c. INJURY / WORK? 1   YES	WYNN OFE, dying, au  S(S) se given in  FDEATN (C) Realdence	S Fal. Mary  Ch as cerdled  Part I. 24  Check only one)  6  Other (S  28d. DESCR	a. WAS AN A PERFORM  YES 2	etory and	24b	Approximate interval Betwee Onset and Dea 3 d.c

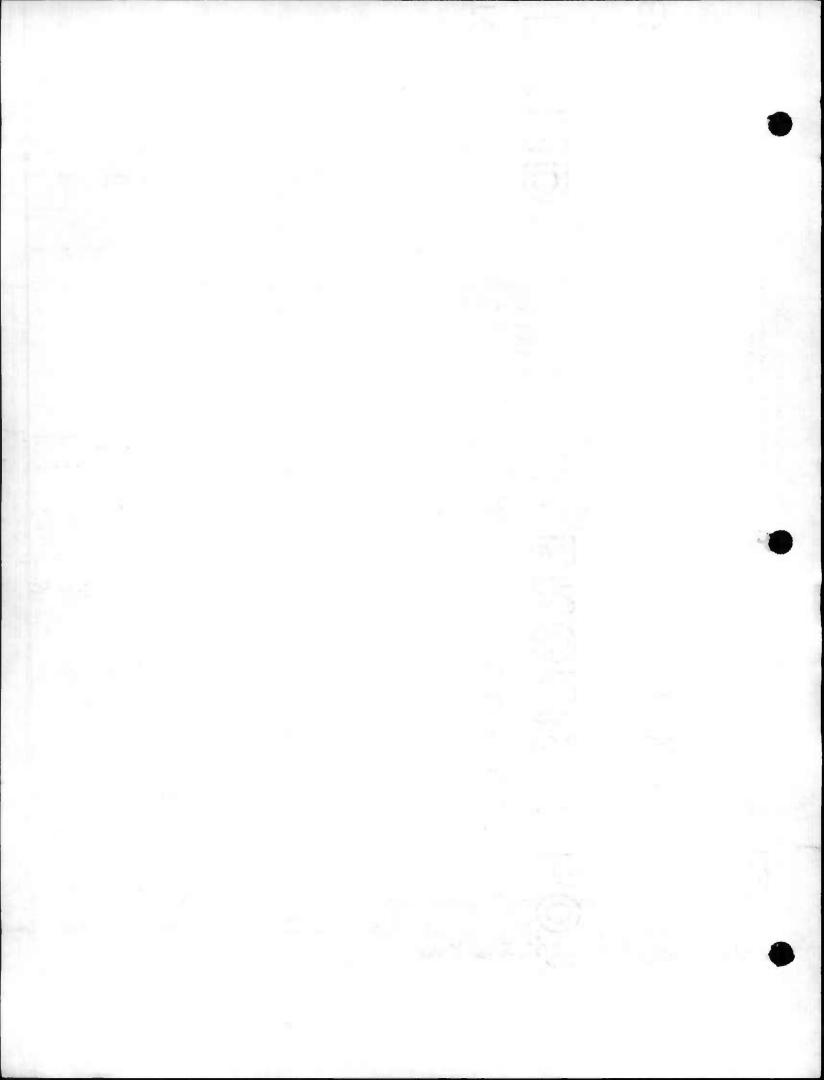
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OWOR

31. DATE FILED (Month, Day, Year)
APR 0 5 1991 Julia Davidson-Randell

DHMH-16 Rev 1/89

2/29



MARYLAND 21215-6020

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IN THE MOSTINE OF A LENGTH CONTROL OF THE WAR IN THE WA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		
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STI IN	ERAL	in 72	IT. H
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Ĕ	THE	filed	IMPORTANT: If New 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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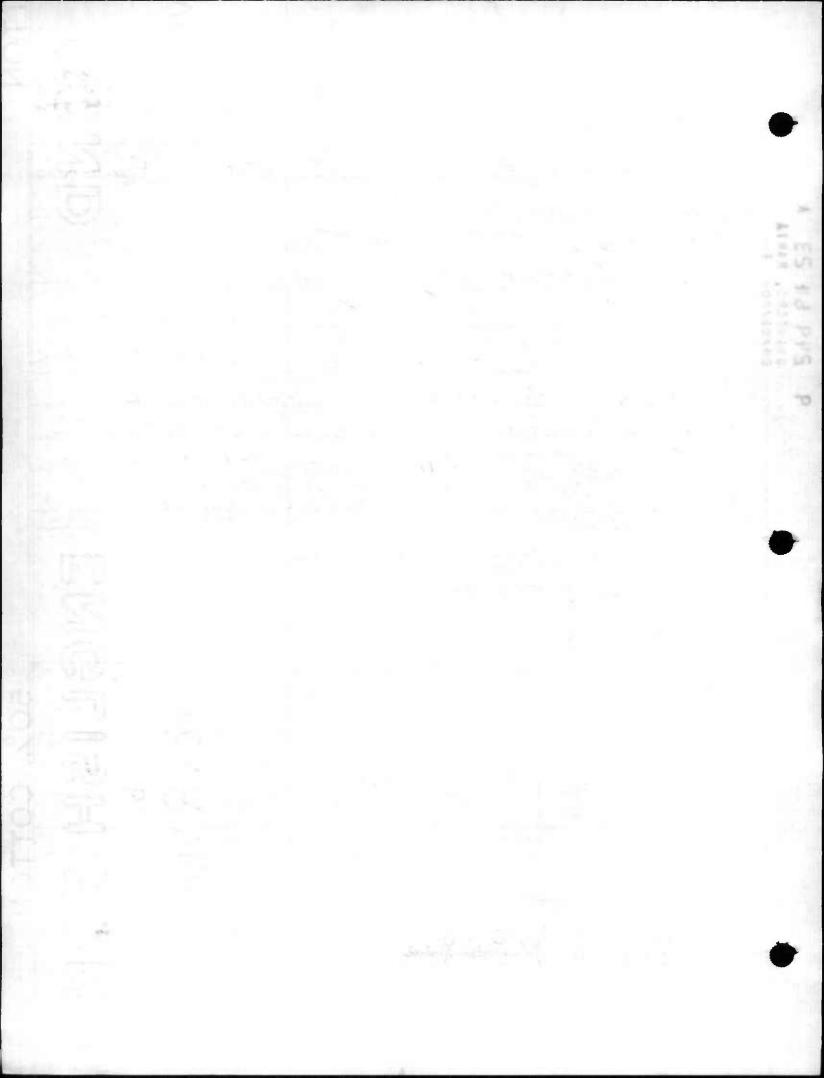
31. DATE FILED (Month, Day, Year)
ADD () 5 1991

30. NAME AND ADDRESS OF RERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH YEAR APRIL OUINTERO 991 7. DATE OF BIRTH (Morith, Day, Year SEPT / 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 580-74-0794 DAYS HOURS 1 M 2 2 Tuer 920 100 9s. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? JUAN 90K 1 F YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 0090 LeVILLAS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Buerto Rican, etc.)

1 YES 2 \( \subseteq \text{NO} \) Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 2 Married 1 Never Married IF YES, GIVE WAR OR DATES BY Puckto Kich 3 Widowed 4 Divorced COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest go (Give kind of work done life. Do NOT use retired.) to of ndary (0-12) College (1-4 or 5+) employee Venns 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, SERABALLS ebBO **BE** FORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number 2 OD OF DISPOSITION PATE 9 20b. PLACE ANO OATE OF DISPOSITION (Name nation 3 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Joseph 263 5. 23 PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac shock, or hear fellure. Ust only one cause on each line. Approximata interval Between Onset and Death IMMEDIATE CAUSE (Fin oronary disease or condition ortery RNS resulting in death) DUE TO (OR AS A CONSEQUENCE OF) tsthma e All CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 in inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 TES 2 NO g Home 5 - Residence 8 - Other (Specify) 4 I Nura 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 266. TIME OF 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE. M.O Juc

> 660 N. Wolfe Strut a, Marc ano 12. REGISTBAR'S SIGNATURE
> Wha Daydoon Randall **OHMH-16 Rev 1/89**



FUNERAL

2		iges 1, 2, 3 shou		
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 👡 us after death. Page 6 may be retained by 📨 executed physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be unitable as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

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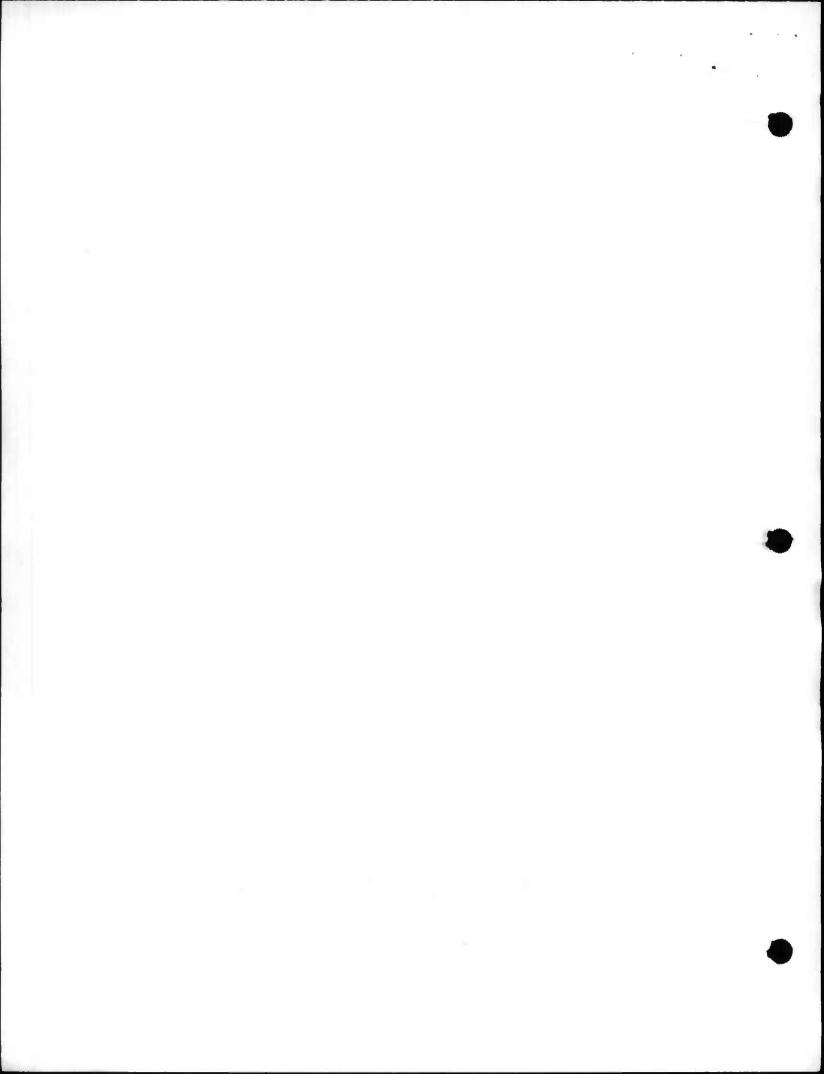
REG. NO 2. DATE OF OEATH MONTH 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH MO 1:55 A CHARLES J. REED A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 213 07 7147 1 M 2 F 75 VDS MARYLAND 19 15 11 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE DIRECTOR FORT HOWARD VA MEDICAL CENTER 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY BALTIMORE **MARYLAND** 1 TES 2 THO Randallstown 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE USA 21133 8501 FIELDWAY DRIVE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced WWII White 16e, DECEDENT'S USUAL OCCUPATION
(Glive kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Montgomery Wards Manager 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) John D. Reed Elsie E. Barnes 图 19a, INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State 7th Code) ဝ Mrs. Mary Lucille Reed 8501 Fieldway Drive Randallstown, MD 20s. METHOD OF DISPOSITION
11 Buriel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Baltimore National Cemetery Baltimore City, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. Stephen Kins 8728 Liberty Road Randallstown, MD 21133 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallura. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finsi disesse or condition resulting in death) SEPTICEMIA OUE TO (OR AS A CONSEQUENCE OF): ABDOMINAL MESENTERIC INFARCT CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER

The book and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MID 15232 N 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

1991

guia Dandson-Mandella



Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

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CERTIFICATION

BY PHYSICIAN: MEDICAL

TO BE COMPLETED

4 Homicide

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be esecuted within it would also death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit has a substant burial burial burial prior to burial, cremation, or removal.	MPORTAN: I tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TENDING PHYS	DR: After this	8 is marked
IL OR ATT	L DIRECTO	f Item 24
E HOSPITA	E FUNERA	RTANT: II
H DI	H P	IMPO

08970 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF CEATH HINEHART 91 YEAR BETTY 15 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 864 969 247 1 | M 2 | F ·C YRS. 11-13-9b. CITY, TOWN OR LOCATION OF GEATH Sc. COUNTY OF DEATH erco RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Hd Da 1 YES 2 NO 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP COOE 21229 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes if yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 
YES 2 
YOU Specify: 14. RACE — American India Black, White, etc. 11. MARITAL STATUS FORCES? 1 YES 2 NO 1 Never Married 2 Marrie Black 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Sp ndary (0-12) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surne Williams lohnson 19b. MAJLING ADDRESS (S 19a. INFORMANT'S NAME (Type/Pr 21229 nes 20s. METHOD OF DISPOSITION
1 December 2 Commention 20b. PLACE OF DISPOSITION (Ne 4 Donation 5 Other(S) 21, SIGNATURE OF FUN 22. NAME AND ADDRESS OF FACILITY bash 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition resulting in death) MEUMONIA DUE TO (OR AS A CONSEQUENCE OF): SEPSIS Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING ESTRICTIVE WISEAS E CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST CARDIO MYOPAT PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO

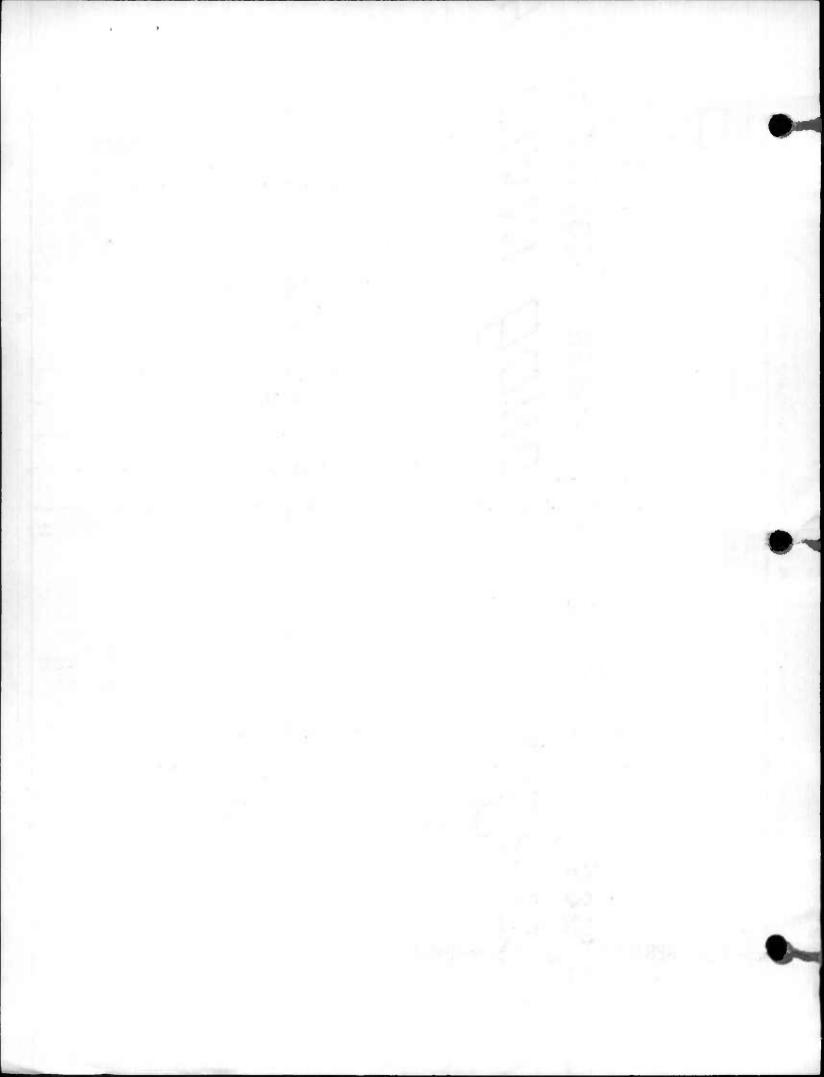
				1 VES 2 NO	OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1 D Inpatient 2 ER/Outpaties	othe	26. PLACE OF DEATH (CER: ursing Home 5  Residence					
27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO		Bd. DESCRIBE HOW INJURY OCCURED			
3 Suicide 6 Could not be	28e. PLACE OF INJURY — / building, etc. (Specify)	At home, farm, street, fa	281. LOCATION (Street and Number or City or Town, State)	181. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place

2 ( ) ( )		
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNEO (Month, Day, Year)
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH OTEM 27 /500	O-feet)	

JEFFREY MEDICAL LOSENTE ERCY CENTER PLO

102. REGISTRAR'S SIGNATURE APR 0 5 1991



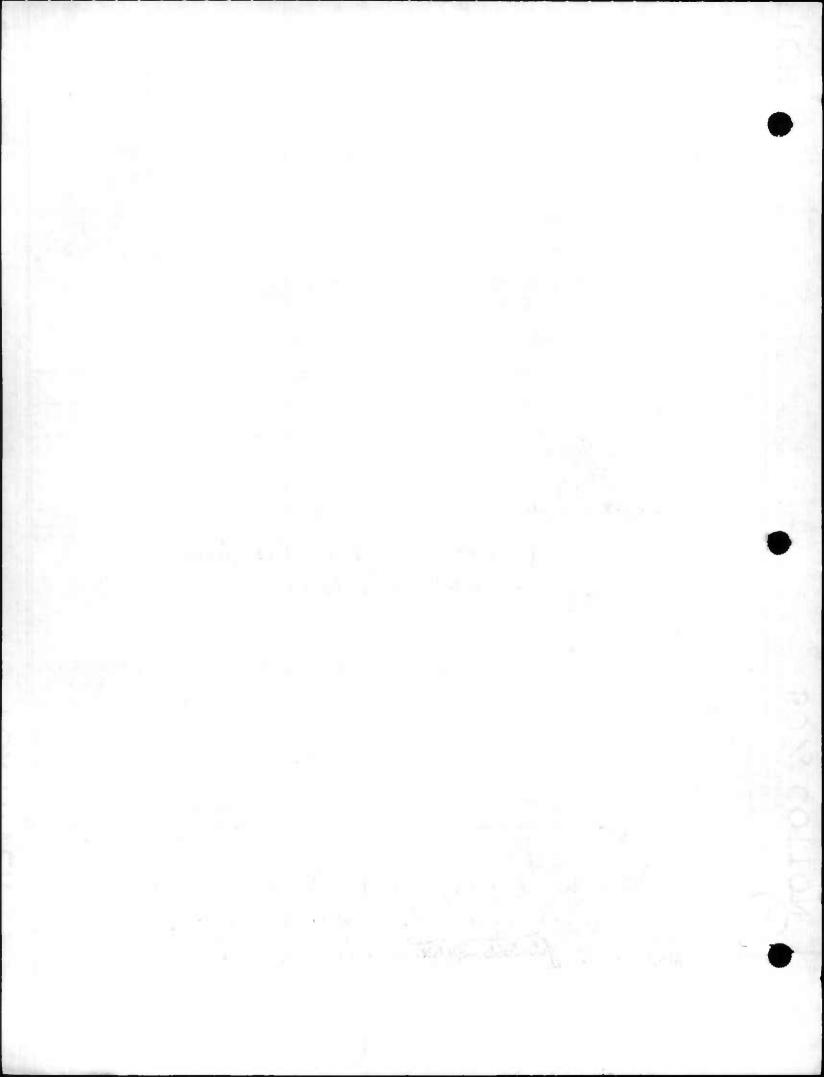
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IVISION OF VITAL RECORDS, P.O. BOX 68760,	
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 8 may be retained by the involvest that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

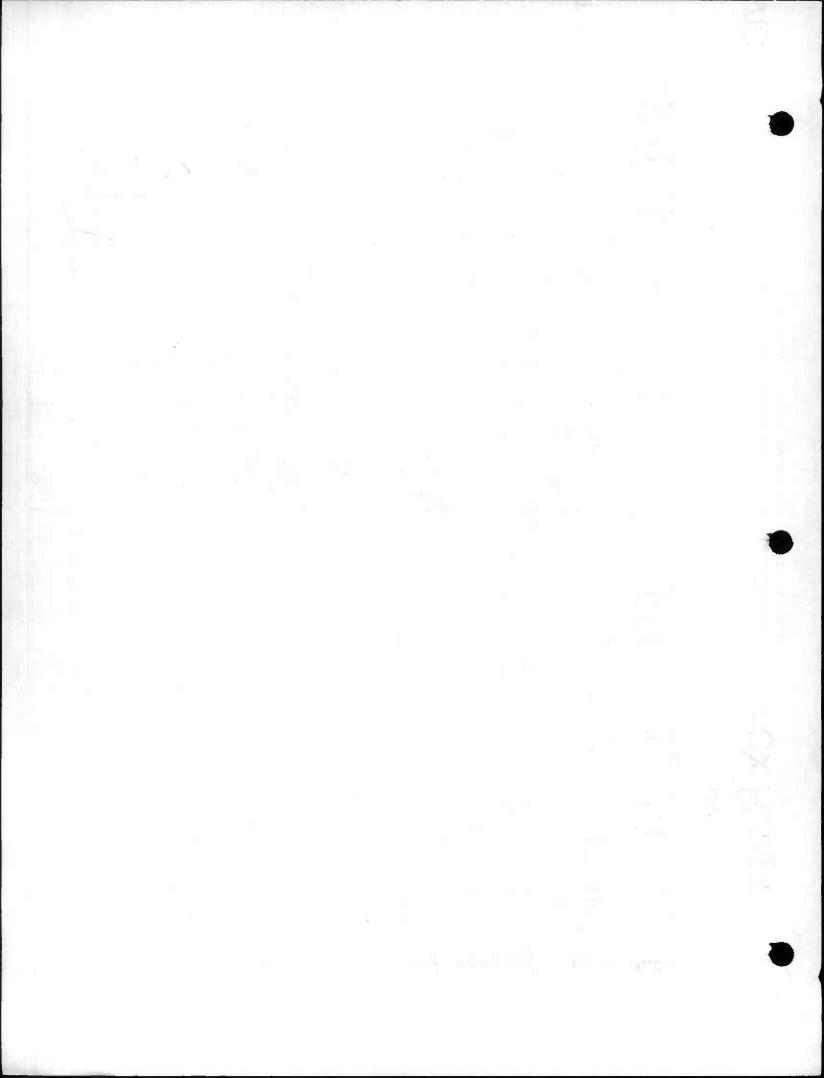
08971 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND F DEATH	MENTAL HYGIENI REG. NO.	E 9 [	08971	
	DECEDENT'S NAME (First, Middle, Last)	William N. Ric	<u> </u>			2, DATE OF DEATH MONTH DA	1991	М	
	4. SOCIAL SECURITY NUMBER 217–12–9706	1 M 2 D F	74 YRS.	IF UNDER 1 YEAR	HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-8-1916	C	IRTHPLACE (State or Foreign ountry) Va	
OR	9a. FACILITY NAME (II not institution, give 4014 Boarman Aven			Baltim	N OR LOCATION OF	DEATH	9c. COUNTY C	OF DEATH	
DIRECTOR	10e. STATE 10b. COUNT	тү	100	ry, town on Lo	CATION		10d. INSIDE CITY LIMITS?		
	100. STREET AND NUMBER 4014 BOARMAN AVENU	110	Dare	, more	101. ZIP CODE 21215		10g. CITIZEN	1 X YES 2 NO  OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 📉 NO	If yes,	DECENDENT OF HISF	ANIC ORIGIN? (Specify Yee loan, Puerto Rican, etc.) city:	or No— 14. F	RACE — American Indian, Black, White, etc. Specify: Black	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done during		166. KIND OF BUS		RY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Edward Rice				Elizab				
2	19a. INFORMANT'S NAME (Type/Print) Agnes Rice		19b. MAILING 40	_	n Avenue	Baltimore, M		9)	
	26a, METHOD OF DISPOSITION 1 M		b. PLACE AND OAT Develory, cremator Arbutus M	E OF OISPOSITI	ON (Name	OATE 20c. LOC	cation — chy		
	21. SIGNATURE OF FUNERAL SERVICE I	Jan J	Al butus J.	22. NAME	and address of arch F/H V	FACILITY Vest	Ducuş M		
	23. PART I. Enter the diseases, or shock or heart failure IMMEDIATE/CAMSE (Final disease or condition resulting in death)	e. List only one cause on e	d the death. Do each line.	^	1	ech as cardiac or respi		Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	A CONSEQUENCE O	(F):	lòma				
CERT	resulting in death) LAST	d							
PHYSICIAN: MEDICAL	PART II. Other algorificant condition	one contributing to death I	but not resulting	in the underf	ying cause given	In Part i. 24s. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	3. PLACE OF OEATH	(Check only one)			
	1   YES 2   NO  27. MANNER OF DEATH 1   Netural 5   Pending	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA		Home 5 Resident INJURY AT WORK?  YES 2 NO	28d. DE\$CRIBE HOW II	NJURY OCCURE	ED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJUR	Y — At home, farm, acity)	street, factory, o	office	28f. LOCATION (Street of City or Town, State)	and Number or Fl	lural Route Number,	
COMPLETED	cool only	/SICIAN: To the best of my know						use(e) end menner ea stated.	
TO BE C	29b. SIGNATURE AND TITLE OF GENTIF	ier feu s	5)4-3	5-91	D27	NUMBER LO 75	29d. DATE SIG	GNED (Morith, Day, Year)	
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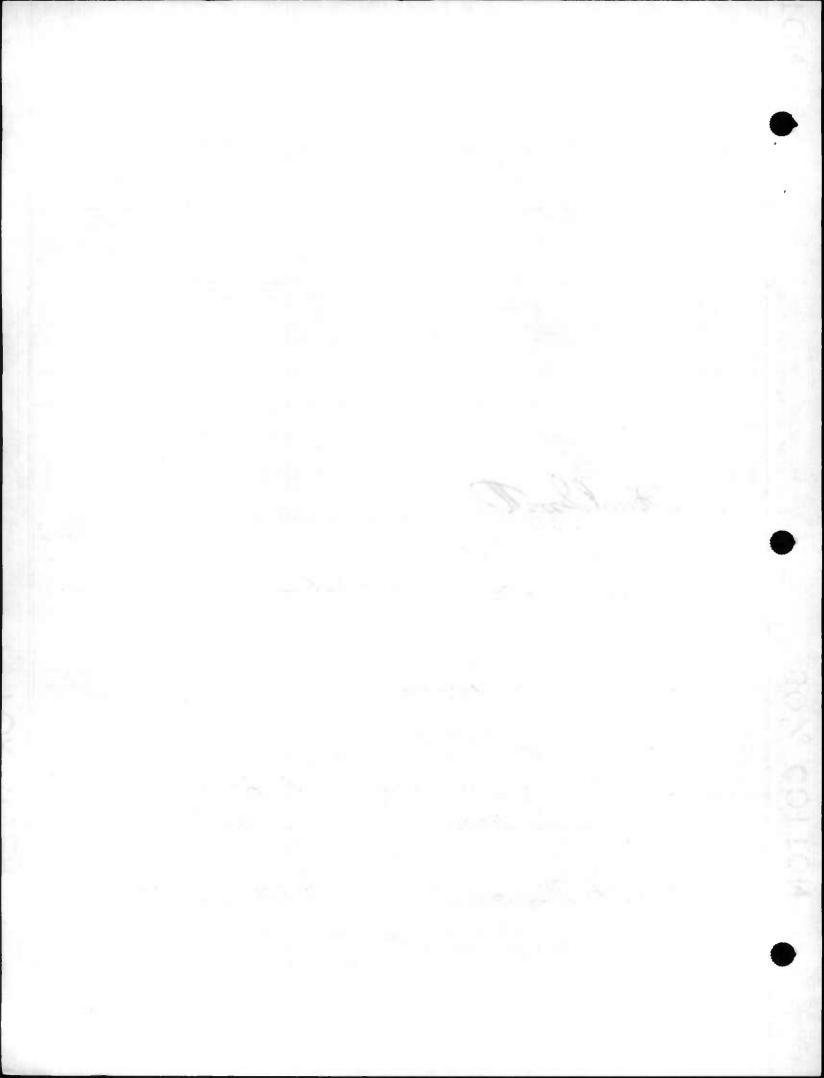


BALTIMORE, MARYLAND 21215-0020	sicLan: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune has many after death with the State Dept. of Health and Mental Houlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		IND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH			
1. DECEDENT'S NAME (First, Middle, Last	14/2	RICKO	2. DATE OF DEATH	3 <sup>DAY</sup> 1991 <sup>YEA</sup>	3. TIME OF DEATH
CLARA  4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (III	n yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE OF BIRTH (Month, Day, Year)	-	IRTHPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give		9b. CITY, TOWN OR LOCATION	0F DEATH	9c. COUNTY	OF DEATH
FRANCIS SCOTT K	EY HOSPITAL	BALTIMORE			
10a. STATE 10b. COUN	VTY	10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS
100. STREET AND NUMBER	Iman.	54 101. ZIP CODE 2/	224	10g. CITIZEN	OF WHAT COUNTRY?
11. MARUNC STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 ANO If yes, specify Cubant	HISPANIC ORIGIN? (Specify Mexican, Puerto Rican, etc.) Specify:		RACE — American Indian, Black, White, etc.
15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 8+)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retred.)		BUSINESS/INDUSTI	Busines
17. FATHER'S NAME (First, Middle, Last)	Rick	House Respect	NS NAME (First, Middle, Maid		M.
19a. INFORMANT'S NAME (Type/Print)	Lentz	196. MAILING ADDRESS (Street and Number or 7031 BANK	Rural Route Number, City or S Steel	Town, State, Zip Cook	Ho Ma.
20e METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Re 4 Donation 6 Other (Specify)		PLACE AND DATE OF DISPOSITION (Name remetary, grematory or other place)	DATE 20c.	BA /8	Town, State
21. SIGNATURE OF FUNERAL SERVICE	annevio l	22, NAME AND ADDRESS	JANK	VO F. A	X 21221
	or compressions that caused	the death. Do not enter the mode of dvino	such as cerdiac or re-	entratory arrest.	Approximate
shock, of heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. AR TERIOSCIE	the death. Do not enter the mode of dying schiline.  ROTIC CARDIO VASCULAR CONSEQUENCE OF:		spiratory arrest,	
shock, of heart fallun IMMEDIATE CAUSE (Finsi disease or condition	s. AR TERIOSCIA  DUE TO (OR AS A  DUE TO (OR AS A	ACTIC CARDIO VASCULAR		spiratory arrest,	Interval Between
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~		FACILITY NAME (If not if				9b.		OR LOCATION O	F OEATH	' /	9c. C0	OUNTY OF	OEATH
P	BE	St. Agnes	Hospi	tal			Bal	timore					
DIRECTOR	1	. STATE	10b. COUNT	ry	1	10c. CITY, TO	OWN OR LOCA	ATION					10d. INSIDE
ä		Maryland	Ba	ltimore		Cat	tonsvi	.11e					1 TES
1 3	10e.	STREET AND NUMBER	1				10	of. ZIP CODE			10g. C	TIZEN OF	WHAT COUNT
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TANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	iMiddle residence in a second residence reside	ahock, or improved the condition of the	titions, ediete ying lury ST  To MEDICAL  Pending Investigation  Could not be detarmined HTIFYING PHY EDICAL EXAMIP	a. DUE TO (OR A  DUE TO (OR A	AS A CONSEQUIA AS A C	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  DOA 0  1 20b. TIME O  INJURY  A prestigation, I	the underlyist  28. F  THER:  Nursing Ho  St, factory, offi	Wilken: ode of dying, ode of d	n in Pai	e. Ba a cardiac or  rt i. 24a. W Pi  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AS AN AUTOPERFORMEO?  YES 2 MO  Street and Nun  Street and Nun  And manner as  aca, and due t	OCCURED  Driber or Rura  stated,	Approinterv Onset  4  2  Nb. WERE AUTOI ARAILABLE P COMPLETO OF DEATH? 1   YES ::



BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR. After this cardificate has been signed by the attending physician and completely in by the funeral director, page 5 should be detache he flued within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burdal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
16,	d within	mpletely cremation,	event, the
X 1314	be executed	cian and co	raumatic (
O. BO	n certificate	nding physi Hygiene pri	or other t
DS, P	at the death	by the atte	y Injury,
RECOR	requires th	een signed of Health	shows an
TAL F	N: The law	ficate has b State Dept.	Item 23
V OF	G PHYSICIA	er this certi	arked, or
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	R ATTENDING	RECTOR: After	m 28 ls m
ā	THE HOSPITAL OF	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely 3 in by the he find within 72 hours after death with the State Deat, of Health and Mental Rydiene prior to burkal, cremation, or removal,	ORTANT: If Ite
	10	2	IM

	FOR	STATE OF MA	ADVI AND /	DEDAG	TRACNT (	ne ue/	NITU AND	MENTAL HYGI	9		18974
	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	SIAIE OF MA			ICATE			REG.	NO.	1.	
	A RERT RUBENSTEIN.								DAY	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		L AGE (In yrs. less		IF UNDER 1 Y	EAR 6	F UNDER 24 HRS.	7. DATE OF BIRTH	1 9		ICE (State or Foreign
	\$78 <b>-</b> 09 <b>-</b> 9050	1 🔀 M 2 🗆 F	83	YRS.	MONTHS E	DAYS H	OURS MIN.	March March	4,190	8 M	aryland
DIRECTOR	9a. FACILITY NAME (If not institution, give si Hebrew Home of		c Wash				ville	EATH		gome:	
2	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	,		10c. CI7	Y. TOWN OR	LOCATION	v .			104	d. INSIDE CITY
E		gomery			ockvi						LIMITS?
	10e. STREET AND NUMBER	9011011			0 011 7 2		IP CODE		100 CITIZ		T COUNTRY?
FUNERAL	6121 Montrose R	Dad.				101. 21	20852		75	S.A.	COUNTRY
N.	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN II C AD	MED	12 140	e DECENI		NIC ORIGIN? (Specify			American Indian
BYFU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 X	10	If y	ea, apecif	y Cuban, Mexica	in, Puarto Rican, atc.	THE OF NO-	0	American Indian, hile, atc. White
0	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCC	UPATION		16b. KIND OF	BUSINESS/INDU	JSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 1.2	College (1-4 or 5+)	life.	age:	of work done during most of working Fuse retired.)						
NO	17. FATHER'S NAME (First, Middle, Last)					1	A MOTHER'S NA	ME (First, Middle, Mei		7	
	Louis Rubenste	in						Shulman	aon cameney		
BE	19a. INFORMANT'S NAME (Type/Print)		100	MAII IM	ADDRESS /			Route Number, City or	Town State Tie	Codel	
2			100								02651
	Joel K. Rubens	tein						,Laguna			
	20a. METNOD OF DISPOSITION 1 🔀 Buriel 2 🗆 Cremetion 3 🗀 Rem 4 🗀 Donation 6 🗀 Other (Specify)	oval from State	other pla	nce)			tery		con Hi		aryland
	21. SIGNATURE OF EMPIRE LIKE	TO TO			Ive	s-P		n Funera			a. 22046
	23. PART Lamor the diseases, or o	complications that	ceused the de	eth. Do							Approximata
	immediate CAUSE (Finel	Liet only one ceue	e on each line								Interval Between
	disease or condition	P.		A = 1	0						Oliset and Death
	resulting in deeth)	a. DUE TO (C	OR AS A CONSE	OLIENCE C	3) 17 )E1-						
		AM CER				D	ACCI	DENT			
ON	Sequentially list conditions,		OR AS A CONSEC			1	110-11	0001			<u> </u>
AT	if any, leading to immediate cause. Enter UNDERLYING				. ,,						
FIC	CAUSE (Disease or Injury that Initiated events	COUE TO (C	OR AS A CONSEC	DUENCE C	OF):						
CERTIFICATION	resulting in death) LAST										!
E		d									
7	PART II. Other algnificent condition							Part I. 24a. WAS	AN AUTOPSY		ERE AUTOPSY FINDINGS AILABLE PRIOR TO
PHYSICIAN: MEDICAL	AMYOTRO	PIC LA	TERA	HL	SUE	FRO	SIS	100	S 2, NO	CO	IMPLETION OF CAUSE
ᇤ									(See		YES 2 NO
2								_		1	
AN	25. WAS CASE REFERRED TO MEDICAL					26 PLAC	E OF DEATH (C)	heck only one)			
<u> </u>	EXAMINER?	HOSPITAL:		5	отным:						
∠S	1 YES 2-WNO  27. MANNER OF OEATH	1 Inpatient 2 I			_	g Nome 6c. INJUR		6 Other (Specify)	W 101 II II II O O O	1105.0	
	1 Natural 5 Pending	(Month, Day	( Year)	28b. Til	JURY 2	WORK	(7	288. DESCRIBE HO	W INJURY OCC	UMEO	
BY	2 Accident Investigation	20. 51 107 07	MARINE AND A			1 YES	3 2 NO				
TED	3 Suicide 8 Could not be 4 Homicide determined	building, et	INJURY — At he tc. (Specify)	111 <b>0, 18111</b> 1,	arrest, factor	y, omica		261. LOCATION (St City or Town, S		a rurui Hout	# NUMBER,
COMPLET	(article artif	CIAN: To the best of m									
Ö	2 MEDICAL EXAMINE	H: On the basis of axa	mination and/or	investigati	lon, in my opi	nion, deal	th occured at the	time, data and place	, and due to the	cause(s) an	d manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	A 0.0				2	9c. LICENSE NU		29d. DATE	SIGNED (M	onth, Day, Year)
	P. Talwa	m.					D 36	552	14	1191	
5	30. NAME AND ADDRESS OF PERSON WI		OF DEATN (ITE	M 27) (Typ	e. Print)						

PANKAJ 31. DATE FILED (Month, Day, Year) APR

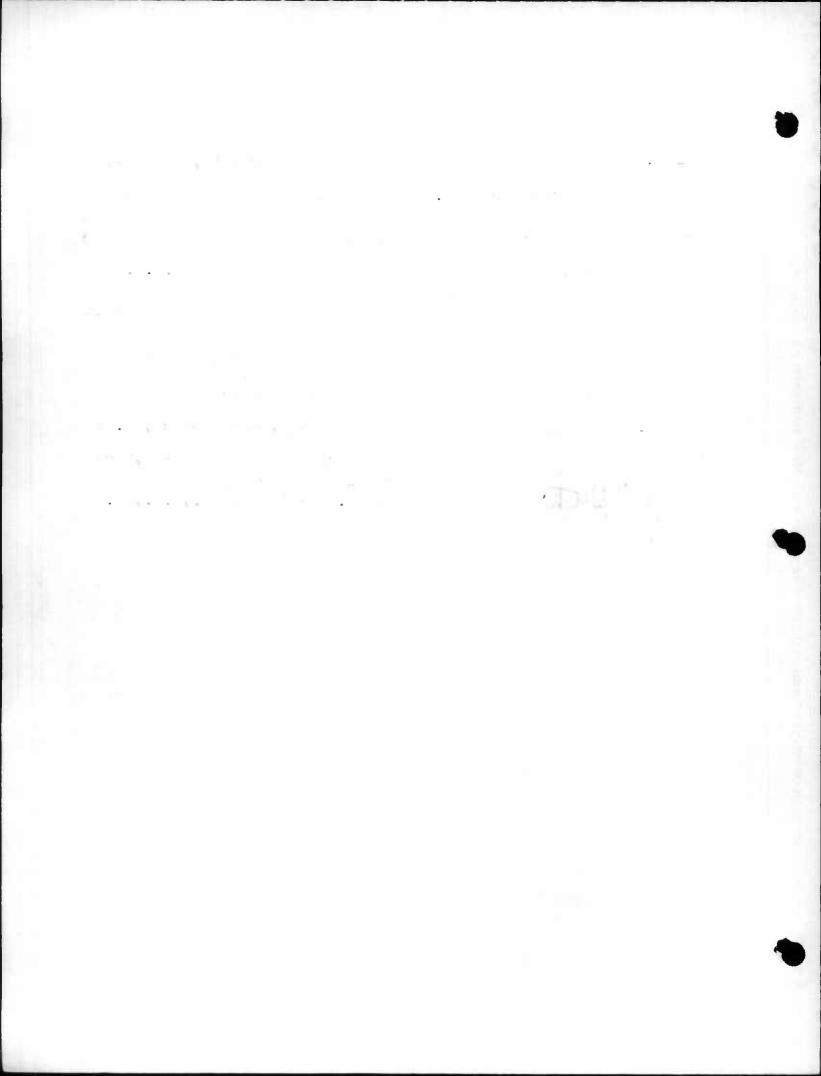
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

6121 MONTROSE

ROAD

POCKVILLE MD, 20852



W			DODDD	
	1		4. SOCIAL SECURITY NUMBER	5. SEX
1	1		084-07-7410	1 🔀 M 2 🗆 F
1	pino		9a. FACILITY NAME (If not institution, give st	treet and number)
. "	15	œ	MARYLAND GENERA	L HOSPITA
	. 2,	읝	RESIDENCE OF DECEDENT	
	Sag	DIRECTOR	10a. STATE 10b. COUNTY	
	28	ă	Maryland	
	Dermi	A	10e. STREET AND NUMBER	
	nsit p	FUNERAL	1406 Bolton St	treet
	ician al-tra	3	11. MARITAL STATUS	12. WAS DECEDENT
46	phys	F	1 Never Married 2 X Married	FORCES? 1
31	the	BY	3 Widowed 4 Divorced	WW
BALTIMORE, MARYLAND 21203-3146	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital we attending physician.  DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used to be both. of health and Mental Hygiene prior to burial, cremation, or removal.  Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)
217	for u	=	Elamentary/Secondary (0-12)	College (1-4 or 5+)
0	hospi iched	₽		4 yrs
A	the deta	8	17. FATHER'S NAME (First, Middle, Lest)	1
Z	ed by	BE	Robert E. Robe	ertson,
AF	shou	2	19a. INFORMANT'S NAME (Type/Print)	
Σ	be n	-	Mary R. Robert	tson
H	may or, pe		20a. METHOD OF DISPOSITION 1 □ Burial 2 🏋 Cremation 3 □ Rem	oval from Stata
ō	ige 6 firects		4 Donation 8 Other (Specify)	
Ē	h. Pa		21. SIGNATURE OF UNERAL BERVICE IN	ENSEE
AL	deat e fun exa		George E. M	MacNabb
ш	requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hose signed by the attending physician and completely filled in by the funeral director, page 5 should be detach or theath and Mental Hygiene prior to burial, cremation, or removal.  shows any injury, or other traumatic event, the medical examiner must be notified at once.		23. PART i. Enter the diseases, or o	
	or n		shock, or heart fallure.  iMMEDIATE CAUSE (Final	List only one caus
	y fill		disesse or condition	CARDIO
.5	within pletel		resulting in death)	a. OUE TO (
146	com rial,	-		MYOCAR
13	and or but	ō	Sequentially list conditions,	DUE TO (
ŏ	e be siciar rrior trau	¥	if any, iasding to immediate cause. Enter UNDERLYING	CORONA
Ö	ificati	띹	CAUSE (Disease or injury that initiated events	OUE TO (
O.	nding Hygik	F	resulting in death) LAST	d
σ.	death atte	빙		<b>u</b>
SO	The state of the s	A	PART ii. Other significant condition	s contributing to
<u>E</u>	that bed be lith as lith as amy	음	,	
RECORDS, P.O. BOX 13146,	Tulree Hea OWS	W		
8	aw rec s beer ept. of	N: MEDICAL CERTIFICATION		
AL	he la has e De	<b>4</b>	25. WAS CASE REFERRED TO MEDICAL	
H	ficate h State	Sic	EXAMINER?  1 YES 2 KNO	HOSPITAL:
<b>&gt;</b>	SICIAL certificant the	PHYSICI	27. MANNER OF DEATH	28a. DATE OF
0	NG PHYS fter this c eath with marked		12 Natural 5 Pending	(Month, De
N	After death	ВУ	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE O
DIVISION OF VITAL	TOR: A after d after d 28 Is		3 Suicide 8 Could not be 4 Homicide determined	building,
$\leq$	DIRECT HOURS		200. CERTIFIER	
	国立で目	MP	(Check only 1 A CERTIFYING PHYS	
	HOSPITAL DR ATTENDING PHYSICIAN: The FUNERAL DIRECTOR: After this certificate haitin 72 hours after death with the State ETANT: If Item 28 is marked, or Item	COMPLETED	2 MEDICAL EXAMINI	ER: On the basis of ex
	THE HOSPI TO THE FUNER OF filed within	BE (	29b. SIGNATURE AND TITLE OF CERTIFIE	R
	5 5 3 W	01	you	us.
		LE	30, NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUS

	FOR STATE REGISTRAR		STATE OF I	MARYLAN				EALTH AND DEATH	MENTA	L HYGIEN REG. NO		91	08975
	1. DECEDENT'S NAME (First, M	iddle, Last)	Robe	rt Em	mett	Rob	erts	on, Jr	2. DATI	E OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	T			OBERT				APR	TI. 2	1991		12:48 а <sup>м</sup>
			5. SEX	6. AGE (In yr		MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	_	8. BIRTH Countr	PLACE (State or Foreign aryland
	084-07-7410		1 🔀 M 2 🗌 F	83	YRS					/05/0	,		
~	9a. FACILITY NAME (If not instit  MARVIAND C			ΓΔΤ.				R LOCATION OF D				ALTIN	
6	MARYLAND GENERAL HOSPITAL					1 2.1			-				
DIRECTOR	10a. STATE 10b. COUNTY				-10c. (	HY, TOWN							10d, INSIDE CITY LIMITS?
	Maryland					Ва	ltin						1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER						101	21217			10g. CITI		WHAT COUNTRY?
NE	1406 Bolto	n St	12. WAS DECEDEN	IT EVED IN III	PARMER	1 42	WAS DEC	ENDENT OF HISP	ANIC OBIO	IAI2 (Parally Va	a Na I		E — American Indian,
	1 Never Married 2 X M	erried	FORCES?	X YES 2	□ NO	13	If yes, sp	city Cuban, Maxis	en, Puerto		or No-	Black	k, White, etc.
BY	3 Widowed 4 Divorce	ıd		WII			1 🗆 159	ZM HO Sher	ary.			Speci	White
	15. DECED (Specify only h	ENT'S EDUC		16.	a. DECEDENT	of work done	during mo	N st of working	16	b. KIND OF BU	SINESS/IND		
9	Elamentary/Secondary (0-12	2)	College (1-4 or 5			use retired.							
COMPLETED	17. FATHER'S NAME (First, Midd	flo Lost)	4 yr	S ]	CIV	il E	ng 11	18. MOTHER'S N	AME /Elmi	Middle Maiden	Sumama)		
ö	Robert E.		rtson.	Sr.				Edna			Currentey		
BE (	19a. INFORMANT'S NAME (Type		oboii,	DI.	19b. MAILI	NG ADDRES	SS (Street a	nd Number or Rura			rn, State, Zip	Code)	
5	Mary R. Ro	bert	cson		140	6 Во	ltor	Stree	et. I	Balto	. M	D 2:	1217
	20a. METHOD OF DISPOSITION		oval from State	20b. Pl.	ACE OF DIS	POSITION (A	lame of cer	netery, crematory of	1. /		CATION —		
	4 Donation 8 Other (S		andre de	_ Wet	ro C			, Inc		3 Ba	Ltim	ore	, IVID
	seo.	7 6		M		Ċ	rema	ition S	oci	ety o	f Ma	ryla	and
	George												MD 21228
	23. PART i. Enter the disc shock, or hea		complications the List only one ca			o not anta	r tha mo	da of dying, se	ich as ca	rdiac or resp	iretory an	rest,	Approximate interval Batween
	immediate cause (Final disease or condition CARDIOGENIC SHOCK												Onset and Death 30 minut
	resulting in death)		8			SHOUR SOURCE OF):					JO MENGE		
_			MYOCAI										5 hours/
100	Sequentially list condition if any, lasding to immediate		DUE TO	OR AS A CO	NSEQUENCE	-3.00					5days		
CA	cause. Entar UNDERLYIN CAUSE (Disease or injury		C				ISEASE						years
CERTIFICATION	that initiated eventa resulting in death) LAST		OUE TO	OR AS A CO	DNSEOUENCE	OF):							
CEF			d										<u> </u>
AL	PART ii. Other significant	condition	s contributing to	death but	not reauith	ng in tha t	ındariyin	g cause given i	in Part I.	24a. WAS AI PERFO	DALEDO	246	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA	· ———									1 TYES	2XXNO		OF DEATH?
	<del></del>												1 TYES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL					28. P	ACE OF DEATH (	Check only	one)			
SICI	EXAMINER?		HOSPITAL:	☐ ER/Outpatk	ent 3 🗆 DO	OTHE A 4   N	ER:	ne 5 🗆 Residenc					
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE O			TIME OF	28c. IN.	JURY AT DRK?	· ·	ESCRIBE HOW	INJURY OC	CURED	
ВУ Р	12 Natural 5 Po	ending vestigation	(INOTAL),	Day, rowy		M		YES 2 NO					
	3 Suicide 8 C	ould not be	28a. PLACE building	OF INJURY — , atc. (Specify)	At home, far	m, street, fa	ectory, offic	ia .	28f. LC	CATION (Street ty or Town, State	and Numbe	r or Rural	Route Number,
E		Remined		-									
COMPLETED	onel only		ICIAN: To the best of										a) and manner as stated.
00				examination e	nd/or investig	artion, in my	opinion,			ne and piace, a			
BE	29b. SIGNATURE AND TITLE C	Or, L		6/0	,			29c. LICENSE N	N?A		≥ 4	1/21	(Month, Day, Year)
5	30. NAME AND ADDRESS OF											/ /	
			LESS, M.				ND G	ENERAL 1	HOSP1	TAL			
31. DATE FILED (Month, Day, Year) 1991 32. REGISTRAR 9 GIGNATURE Fund Day down Andells													

Pages 1, 2, 3 should

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be dete		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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DR	DIR	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	Hen
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1991

08976 91 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR John F. Stutz 19:40 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN. 212-05-8749 1- M 2 | F 82 1,1908 Aug. Maryland 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City 10a. STATE 18b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland 1 YES 2 NO Baltimore, City 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 3501 St. Paul St. APT. 536 21218 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1  $\square$  YES 2  $\square$  NO IF YES, GIVE WAR OR DATES  $\overrightarrow{WW}$  2 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 ☐ YES 2 → NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) 8th grade Installer Automatic Sprinklers 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Frederick Stutz BE Eleanora Avmold 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zio Code) 2 Miss Leona Stutz 3501 St. Paul ST. Apt 536 Balto, Md. 21218 20s. METHOD OF DISPOSITION
pC Burlet 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE Cedar Hill Cemetery 4/4/91 Brooklyn Park. 22. NAME AND ADDRESS OF FACILITY
HUBBARD FUNERAL HOME
4107 WILKENS AVE. 21. SIGNATURE OF FUNERAL SERVICE LICEI Baltimore, MD. 23. PART I. Enter the dieeeses, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, **Approximate** shock, or heert fellure. Liet only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) rdta 1000 CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE UTIE 1 YES 2 NO OF DEATH? dispertes 469 1 TES 2 NO mbolic probable CVA PHYSICIAN: 0 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28s. DATE OF INJURY 27. MANNEB OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Neturel . 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be LETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMP 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as steted. 29b. SIGNATURE AND TITLE OF GERDIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 40 04 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (Type, Print) Ted Has destit 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Veridson-Randalla

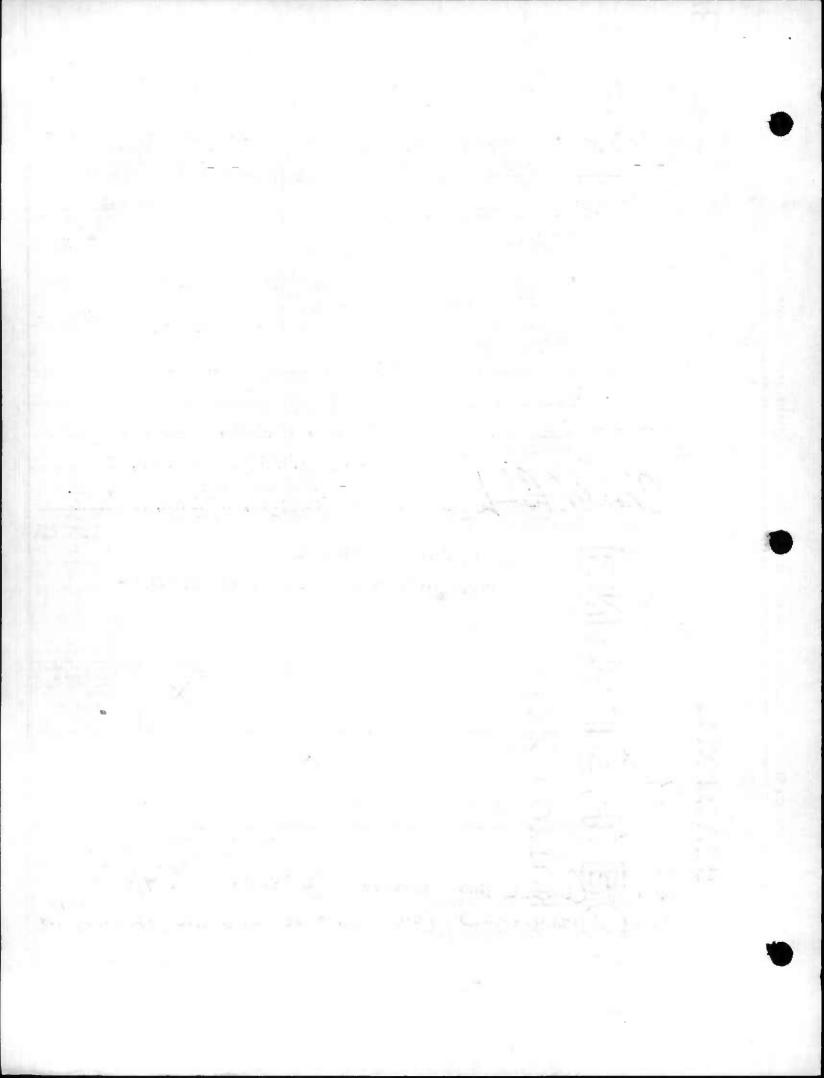
DHMH-16 Rev 1/89

transit permit. Pages 1, 2, 3 should

FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last	)		ERIIF		-		2. DATE O	F OEATH		YEAR 3. T	IME OF DEATH
		ARR					04	0	4 9	1/	3:00 A
4. SOCIAL SECURITY NUMBER 21.7 ← 26 ← 3005	5. SEX	6. AGE (In yrs. In 87.	al birthday) YRS.	MONTHS 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Month, 05	E BIRTH Day, Year) 26-19		Country)  Mary	E (State or Foreign
Se. FACILITY NAME (If not Institution, give	street end number)			9b. CITY, T	OWN O	R LOCATION OF				Y OF DEATH	
7510 Ives Lane				Dur	rdal	2k			Bal	timore	2
RESIDENCE OF DECEDENT  10e, STATE 10b, COUN	TY		10c, CIT	Y, TOWN OR	LOCATI	ON				104	INSIDE CITY
Maryland Bo	iltimore		200	indalk	2					10	LIMITS? YES 2 WHO
7510 Ives Lane					101.	ZIP CODE 2122	22		USA	EN OF WHAT	COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced		NT EVER IN U.S. AI I YES 2 X MAR OR DATES	RMED NO	H y	yes, spe	NDENT OF HISP city Cuben, Mexic 2 XNO Spec	en, Puerto Ri	(Specify Yes can, atc.)	or No 1	Black, Wh Specify:	imerican Indian, Ita, atc.  Thite
15. DECEDENT'S ED	DUCATION de completedi	16a. D	ECEDENT'S	USUAL OCC	CUPATIO	N t of working	16b.	KIND OF BUS	INESS/INDU		
Elementary/Secondary (0-12) 12 Years	College (1-4 or 8	+)	omema	work done du se retired.)	ring mos	t or working		Own Ho	am <i>a</i>		
17. FATHER'S NAME (First, Middle, Lest)			omenio	ucot		16. MOTHER'S N					-
Clarence A. Kirb	y					Sara	h Foo	te			
19e. INFORMANT'S NAME (Type/Print)		11				d Number or Run	l Route Numbe	K City or Town			
Katherine Willhi	te		7510	Ives	La	ne, Bal	timore	e. MD	21222	2	
20- METHOD OF DISPOSITION 1	moval from State	20b. PLAC	E AND DAT	E OF DISPOS	RITION		DATE	200 100	CATION C	ity or Town	State
21. SIGNATURE OF TUNERAL SERVICE	LICENSEE	/		Dud	ame an la=R	o address of uck Fun ise Ave	eral f	tome o	of Dun	idalk.	Inc.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	O (OR AS A CONSI	EGOENCE O	r):		+ end	-STAC	E D	eme)	1774-	
PART ii. Other aignificant conditi	d.	death but not	resulting	in the und	lerlying	Cause given	n Part i	24a. WAS AN	ALITOPSY	24b WEI	RE AUTOPSY FINDIN
								PERFOR	MED?	AVA COI OF	ILABLE PRIOR TO IPLETION DF CAUS DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	100				26. PL	ACE OF DEATH	Check only one	)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:		5 Residence	6 Other	(Specify)			
	28e. DATE O (Month,	F INJURY Day, Year)	28b. Till IN.	ME OF 2 JURY M	28c. (NJI WO) 1   Y	RK?	28d. DE\$4	CRIBE HOW I	NJURY OCCI	UREO	
27. MANNER OF DEATH  1 Autural 5 Pending									_		
~/ _	28e. PLACE	OF INJURY — At I	nome, farm,	street, factor	ry, office			TION (Street or Town, State)		or Rural Route	Number,
Apartural	28e. PLACE building	of my knowledge, o	Seath occur	red at the tim	ne, date	end place, end d	City of	or Town, State)	nner as state	d.	
Alletural	28e. PLACE building YSICIAN: To the best of	of my knowledge, of examination end/o	PHYS	red at the time on, in my op	ne, date	end place, end d	City of	er Town, State)	nner as state	d. cause(e) en	

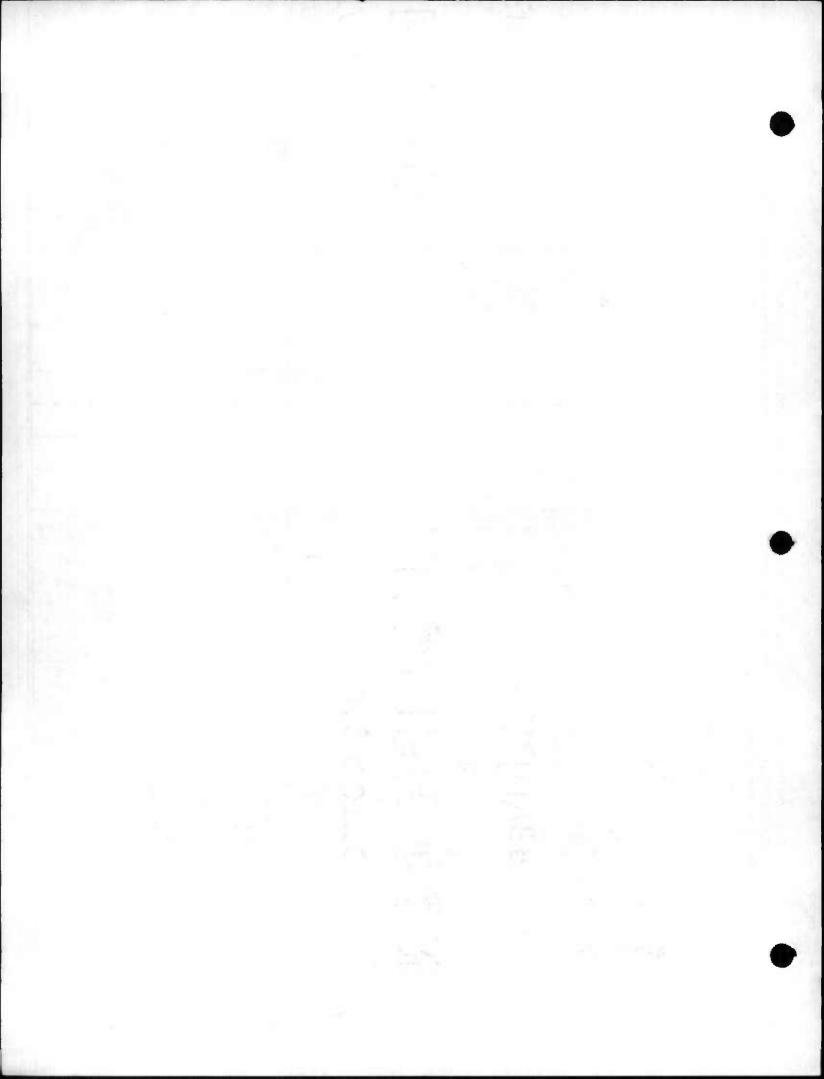


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the buriel-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT O	F HEALTH	AND N		YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) STANLEY JOH	IN SPOKU	S				2. DATE OF I	DEATH DAY	YE	3. 1	156 AM
	4. SOCIAL SECURITY NUMBER 206 ≈ 12 ≈ 9765 98. FACILITY NAME (If not institution, give st	1 Ø M 2 □ F 6:		9b. CITY, TO	WN OR LOCATI	MIN. ON OF DE		4-192	6 P	country)	CE (State or Foreign YLVANIA 1
ЕСТОВ	Francis Scott Key RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Balt T, TOWN OR L	imore ocation	City				104	I. INSIDE CITY
L DIR	Maryland Bal	Etimore	I	undal	k 101, ZIP COD	-			10a. CITIZEN		YES 2 NO
VERA	1702 Langport Aver	rue			212				USA	OF WHAI	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS	DECENDENT ( s, specify Cube YES 2 NO	OF HISPAN in, Mexican Specify	IC ORIGIN? (S n, Puerto Ricer :	pecify Yes o		Black, WI	American Indian, nita, etc. hite
COMPLETED BY FUNERAL DIRECTOR	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (9-12) 12 Years		16a. DECEDENT'S (Give kind of w life. Do NOT us  Ret d E	vork done durli e retired.)	ng most of worki				ation	RY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Anthony T. Spokus,	, Sr.			An	tonic	ME (First, Middl 2 Jocu	us			
2	190. INFORMANT'S NAME (Type/Print) Annetta T. Spokus				ort Av.		, Balt	imore	, MD	212	
	20s METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	b. PLACE AND DATE cemetary, greenatory ICTED HEO	or other place	TION (Name	Cem.	0ATE 4/8	Bal	timori	or Town,	Stata D
	21. SIGNATURE OF FUNERAL SERVICE LIC		~	22 NAI		SS OF FAC	ieral	Home	of Du	ndal	k, Inc.
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. Cardiapul  Due to on as  b. MY Card  Due to (on as	ech line.			ing, auci	h ea cerdiec	or reepira	itory arrest.		Approximate Interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	. ASCVD	A CONSEQUENCE OF								
MEDICAL	PART II. Other algolificent condition	a contributing to deeth i	out not reaulting	in the unde	rlying ceuse	given in		a. WAS AN AI PERFORM	ED?	CO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF I	DEATH (Ch	eck only one)				
PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	patient 3 DOA DOA INJ	E OF 28	Home 6 R c. INJURY AT WORK?				JURY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, :				26f. LOCATIO	ON (Street an lown, State)	d Number or I	Rural Route	Number,
COMPLETED	0000	ICIAN: To the best of my know								ause(s) an	d manner as stated.
TO BE C	29b, SIGNATURE AND TITLE OF CERTIFIE	Alropiro, 1	u.D.		29c, LIC	196			29d, DATE SI	GNED (MC	orith, Day, Year)
	Edward P. Sha	PIN MD;	4948 2	-	n Ave	, 2	salfo.	ud	212	ry	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	Andalla								
	441 41										DHMH-16 Rev 1/89

SEV. N. A.S.

1	REGISTRAR		CERTIF	ICATE OF	DEATH	1	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las					2. DATE			EAR 3.	TIME OF DEAT
- 1	Earl 4. SOCIAL SECURITY NUMBER	Lawrence	(In yrs. last birthday)	VWEII	IF UNDER 24 HRS.	04	02 OF BIRTH	91		• 50 ACE (State or Fi
		1 M 2 F	85 YRS.	MONTHS DAYS	HOURE MIN.	(Month	, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give		85	Sh CITY TOWN	OR LOCATION OF D		6/1906	9c. COUNTY	laba	
۳ ا	Greater Baltime		onton	_	wson			Balt		
CTOR	RESIDENCE OF DECEDENT							Dait		
DIRE	MD 108. COO			T : :						LIMITS?
- 11-	100. STREET AND NUMBER	Baltimore		Timonium	Of, ZIP CODE			10a. CITIZEN		YES 2 T
FUNERAL	122 Northwood I	Drive			21093				SA	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER			CENDENT OF HISPA	NIC ORIGIN		or No- 14.	RACE -	American Indi
8	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	DATES	1 🗆 YE	specify Cuban, Maxic S 2 NO Speci	Hy:			Specify:	
	15, DECEDENT'S E	WW II	YES	S USUAL OCCUPAT	CION	-	O KIND OF BUS	MESS (IND. 18)	tmv	Whit
E	(Specify only highest gri			work done during r		100		STONE		
립	12 +	Conege (1-4 or 5+)	Reti	red/of	fice &	Cred				
COMPL	17. FATHER'S NAME (First, Middle, Last)		1,001	104/01	18. MOTHER'S N.					
ш	CHARLES S	SAYWELL				VIVI	AN BE	LL		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Stree	and Number or Rural	Route Num	ber, City or Town	, State, Zlp Co	de)	7
- 1	Pauline Say				wood Dr					
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 R		b. PLACE AND DAT cemetary, cremator		N (Name	OAT	20c. LOC	CATION — City	or Town,	, State
- 1	4 Donation 5 Other (Specify)	LICENSEE 2		· 22. NAME	AND ADDRESS OF F	ACILITY			_	_
		Ronald	Wade, D 4/3/9	11	W. Bal		State		_	
	/ xonday	1) Wace								
	23. PART I. Enter the diseases, of ahock, or haert fallur	re. List only one ceuse on o	each line.	not enter the n	tode of dying, su	ch aa can	mac or respin	atory arrest	7	Approxim
	IMMEDIATE CAUSE (Final disease or condition	11 E .	,							Onset an
	resulting in death)	a. Heart Fai	A CONSEQUENCE	<del>ch Pneu</del> m o <del>r</del> ):	ioni a					HOU
z		Myocardia	al Infar	ction						100
원	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):						
CA	CAUSE (Disease or injury	C	A COMPEQUENCE	nn.						
TIFICAL		OUE TO (OR AS	A CONSEQUENCE	OF):						
CERTIFICATION	CAUSE (Disease or injury that initiated eventa	c. OUE TO (OR AS	A CONSEQUENCE	OF):						
- 19	CAUSE (Disease or injury that initiated eventa	d			ing cause given is	n Part I.	24a. WAS AN			
SAL	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	d			ing cause given in	n Part I.		MED?	A	WAILABLE PRIOR
- 19	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	d			ing cause given in	n Part I.	PERFOR	MED?	Al Ci	MAILABLE PRIOF OMPLETION OF F DEATH?
MEDICAL	CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions are algorithms.	dtlona contributing to death		In the underly			PERFOR	MED?	Al Ci	MAILABLE PRIOF OMPLETION OF F DEATH?
MEDICAL	CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions are algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	dtlona contributing to death	but not resulting	In the underly	PLACE OF DEATH (C	check only o	PERFOR 1   YES 2	MED?	Al Ci	WAILABLE PRIOR OWNELTION OF F DEATH? YES 2
MEDICAL	CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificant condit	dtiona contributing to death	but not resulting	28. OTHER:	PLACE OF DEATH (C	heck only o	PERFOR  1   YES 2	MED?	All Circles of the Ci	MAILABLE PRIOF OMPLETION OF F DEATH?
PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions are algorithms.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	d	but not resulting	28. OTHER: 4   Nursing H ME OF UJURY   28c.	PLACE OF DEATH (C	heck only o	PERFOR 1   YES 2	MED?	All Circles of the Ci	MAILABLE PRIOF OMPLETION OF F DEATH?
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions are also as a condition of the	L HOSPITAL: 1 Pinpetent 2 ER/Out 28e. DATE OF INJURY (Month, Dey, Year)	but not resulting	OTHER: 4 Nursing H ME OF JURY M 1	PLACE OF DEATH (Come 5   Residence NJURY AT WORK?  YES 2   NO	Check only or 6 Other 28d. DE	PERFOR  1 YES 2  10 YES 2  10 YES 2  10 YES 2	MED?  NO	A CO	WAILABLE PRIOR OMPLETION OF F DEATH? YES 2
D BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions are also in the condition of th	tiona contributing to death  HOSPITAL:  1 Pinpatient 2 ER/Out  28a. OATE OF INJURY (Month, Day, Year)  be building, etc. (So	but not resulting	OTHER: 4 Nursing H ME OF JURY M 1	PLACE OF DEATH (Come 5   Residence NJURY AT WORK?  YES 2   NO	Check only or 6 Other 28d. DE	PERFOR  1 VES 2  10)  10)  17 (Specify)  SCRIBE HOW IN	MED?  NO	A CO	WAILABLE PRIOF OMPLETION OF F DEATH? YES 2
ETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1  Natural	tiona contributing to death  HOSPITAL:  1 Pinpattent 2 PR/Out  28a. OATE OF INJURY  (Month, Day, Year)  28a. PLACE OF INJURY  be didning, etc. (Sp.	tpatient 3 DOA  tpatient 3 DOA  28b. Ti	28. OTHER: 4   Nursing H- NJURY M 1   , street, factory, of	PLACE OF DEATH (Come 5   Raeldence NJURY AT NORK?  YES 2   NO ffice	28d. DE	PERFOR  1 YES 2  Property (Specify)  SCRIBE HOW IN  PATION (Street a or Town, State)	MED?  NO  NO  NJURY OCCUP	ALCO OF 1	WAILABLE PRIOR OMPLETION OF F DEATH? YES 2
ETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNIFT OF DEATH  1 Netural 5 Pending Investigation of Could not detarmined.  29a. CERTIFIER (Check only)	tiona contributing to death  HOSPITAL:  1 Pinpatient 2 ER/Out  28a. OATE OF INJURY (Month, Day, Year)  be building, etc. (So	tpetient 3 DOA  28b. Ti	28. OTHER: 4   Nursing H- NJURY M   1   , street, factory, of	PLACE OF DEATH (Come 5   Rasidence NJURY AT NORK? YES 2   NO flice	Shock only of Other	PERFOR  1 YES 2  Proposition (Specify)  SCRIBE HOW IN  CATION (Street a or Town, State)	MED?  NO  NO  NJURY OCCUR  Number or	All City of the Ci	MILABLE PRIOR OMPLETION OF PEATHY  YES 2  THE Number,
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNIFT OF DEATH  1 Netural 5 Pending Investigation of Could not detarmined.  29a. CERTIFIER (Check only)	tiona contributing to death  HOSPITAL:  1 Pinpatient 2 ER/Out  28a. OATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Spiny)  HYSICIAN: To the best of my known with the basis of examination of examination of the basis of examination of the basis of examination of the basis of examination	tpetient 3 DOA  28b. Ti	28. OTHER: 4   Nursing H- NJURY M   1   , street, factory, of	PLACE OF DEATH (Come 5   Rasidence NJURY AT NORK? YES 2   NO flice	26f. LOC City	PERFOR  1 YES 2  Proposition (Specify)  SCRIBE HOW IN  CATION (Street a or Town, State)	MED?  NO  NJURY OCCUR  Ind Number or  Inter se stated.  Id due to the c	All Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci	MILABLE PRIOR OMPLETION OF F DEATH! YES 2   He Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions and in the conditions are algorithms.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	tiona contributing to death  HOSPITAL:  1 Pinpatient 2 ER/Out  28a. OATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Spiny)  HYSICIAN: To the best of my known with the basis of examination of examination of the basis of examination of the basis of examination of the basis of examination	tpetient 3 DOA  28b. Ti	28. OTHER: 4   Nursing H- NJURY M   1   , street, factory, of	PLACE OF DEATH (Come 5 Residence NJURY AT WORK?  YES 2 NO fice No data and place, and data, death occured at the	26f. LOC City	PERFOR  1 YES 2  Proposition (Specify)  SCRIBE HOW IN  CATION (Street a or Town, State)	MED?  NO  NJURY OCCUR  Ind Number or  Inter se stated.  Id due to the c	All Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci	MILABLE PRIOR OMPLETION OF PEATHY  YES 2  THE Number,
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BALTIMORE, MARYLAND 21203-3

ansit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mass after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use and perfect or an after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1   YES AIX NO Specify: Specify: Specify: White  16a. DECEDENT'S USUAL OCCUPATION (City Sind of work down during most of working)  Retired Finishing Carpenter Local Union  16. KIND OF BUSINESS/HOUSTRY (City Sind of March of Working)  Retired Finishing Carpenter Local Union  16. MOTHER'S NAME (First, Middle, Marking Summers)  Viola M. Gregory Swanke  19b. MAILING ADDRESS (Street and Number or Flural Floute Number. City or Rown, State 26 Code)  655 Crain Highway, S.E., Glen Burnie, Md. 21061  PLACE OF DISPOSITION (Name of complex), crematory or of Rown, State 26 Code)  655 Crain Highway, S.E., Glen Burnie, Md. 21061  PLACE OF DISPOSITION (Name of complex), crematory or of Rown, State 27 Code)  657 Crain Highway, S.E., Glen Burnie, Md. 21061  E. Ecker 22. NAME AND ADDRESS OF FACILITY  MCCUlly Funeral Home of Brooklyn  237 E. Patapsco Ave., Balto., Md. 21225  the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, interval Between Onset and Death  is of the Liver  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  26. PLACE OF DEATH (Check only only)  26. PLACE OF DEATH (Check only only)  26. PLACE OF DEATH (Check only only)  26. PLACE OF DEATH (Check only only)  27 See INJURY AT 1 YES 2 NO  28. PLACE OF DEATH (Check only only)  28. PLACE OF DEATH (Check only only)  28. PLACE OF DEATH (Check only only)  28. PLACE OF DEATH (Check only only)  28. PLACE OF DEATH (Check only only)  28. PLACE OF DEATH (Check only only)  28. PLACE OF DEATH (Check only only)  28. PLACE OF DEATH (Check only only)  28. PLACE OF DEATH (Check only only)  28. PLACE OF DEATH (Check only only)  28. PLACE OF DEATH (Check only only)  28. PLACE OF DEATH (Check only only)  28. PLACE OF DEATH (Check only only)  28. PLACE OF DEATH (Check only only)  28. PLACE OF DEATH (Check only only)  28. DESCRIBE HOW INJURY OCCURED (Chy or Rown, Stoley)  29. CHYPTION (Street and Number or Rural Route Number, Only)  29. CHYPTION (Street and Number or Rural Route Number, Only)  29. CHYPTION (Street and Number or Rural Ro		TIEGIOTTIAIT					97111		D-071111		TIEG. IVO.				
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Brooklyn Park   AA		212-28-3202		1 M 2 F	61	THS.				2/2	<u>25/193(</u>				
10c. CITY, TOWN OR LOCATION   Baltimore, (Brooklyn Park)   10c. INSIGE CITY   LUMITS?   10c. CITY		9e. FACILITY NAME (If not ins									ATH	1			
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LUS, ARMED  13. NAS DECENDENT OF HISPANIC ORIGIN? (Specify Vee or No— 1 14. RACE — American Indian, Black, White, etc. 2 (No)  14. Yes, specify Cuben, Nation, Pusto Rican, etc.)  156. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT'S USUAL OCCUPATION  168. KIND OF BUSINESS/HOUSTRY  White  169. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code)  655. Crain Highway, S.E., Glen Burnie, Md. 21061  PLACE OF DISPOSITION (Name of commenty, commence) or down plants of the Commenty or Rown plants of the Commenty, commence or Race of the Commenty or Rown plants or Race of the Commenty or Rown plants or Race of the Commenty or Rown plants or Race of Race or Race of Race or Race of Race or Race	<u></u>	Maryland	Anne	Arundel		Ba	ltimo	ore,	, (Brool	klyn	Park)				
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If yes, specify Cuben, Medican, Puerto Rican, etc.)   Black, White, etc.   Specify: White	BY FUNERAL											Ц,			-
1   YES AIX NO Specify: Specify: White  16a. DECEDENT'S USUAL OCCUPATION of working (in: Do NOT use initiated).  16b. KIND OF BUSINESS/INOUSTRY  16c. DECEDENT'S USUAL OCCUPATION and of working (in: Do NOT use initiated).  16c. Decedent (in: Do NOT use initiated).  16c. Decedent (in: Do NOT use initiated).  16c. Decedent (in: Do NOT use initiated).  16c. Decedent (in: Do NOT use initiated).  16c. Decedent (in: Do NOT use initiated).  16c. Decedent (in: Do NOT use initiated).  16c. Decedent (in: Do NOT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Do NoT use initiated).  16c. Decedent (in: Decedent (in: Do NoT use initiated).  16c. Decedent (in:	교	11. MARITAL STATUS	Manufact	FORCES? 1			13. W	WAS DEC	ENDENT OF HISPAN scify Cuben, Mexico	ис onigir п. Puerto	V? (Specify Yee Rican, etc.)	or No-			
164. DECEDENT'S USUAL OCCUPATION (The Wind of work down during most of working) Retired Finishing Carpenter  Local Union  16. MOTHER'S NAME (First, Middle, Melden Surname) Viola M. Gregory Swanke  165. Crain Highway, S.E., Glen Burnie, Md. 21061  PLACE of DISPOSITION (Name of camellay, crematory or dispy places) ECKET  22. NAME AND ADDRESS (Street and Number or Runal Rouse Number, Cry or Rown, State, 229 Code) 655 Crain Highway, S.E., Glen Burnie, Md. 21061  PLACE of DISPOSITION (Name of camellay, crematory or dispy places) ECKET  22. NAME AND ADDRESS of PACILITY MCCUITLY Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225  the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, chiling.  is of the Liver  CONSEQUENCE OF):  CONSEQUENCE OF):  At not resulting in the underlying cause given in Part I.  248. WAS AN AUTOPSY PERFORMATO? 1   YES 2   NO  250. TIME OF INJURY AT   1   YES 2   NO  260. TIME OF INJURY AT   1   YES 2   NO  261. LOCATION (Street and Number or Runal Rouse) Authors or Runal Rouse Number.  262. LICENSE NUMBER  Deputy  Deputy  Deputy  Deputy  Deputy  Do 6054  Data Strine Sustained  164. Name, farm, street, factory, office)  264. LICENSE NUMBER  266. DATE SIGNED (Month, Day, Yole)  266. DATE SIGNED (Month, Day, Yole)  267. DATE SIGNED (Month, Day, Yole)  268. LICENSE NUMBER  269. DATE SIGNED (Month, Day, Yole)	<u>-</u>	1XXNever Married 2 3 Divor	1	IF YES, GIVE W									Specify	White	
Retired Finishing Carpenter  Local Union  Ist. MOTHER'S NAME (First, Middle, Meiden Surname)  Viola M. Gregory Swanke  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State), 255 Crain Highway, S.E., Glen Burnie, Md. 21061  PLACE OF DISPOSITION (Name of cemetery, cremetry or compression)  E. Ecker  McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225  The death. Do not enter the mode of dying, such as cardiac or respiratory street, finterval Between Onset and Death  is of the Liver  CONSEQUENCE OF):  CONSEQUENCE OF):  At not resulting in the underlying cause given in Part I.  244. WAS AN AUTOPSY PERFONMEO?  1 YES 2 NO  OTHER:  All home, farm, street, factory, office  280. TIME OF 280. TIME OF 280. INJURY AT NOTHER:  WORKY AT NOTHER:  1 YES 2 NO  281. LOCATION (Street and Number or Rural Route Number. 281. LOCATION (Street and Number or Rural Route Number. 282. LICENSE NUMBER  Deputy  Deputy  Deputy  Deputy  Deputy  Deputy  Date of Carpenter  Local Union  Local Union  Local Union  Local Union  Local Union  Local Union  Local Union  Local Union  Local Union  Local Union  Local Union  Sum, Middle, Meiden Sumarane  Docal School School School  Section Sumarane  Local Union, Stepted School  A pproximate interval Between Onset and Death  PLACE OF DEATH (Check only one)  244. WAS AN AUTOPSY PERFONMEO?  1 YES 2 NO  245. WERE AUTOPSY FINONOS ANALABLE PRIOR TO COMPLETION OF COMPLETIO		3   HIOOMEG 4   DITOR	ved											willte	
Retired Finishing Carpenter Local Union    Ia. Mother's NAME (First, Middle, Medden Surname)	9		highest grade		16a. I	Give kind of	USUAL OC	CUPATIO	on st of working	16b	. KIND OF BUS	INESS/INC	OUSTRY		
Is. MOTHER'S NAME (First, Middle, Medden Surname)  Viola M. Gregory Swanke  196. MAILING ADDRESS (Street end Number or Rural Route Numbex City or Town, Stetts, Zip Code) 655 Crain Highway, S.E., Glen Burnie, Md. 21061  PLACE OF DISPOSITION (Name of cemterly, commonly or of proper piscoly)  E. Ecker   22. NAME AND AGORESS OF FACILITY   McCully Funeral Home of Brooklyn   237 E. Patapsco Ave., Balto., Md. 21225  the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interveil Between Onset and Death  is of the Liver   24. Was an Autropsy   24. Was an Autropsy   24. Was an Autropsy   25. Was and Death  is of the Liver   24. Was an Autropsy   24. Was an Autropsy   25. Was and Death   25. Was an Autropsy   26. Place of Death (Check only one)   26. Place of Deat	m.	Elementery/Secondery (0-	-	College (1-4 or 5 +	, ,	te. Do NOT us	e retired.)								
Viola M. Gregory Swanke	립	12th			Ret	red	Fini:	shir	ıg Carpei	nter	Loc	call	Jnion		
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19b. MAILING ADDRESS (Street and Number or Pural Poule Number, City or Rown, State, Zip Code) 655 Crain Highway, S.E., Glen Burnie, Md. 21061  PLACE OF DISPOSITION (Name of cametery, cremetory or other place) eddar Hill Cemetery  4/4/9  Baltimore, Maryland  E. Ecker  22. NAME AND ADDRESS OF FACILITY  McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225  tha death. Do not enter the mode of dying, such as cardiac or respiratory streat, chilina.  is of the Liver  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  At not resulting in the underlying cause given in Part I.  24e. WAS AN AUTOPSY PERFORMEO?  1 YES 2 NO  24b. WERE AUTOPSY PRIORNOS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO  28b. TIME OF INJURY M  28c. INJURY AT WORKY WORKY 1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED INJURY M  29b. Time, date and place, and due to the cause(e) end menner ee stated.  1 end/or investigation, in my opinion, death occurred at the lime, date and place, and due to the cause(e) end menner ee stated.  29c. LICENSE NUMBER Deputy  Deputy  Deputy  Deputy  29d. Date Stoned (Month, Day, Near)  29d. Date Stoned (Month, Day, Near)  29d. Date Stoned (Month, Day, Near)  29d. Date Stoned (Month, Day, Near)  29d. Date Stoned (Month, Day, Near)  29d. Date Stoned (Month, Day, Near)  29d. Date Stoned (Month, Day, Near)		William R	ohert	Swanke.	Sr.				Viola	M. Gr	vegory	Swar	ike		
## State of Disposition (Name of cemeler), cremetory or other pieces) ## PLACE OF DISPOSITION (Name of cemeler), cremetory or other pieces) ## State of Disposition (Name of cemeler), cremetory or other pieces) ## State of Disposition (Name of Cemeler), cremetory or dedder Hill Cemetery	BE	19a, INFORMANT'S NAME (7)		onanic,		Ob MAII INC	ADDRESS	(Ctmat o							$\dashv$
PLACE OF DISPOSITION (Name of cemelary, crematory or other place)  ### Addition	2	Atty. Carl		V	1									d 21061	
E. Ecker   22. NAME AND ADDRESS OF FACILITY   MCCUILly Funeral Home of Brooklyn   237 E. Patapsco Ave., Balto., Md. 21225   the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, chilins.   Approximate interval Between Onset and Death   is of the Liver   Approximate interval Between Onset and Death   is of the Liver   Approximate interval Between Onset and Death				У						. L . ,					
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MCCUITY Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225  tha daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, chilins.  Approximate interval Between Onset and Death  is of the Liver  CONSEQUENCE OF):  CONSEQUENCE OF):  at not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMEC?  1 YES 2 X NO  24b. WERE AUTOPSY FINOINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  25c. PLACE OF DEATH (Check only one)  26d. PLACE OF DEATH (Check only one)  27d. INJURY M 1 YES 2 NO  28d. INJURY AT WORK? M 1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED  All home, farm, street, factory, office  28d. LOCATION (Street and Number or Rural Route Number, City or Nown, Stelle)  29d. LICENSE NUMBER Deputy  Deputy  Deputy  Deputy  Deputy  Deputy  Deputy  DOGOTHER, dete and place, and due to the cause(e) and menner ee stated.  29d. DATE SIGNED (Month, Dey, Netr)  29d. DATE SIGNED (Month, Dey, Netr)  29d. DATE SIGNED (Month, Dey, Netr)  29d. DATE SIGNED (Month, Dey, Netr)		21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	evin E.	Ecke	r 22. N	AME AN	O AOORESS OF FA	CILITY					
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edge, death occurred at the time, date and piece, and due to the cause(e) and manner se stated.  and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(e) and manner se stated.  29c. LICENSE NUMBER  Deputy  Do 6054  Do 3-31-1991	ВУ	A C ALLEGE	Could not be	28e. PLACE O	F INJURY — AI	home, farm,	street, facto	ory, offic	•				or or Rural R	oute Number,	$\neg$
Deputy  Deputy	33.		determined	building,	etc. (Specify)					City	or Town, Stetu)				I
Deputy  Deputy	ш						-:								
Deputy   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   → 03-31-1991		200 CERTIFIER	0,700-111				ed at the th	me, dete	end plece, end due	to the ce	use(e) end me	nner ee sta	itted.		
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Deputy D 06054 ▶ 03-31-1991	OMPL	(Check only	IFYING PHYS						leath occured at the	time, dat	e and place, ar	d due lo t	the cause(e)	end menner ee stat	ed.
1 1		(Check only	TIFYING PHYSICAL EXAMINE	R: On the basis of e							e and place, ar				ed.
NITI (ILEM 27) (1906, Print)		(Check only one) 2 MEDI	TIFYING PHYSICAL EXAMINE	R: On the basis of e		or Investigation	on, in my o	pinion, d	29c, LICENSE NU	MBER	e and place, ar	29d. DAT	TE SIGNED	(Month, Day, Year)	ed.
	BE	(Check only one) 2 M MEDI	CAL EXAMINE	R: On the basis of a	samination end/	De	eput	pinion, d	29c, LICENSE NU	MBER	e and place, ar	29d. DAT	TE SIGNED	(Month, Day, Year)	ed.
		(Check only 2 M MEDI 205 SHIMATURE AND TITLE 30. NAME AND ADDRESS OF	CAL EXAMINE OF CENTIFIES	R: On the basis of e	semination end/	D €	eput	pinion, d	D 060	MBER ) 5 4		29d. DA1	TE SIGNED	(Month, Day, Year) 1-1991	ed.
	BE	(Check only 1 CERT ONL) 2 K MEDI 295 BRUMATURE AND TITLE 30. NAME AND ADDRESS OF William P.	CAL EXAMINE OF CERTIFIE F PERSON WH	O COMPLETEO CAU	SE OF DEATH (I	De TEM 27) (Type	eput	pinion, d	D 060	MBER ) 5 4		29d. DA1	TE SIGNED	(Month, Day, Year) 1-1991	od.
·	BE	(Check only 1 CERT ONL) 2 K MEDI 295 SHUMATURE AND TILE 30. NAME AND ADDRESS OF WILLIAM P.  31. DATE FILED (Month, Day.	CAL EXAMINE OF CERTIFIE F PERSON WH JONG	O COMPLETEO CAU:	SE OF DEATH (I	De Investigation De Inv	eputy Print)	pinion, d	D 060	MBER ) 5 4		29d. DA1	TE SIGNED	(Month, Day, Year) 1-1991	ed.
95 America Court Davidsonville, Md. 210	TO BE COMPLETED	(Check only one) 2 M MEDI	CAL EXAMINE	R: On the basis of a	samination end/	De	eput	pinion, d	29c, LICENSE NU	MBER	e and place, ar	29d. DAT	TE SIGNED	(Month, Day	y, Year)
Bondo 882	BE	(Check only 1 CERT ONL) 2 K MEDI 295 BRUMATURE AND TITLE 30. NAME AND ADDRESS OF William P.	CAL EXAMINE OF CERTIFIE F PERSON WH JONG	O COMPLETEO CAU:	SE OF DEATH (I	De Investigation De Inv	eputy Print)	pinion, d	D 060	MBER ) 5 4		29d. DA1	TE SIGNED	(Month, Day, Year) 1-1991	ed.

urs after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	removal.	edical examiner must be notified at once.
The HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fil	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

CHARLES

31. DATE FILED (Month, Day Mar)

APR 0 5 1991

	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPA CERTIF	RTMENT OF			YGIENE 9	08981
	1. DECEDENT'S NAME (First, Middle, Last)  MARGARTE	(MARGARI		WNES) OWNES		2. DATE OF D MONTH 04-	DAY	YEAR 3. TIME OF DEATH M
	4. SOCIAL SECURITY NUMBER 099-20-7045 98. FACILITY NAME (If not institution, give a	1 □ M 2 反 F	5. AGE (In yrs. leet birthday) 7 3 YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN OR LOCATION OF	(Month, Day, 06 – 1	76ar) 5 – 17	B. BIRTHPLACE (State or Foreign Country)  M ()  TY OF DEATH
CTOR	1544 HOLBRO	OK STRI			ΓMORE,	MD		
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	<b>Y</b>	100	ALTIMOF	RE, CI	ΙΤΥ		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
VERAL	1544 HOLBR	OOK STI	REET	1	212(	)2		USA
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced		EVER IN U.S. ARMED YES 2 XNO R OR DATES	If yes, s		PANIC ORIGIN? (Sp klcan, Puarto Rican, scily:	ecify Yea or No—	14. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind o	s usual occupat I work done during n use retired.)	noat of working		WARD UN	
BE COM	17. FATHER'S NAME (First, Middle, Last) UNKNOWN				18. MOTHER'S	NAME (First, Middle	, Maiden Surname)	
TO	19a. INFORMANT'S NAME (Type/Print) DOROTHY GARL	AND	4201	PENTHU			TIMORE.	MD 21215
	20a. METHOD OF DISPOSITION  \$\times \text{ Buriel 2 } \text{ Cremation 3 } \text{ Ren}  4 \text{ Donation 8 } \text{ Other (Specify) }		of cometacy cremato			CEM	OWINGS	MILLS, MD
	21. SIGNATURE OF FUNERAL SERVICE AL	Willia	mo	22. NAME .	AND ADDRESS OF		1101 E	. NORTH AVE.
	23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition					FAIL U		Approximate interval Between Onset and Death
NO	resulting in death)  Sequentielly list conditions,	· ATI	OR AS A CONSEQUENCE	OF): BRILLA	TIEN	7 7 7 7 0	7.2	6 Munth
CERTIFICATION	if any, leading to immedieta cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	. 15	CHEMIC OR AS A CONSEQUENCE	HEM	TAIS	EASE		10 year
MEDICAL CE	PART II. Other algorificant condition	ns contributing to	death but not resulting	g in the underlyi	ng causa given		. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN: A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATN	S-1111 100 100 100 100		
BY PHYS	1 YES 2 NO  27. MANNER OF DEATH    Natural 5 Pending Investigation	1 Inpatient 2 I	INJURY 28b. T	IME OF 28c. II	NJURY AT VORK?  YES 2 NO		ecity) BE NOW INJURY OCC	URED
ED	3 Suicide 8 Could not be 4 Homicide datermined	28a. PLACE Of building, o	INJURY — At home, fern etc. (Specify)	n, street, fectory, of	lice	28f. LOCATIO City or To	N (Street and Number wn, State)	or Rural Route Number,
COMPLET	one)		my knowledge, death occu					od. o cause(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	7 Ber	E OF BEATH (ITEM AND	MA	29c, LICENSE	NUMBER Z & 16	29d. DATE	SIGNED (Mgrith, Day, Year)

DNMN-18 Rev 1/89

CONSTRUE HEART FAILURE Billing FRANKOTH L PSCHENK PLEBOT DISEASE

CANOTE & BEER AND

once.

7

notified

3

must

examiner

medical

permit. Pages 1, 2, 3 should

After this certificate death with the State TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: AN be filled within 72 hours after de IMPORTANT: If item 28 is in

9/9

Dr. Michael F. Garahy, M.D.

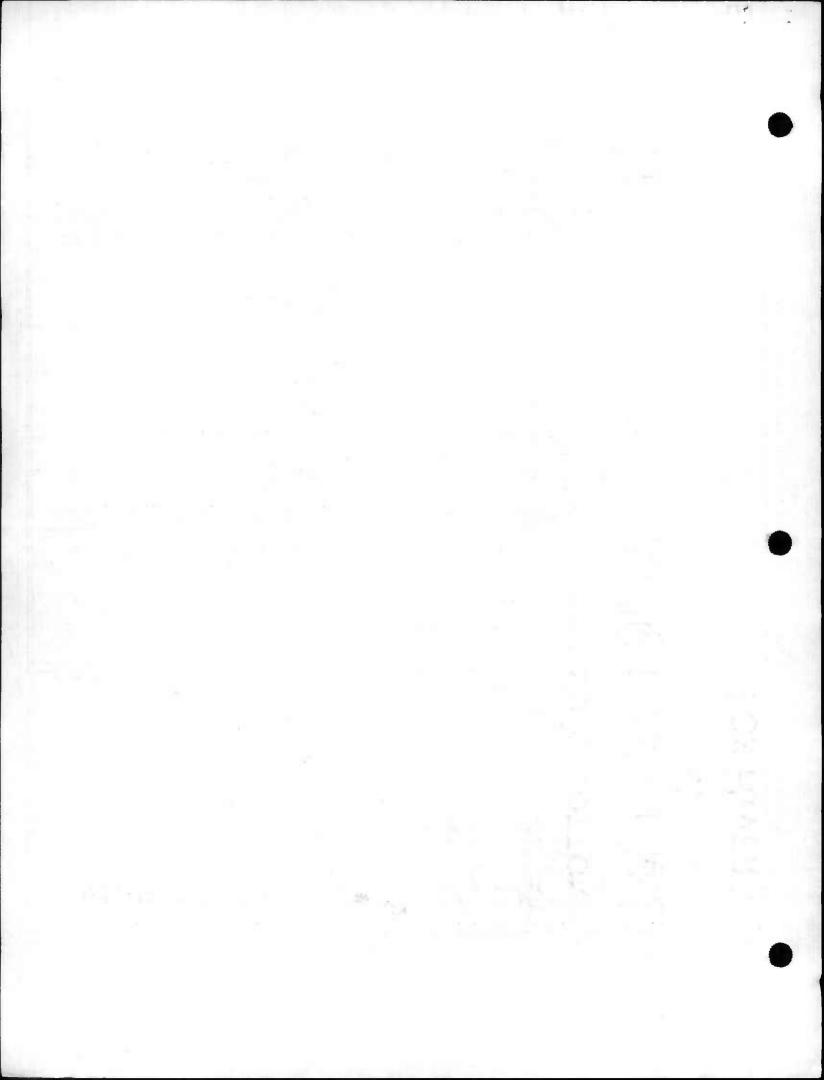
32. REGISTRAR'S SIGNATURE

who Devidson Andell

31. DATE FILED (Month, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 4/1/1991 ALICE ESTELLA THOMAS 5:30 A 7. DATE OF BIRTH (Month, Day, Year) 8/27/1908 4. SOCIAL SECURITY NUMBER B. AGE (In yrs. lest birthday) IF UNDER t YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Maryland 1 M 2 X F 82 212-20-9284 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 316 Carvel Beach Road, DIRECTOR Anne Arundel Co. 21226 Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Co. Baltimore (Carvel Beach) 1 YES 2 X NO FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 316 Carvel Beach Road, 21226 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuban, Maxican, Puerto Ricen, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BK 1 TES 2XX NO Specify: Specify: 3X Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Office Worker Seine Factory 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Michael Fredrick Wengert Elizabeth Higdon Wengert BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ဝ Mrs. M. Jean Crittenden 316 Carvel Beach Rd., Balto., Md. 209. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE 1 A Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify) Glen Haven Memorial Park 4/4 Glen Burnie, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kevin E. Ecker McCully Funeral Home 237 E. Patapsco Ave., of Brooklyn Balto., Md. 21225 23. PART LEnter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, **Approximate** shock, or heert feilure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final diseese or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PHYSICIAN: MEDICAL COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TYES 2 NO Olymne 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 TYES 2 THO tient 2 ER/Outs ne 5 Résidence 3 DOA 4 🔲 Nurs 6 Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Natural Natural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 4 Homicide 1XXCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examir ation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c LICENSE NUMBER BE Weilne 91 02 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF FEATH (ITEM 27) (Type, Print)

8651 Fort Smallwood Rd., Pasadena, Md.



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	011112 01 1111	CERTIF	ICATE OF	DEATH	RE	G. NO.			
1. DECEDENT'S NAME (First, Middle, Last,					2. DATE OF D	EATH DAY	YEAR	3. TIME OF OE	ATH
Raymond	Ε.	Travers	5		04	03	1991	9:58	AN
4. SOCIAL SECURITY NUMBER		3. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BI (Month, Day,		8. BIRT	HPLACE (State or i	Foreign
218-64-4951	1 M 2 F	34 YRS.	MONTHS DATS	HOURS MIN.	01 1	7 5	1 7	EXAS	
9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN O	R LOCATION OF DE	EATH	9c. C	OUNTY OF	DEATH	
3040 O'Donnell S	treet		Baltimo	re_City_					
RESIDENCE OF DECEDENT  10e. STATE 10b. COUN		I see CIT	Y, TOWN OR LOCAT					10d. INSIDE CIT	rv
III.		12	1 Him	201				UMITS?	
10e. STREET AND NUMBER			71711111	. ZIP CODE		100	CITIZEN OF	1 TYES 2 WHAT COUNTRY?	
	nell St	acat.	100	2122	11	Tog.	115	^	
11. MARITAL STATUS		EVER IN U.S. ARMED	13 WAS DEC	ENDENT OF HISPAI	NIC OBIGIN2 (So	acify Yes or No-	- 1 14 BAC	E — American In	dlen
1 Never Merried 2 Merried		YES 2 NO	If yes, sp	city Cyteen, Mexica 2 NO Specif	in, Puerto Rican,	etc.)		ck, White, etc.	i i
3 Widowed 4 Divorced	ar TES, GIVE WA	N ON DATES	1 1 123	2 La No Specii	у.		Spe	Whit	E
15. OECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUPATION	ON at ad condition	16b. KINI	OF BUSINESS	INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +)	- Illia Do NOT u	se retired.)	st or working					
94h		Constr	uction	Roalin	6				
17. FATHER'S NAME (First, Middle, Last)		-CHIENT ENTS	,	16. MOTHER'S NA	ME (First, Middle	, Maiden Surnem	ne)		C
Edward R.	ravers			MARG	acet	R. K	ridi	enot.	+
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	nd Number or Rural	Route Number, Co	ty or Town, State	, Zip Code)		.1
MARGARET ICE	WES	304	000	onnell	51.	13A H	D. M	2122	-4
20e. METHOD OF DISPOSITION 1  Buriel 2 Cremetion 3 Re	moval from State	20b. PLACE ANO OAT		(Name	DATE	20c. LOCATION	- City or 1	Town, State	
4 Donation 5 Other (Specify)			ount Ce	metery	416	13211	0.	Nd.	
21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE		en 1	D ADDRESS OF FA		BER	FH.		
Kortleen	TIJIL	(h)	Edin	ard N	. (UC	c St.	1- 1-1-		
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (d	OR AS A CONSEQUENCE OF	PF):						
resulting in death) LAST	d.								
PART II. Other significent condition	ons contributing to	leath but not resulting	in the underlyin	a cause alven in	Part i. 24a	. WAS AN AUTOF	PSY 24	Ib. WERE AUTOPSY	FINDING
		The state of the s	in the dideriyin	g oddao givon ii		PERFORMED?		AVAILABLE PRIC	OR TO
					—   'L	YES 2 NO	'	OF DEATH?	
								1   YES 2	NO
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	heck only one)				
EXAMINER?	HOSPITAL:	ER/Outpetient 3 DOA	OTHER:	ne 5 Kesidence		moths)			
27. MANNER OF DEATH	28s. OATE OF I	NJURY 26b. TI	WE OF 28c. IN.	JURY AT		BE HOW INJURY	OCCURED	111	_
1 Natural 5 Pending	Found De 03	1001	nd M	YES 2 X NO	Subjec	et cut	self		
2 Accident Investigation 3 Suicide 6 Could not b	26e. PLACE OF	INJURY - At home, farm,		:0	26f. LOCATIO	N (Street and Nu	mber or Rura	l Route Number,	
4 Homicide determined		ne-in basem	ent		City or To	wn, State)304	0 0'D	onnell	Stre
290. CERTIFIER A CERTIFYING PHY		my knowledge, death occur		and the seal of			-	d 21201	
one)		amination end/or investigati						e(e) and manner a	e stated.
			,,,					11.7	
296. SIGNATURE AND TITLE OF CERTIF	Wicht MI	)		29c. LICENSE NU		- N		ED (Month, Day, Ye	
30. NAME AND ADDRESS OF PERSON N	0.00		a (hrint)	O.C.M	L.E.	-	04 C	1991	
TD- 14				Augus M	.1.6.2	. M	.11	21201	
21 DATE Ell ED (Month Day Ver)				treet, B	all1mo	re Mary	rand	21201	
APR 5 1991	guna Dai	HOSEN-Handale							
B 4 44 44 74	1/								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

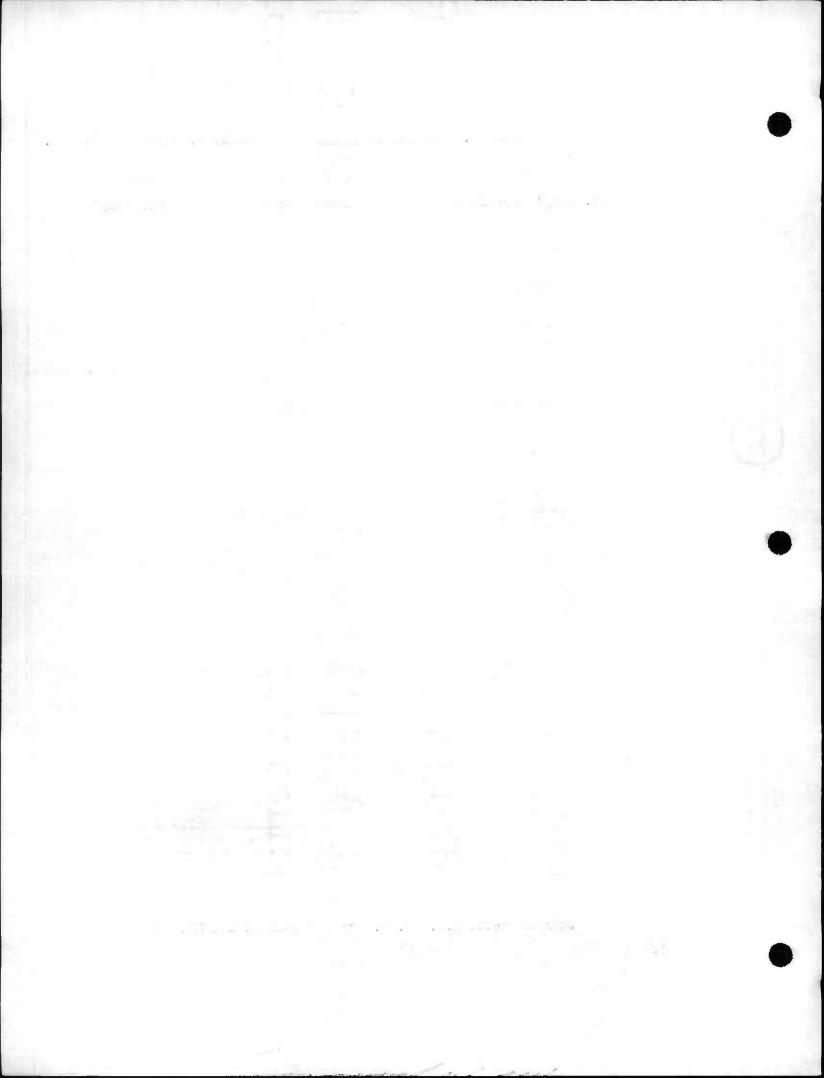
BALTIMORE, MARYLAND 21215-0020

and be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

FOR 1 - STATE REGISTRAR	STATE OF MARYL		T OF HEALTH AND	MENTAL HYGIEN REG. NO		08984
1. DECEDENT'S NAME (First, Middle, L.	(LIIIIO	re) VANDIVERE	. ЛВ		AY YEAR	
4. SOCIAL SECURITY NUMBER 578 44 6322  9a. FACILITY NAME (it not institution, g	5. SEX 6. AGE (1)	8 YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 4-11-12	Co	11.22 A THPLACE (State or Foreign unity) PENN F DEATH
RESIDENCE OF DECEDENT			Leonardtow	n	St.	Mary's
10a. STATE 10b. CO	St Mary's	CO 10c. CITY, TOWN	orlocation Great Mill:	S		10d. INSIDE CITY LIMITS? 1 YES 2 NO
Bldg 10B Ap	t A4 Green V	iew Villa	101, ZIP CODE ge 200	534	10g. CITIZEN O	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	I. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, atc.)	В	ACE — American Indian, lack, White, atc. pacify: White
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working )	16b. KIND OF BU	siness/inoustr	
12 +  17. FATHER'S NAME (First, Middle, Last		Retir	16. MOTHER'S N	AME (First, Middle, Maiden	Carried IV	
19a. INFORMANT'S NAME (Type/Print) STEVEN VAND	ORE VANDIVER	19b. MAILING ADDRE	SS (Street and Number or Rural		vn, State, Zip Code,	
20a. METHOD OF DISPOSITION  1	201	PLACE AND DATE OF DIScemetary, crematory or other			Park, M	
21. BEGNATURE OF FUNDRAL BERYLO	Ronald		NAME AND ADDRESS OF FECTOr			omy Board
23. PART I. Enter the discess, shock, or heart felle iMMEDIATE CAUSE (Final discess or condition reaulting in death)	a. Gastu	the death. Do not ent				Approximate interval Betwee Onest and Oset
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST	c	CONSEQUENCE OF):				
PART II. Other algorificant cond	itions contributing to death b	ut not resulting in the	underlying cause given in	Part I. 24a. WAS AI PERFO	N AUTOPSY PRIMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_ отн				
1 VES 2 NO  27. MANNER OF DEATH	1 Inpetiant 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	6 Other (Specify)  26d. DESCRIBE HOW	INJURY OCCURE	0
1 Netural 8 Pending 2 Accident Investigat 3 Suicide 6 Could no 4 Homicide determine	t be 28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, street, f	1 YES 2 NO	261, LOCATION (Street City or Town, State	and Number or Ru	ral Route Number,
TOTAL DELLA	HYSICIAN: To the best of my know MINER: On the basia of axaminatio					se(a) and manner se stated
29b. SIGNATURE AND TITLE OF CERT	Bennett A	1 D	29c. LICENSE N			NED (Month/ Day, Your)
30. NAMI AND ADDRESS OF PERSON 31. DATE FILED (Month, Day, Year)  APR 5 1991	ohn Bennett. N 32. REGISTRAR'S SIGN	D. P. O.	Box 540 Cali	fornia, Ma	20619	,



TO THE HORSTON AND INCIDENCE THE Law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE PUNCH CONTRACT After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours act with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT IT IMM 20 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by the hospital or attending physician.

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE ha Davidson-Randelle

	1 - FOR STATE REGISTRAR	STATE OF MARYL		IMENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIE		00903
9	1. DECEDENT'S NAME (First, Middle, Last)	Bernita	FSI	1 11/01/	2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH	3 9	1 8:20 au
- 1		1 🗆 M 2 💢 F		MONTHS DAYS HOURS MIN.	(Month, Day, Year)	54	Country)
	9e. FACILITY NAME (If not institution, give str	7 1	_	9b. CITY, TOWN OR LOCATION OF		9c. COUNTY	OF DEATH
OR	univ. of my Hosp		ND 21201	Baltimon,	mp	Balt	neare City
ECT	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c. CITY	, TOWN OR LOCATION			10d, INSIDE CITY
DIRECTOR	Md		0	2160			LIMITS?
	10e. STREET AND NUMBER	/ -/	Co	10f. ZIP CODE	2	10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1815 W. San	atiga St		212.	3	4	.5A
P.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENDENT OF HISP If yes, specify Cuben, Mex		ee or No- 14.	RACE - American Indian, Bleck, White, atc.
ВУ	1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			offy:		Specify: Black
ED	15. DECEDENT'S EDUC		18e. DECEDENT'S	USUAL OCCUPATION	18b. KIND OF B	USINESS/INDUST	
E .	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during most of working e retired.)			
COMPLET	124						
00	17. FATHER'S NAME (First, Middle, Last)	Me		n	NAME (First, Middle, Maide	on Surname)	
BE	19e. INFORMANT'S NAME (Type/Print)	Van	English Hopers	Hnn			
5	Annie Lee		18b. MAILING	ADDRESS (Street and Number or Rur W-Saratog	Com. 1	Balte, Zip Col	40 21223
	20a. METHOD OF DISPOSITION 1 ⊠ Burlal 2 □ Cremation 3 □ Remo	of State	b. PLACE AND DATE	OF OISPOSITION (Name)	OATE 200-1	OCATION — City	or Town, Stata
	4 Donellon 5 Other (Specify)	ENGEE	NN	22. NAME AND ADDRESS OF	- 26	mean	1570wn, 14
	II. SIGNAL OF PARENTE SERVICE LICE	6/1	, ,	The state of the s	1. West		
	UNIVETT A	1 4 11	11-1				
	- WIAAA	L PO	070	4300 U	abash	Ave.	
	23. PART I. Enter the diseases, or conceptock, or heart failure. I	omplications that caused List only one cause on a	d the deeth. Do n	ot enter the mode of dying, s	abash	Ave plratory srreet	Interval Between
	ehock, or heert failure. I	List only one ceuse on e	each line.		uch ee cerdlec or ree		
	ehock, or heert failure. I	List only one ceuse on e	each line.		uch ee cerdlec or ree		Interval Between
Z	ehock, or heert failure. I	List only one couse on e  Cardiopu  DUE TO (OR AS A	LMOTAL A CONSEQUENCE OF	y Arrest / A	uch ee cerdlec or ree		Interval Between
TION	ehock, or heert failure. I	DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A	LMSYAN A CONSEQUENCE OF A CONSEQUENCE OF	A Arrest / A	uch ee cerdlec or ree		Interval Between
ICATION	ehock, or heert failure. I	DUE TO (OR AS A Severe	JMSTANA CONSEQUENCE OF A CONSEQUENCE OF	y Arrest/A	uch ee cerdlec or ree		Interval Between
TIFICATION	ehock, or heert failure. I	DUE TO (OR AS A Severe Due TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF	A Arrest / A	cabash uch ee cerdlec or ree spiratio	<u>n</u>	Interval Between Onset and Deeth
CERTIFICATION	shock, or heert failure. In the condition of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A Severe Due TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF	y Arrest/A	cabash uch ee cerdlec or ree spiratio	<u>n</u>	Interval Between Onset and Deeth
A	ehock, or heert failure. It is in the condition resulting in desth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A Severe Due TO (OR AS A End Stage as contributing to death by	LMOTION A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF LIVER D	y Arrest / A	whosis of	<u>n</u>	Interval Between Onset and Deeth Onset and Deeth 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
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A	ehock, or heert failure. It is in the condition resulting in desth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A Severe Due TO (OR AS A End Stage as contributing to death by	LMOTION A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF LIVER D	A Arrest / A  in:  in:  ixax Z° CC  ixax Z° CC  ixax Z° CC	whosi of the perfect	The L	Interval Between Onset and Deeth Onset and Deeth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
A	ehock, or heert failure. It is in the condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  Other conditions  EXAMINER?	DUE TO (OR AS A Severe DUE TO (OR AS A End Stage a contributing to death be a severe DUE TO (OR AS A End Stage a contributing to death be a severe DUE TO (OR AS A End Stage a contributing to death be a severe DUE TO (OR AS A End Stage a contributing to death be a severe DUE TO (OR AS A End Stage a severe DUE TO (OR AS A End Stage a severe DUE TO (OR AS A End Stage a severe DUE TO (OR AS A End Stage a severe DUE TO (OR AS A End Stage a severe DUE TO (OR AS A End Stage a severe DUE TO (OR AS A End Stage a severe DUE TO (OR AS A End Stage a severe DUE TO (OR AS A End Stage a severe DUE TO (OR AS A END STAGE A SEVERE DUE TO (OR AS A END STAGE	A CONSEQUENCE OF LOUND A CONSEQUENCE OF LOUND	n the underlying ceuse given  26. PLACE OF DEATH	in Part I. 24e. WAS / PERF-	The L	Interval Between Onset and Deeth Onset and Deeth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
A	ehock, or heert failure. It is important to the cause of condition resulting in desth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.  When the conditions of the cause of the cause is a conditional cause of the cause of	DUE TO (OR AS A SEVENE DUE TO (OR AS A SEVENE	A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  LIVER D  but not resulting I	A AVVICT A  THE INTERIOR AT THE PROPERTY AT  A AVVICT A  A AVVICT A  A AVVICT A  A AVVICT A  A AVVICT A  A AVVICT A  A AVVICT A  A AVVICT A  A AVVICT A  A AVVICT A  A AVVICT A  A AVVICT A  A AVVICT A  A AVVICT A  A AVVICT A  A AVVICT A  B AVVICT A  A AVVICT A  A AVVICT A  B AVVICT A  A AVVICT A  B AVVICT	in Part I. 24e. WAS / PERF-	AN AUTOPSY ORMED? 2   NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	ehock, or heert failure. It is important to the condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending	DUE TO (OR AS A Severe DUE TO (OR AS A SEVERE DUE TO (OR AS A SEVERE	A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  LIVER D  but not resulting I	n the underlying ceuse given  28. PLACE OF DEATH  OTHER: 4   Nursing Home 5   Recidence	In Part I. 24a. WAS J. PERF-  Check only one)  26 6 Other (Specify)	AN AUTOPSY ORMED? 2   NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	ehock, or heert failure. It is important to the cause of condition resulting in desth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A SEVENE DUE TO (OR AS A SEVENE	A CONSEQUENCE OF LUNCY DA CONSEQUENCE OF LUNCY DE LUNCY D	26. PLACE OF DEATH OTHER: 4   Nursing Home 5   Residence WORK? M   1   YES 2   NO	In Part I. 24a. WAS J. PERF-  Check only one)  26 6 Other (Specify)	AN AUTOPSY ORMED? 2   NO	Interval Between Onset and Deeth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	ehock, or heert failure. It is important to the cause of condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions  IV DYULT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation  2 Accident   Investigation   Pending investigation   Pend	DUE TO (OR AS A Severe DUE TO (OR AS A Severe DUE TO (OR AS A Severe DUE TO (OR AS A Severe DUE TO (OR AS A Severe DUE TO (OR AS A Severe DUE TO (OR AS A Severe DUE TO (OR AS A Severe DUE TO (OR AS A Severe DUE TO (OR AS A Severe DUE TO (OR AS A Severe DUE TO (OR AS A Severe DUE TO (OR AS A Severe DUE TO (OR AS A Severe DUE TO (OR AS A Severe DUE TO (OR AS A Severe DUE TO (OR AS A Severe DUE TO (OR AS A SEVERE	A CONSEQUENCE OF LUNCY DA CONSEQUENCE OF LUNCY DE LUNCY D	26. PLACE OF DEATH OTHER: 4   Nursing Home 5   Residence WORK? M   1   YES 2   NO	in Part I. 24a. WAS / PERF- 1 VES  Check only one) 28d. DESCRIBE HOV	AN AUTOPSY ORMED? 2   NO	Interval Between Onset and Deeth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	ehock, or heert failure. It is immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the Initiated events resulting in death) LAST  PART II. Other significant conditions. If yes 2 tho  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 THO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not ba determined  29a. CERTIFIER (Check only)	DUE TO (OR AS A SEVENE DUE TO (OR AS A SEVENE	A CONSEQUENCE OF LOUIS A CONSEQUENCE OF LOUIS	There:    A   A   A   A	In Part I. 24a. WAS / PERF- 1 YES  Check only one)  28d. DESCRIBE HOV  28f. LOCATION (Streetly) or Town, Status	AN AUTOPSY ORMED? 2 NO VINJURY OCCUR et and Number or te)	Interval Between Onset and Deeth Onset and Deeth Deeth Deeth Deeth Deeth Deeth To Completion of Cause of Death?  1 YES 2 NO
PHYSICIAN: MEDICAL	ehock, or heert failure. It is important to the condition resulting in desth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  1	DUE TO (OR AS A SEVENE DUE TO (OR AS A SEVENE	A CONSEQUENCE OF LOUIS A CONSEQUENCE OF LOUIS	28. PLACE OF DEATH OTHER: 4   Nursing Home 5   Recidence E OF URY M   1   YES 2   NO stree1, factory, office	In Part I. 24a. WAS / PERF 1 VES  Check only one)  28d. DESCRIBE HOV  28f. LOCATION (Streetly)  28f. LOCATION (Streetly)  10 to the cause(e) end in the time, date end place,	AN AUTOPSY ORMED? 2 NO  V INJURY OCCUR et and Number or te)  and due to the c	Interval Between Onset and Deeth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,  suese(e) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	ehock, or heert failure. It is immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the Initiated events resulting in death) LAST  PART II. Other significant conditions. If yes 2 tho  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 THO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not ba determined  29a. CERTIFIER (Check only)	DUE TO (OR AS A SEVENE DUE TO (OR AS A SEVENE	A CONSEQUENCE OF LOUIS A CONSEQUENCE OF LOUIS	There:    A   A   A   A	In Part I. 24a. WAS / PERF 1 VES  Check only one)  28d. DESCRIBE HOV  28f. LOCATION (Streetly)  28f. LOCATION (Streetly)  10 to the cause(e) end in the time, date end place,	AN AUTOPSY ORMED? 2 NO  V INJURY OCCUR et and Number or te)  and due to the c	Interval Between Onset and Deeth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,  susse(e) and manner as stated.  IGNEO (Month, Day, Year)
COMPLETED BY PHYSICIAN: MEDICAL	ehock, or heert failure. It is important to the condition resulting in desth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  1	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A SEVENE DUE	patient 3 DOA  28b. TiMind  29b. Timind  27 A home, farm, a  wiedge, death occurre on end/or investigatio	26. PLACE OF DEATH OTHER: 4   Nursing Home 5   Recident E OF URY M   28c. INJURY AT WORK? 1   YES 2   NO street, factory, office	In Part I. 24a. WAS / PERF 1 YES  Check only one)  28d. DESCRIBE HOV  28f. LOCATION (Streetly)  10 to the cause(e) end in the time, date end place, sumber	AN AUTOPSY ORMED? 2 NO  V INJURY OCCUR et and Number or te)  and due to the c	Interval Between Onset and Deeth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,  suese(e) and manner as stated.

## DIVISION OF VITAL RECORDS, P.O. BOX 68760,

laRD 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Pages 1, 2, 3 should be fetached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 9b, CITY, TOWN OR LOCATION DIRECTOR 10b. COUNTY 10c. CITY, TOWN OR LOCATION BAITHORE FUNERAL 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 D NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF 2 Merried 1 Never Merried BY 4 Divorced 3 Widowed COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NIQT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) BE 19e. INFORMANT'S NAME (Type/Print) 2 WRIGHT EONA METHOD OF DISPOSITION Burlel 2 Cremetion ation 5 - Othe 23. PART i. Enter the diseases, or complications that caused the death. Do not anter shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) aRDIAL CERTIFICATION Sequentially list conditions, if sny, leading to immediata cause. Entar UNDERLYING Theposelero CAUSE (Diseese or injury that initisted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause gi PHYSICIAN: MEDICAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 | Numing 1 TES 2 NO 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 1 Natural 2 Accident 5 Pending Investigation BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined BE COMPLETED 4 Homicide 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data MEDICAL EXAMINED Of the b

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH A

CERTIFICATE OF DEATI

IF UNDER 24

10f. ZIP CODE 2-12

If yea, specify Cuben
1 PES 2 NO

muer 18. MOTHE

26. PLACE OF DE

1 YES 2 [

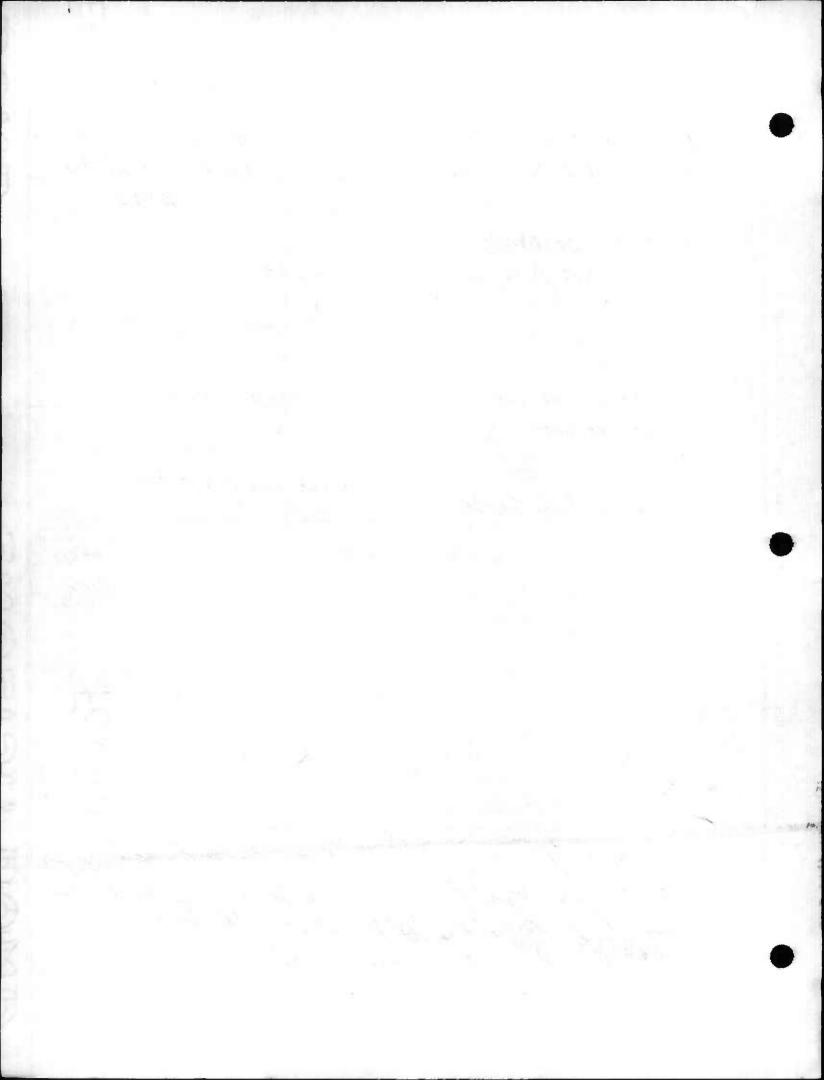
29c. LICEI

26c. INJURY AT WORK?

08986 01

ND I	MENTAL HYGIEN		0000
	2. DATE OF DEATH DATE DATE DATE DATE DATE DATE DATE DATE	Y GIYEAR	3. TIME OF DEATH 7. 8Ah. M
HRS. MIN.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
OF DE	ATH	BALT	DEATH
			10d. INSIDE CITY LIMITS? 1 YES 2 NO
.08		10g. CITIZEN OF	WHAT COUNTRY?
HISPAN Mexica Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No— 14. RAM Bla	CE — American Indian, ck, White, etc.
	16b. KIND OF BU	SINESS/INDUSTRY	
R'S NA	ME (First, Middle, Maideg	Surnamo) 097 050 A	e)
r Rural I	Poute Number, City or Tow We B	rn, State, Zip Code)	21208
2nd	CAGA H	CATION - City or	Town, State
OFFA	bash Au	Hone	
	h aa cardiac or reap	iratory srrest,	Approximate interval Between Onset and Dasth
			415
2			4/5.
ven in	Part i. 24a. WAS AN PERFO		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ATH (Ch	eck only one)		
Idence	6 Other (Specify)		
NO	28d. DESCRIBE HOW	INJURY OCCURED	30 9
	281. LOCATION (Street City or Town, State	end Number or Rura )	il Route Number,
	to the cause(e) and ma		e(e) and manner ee stated.
43	MBER 155	29d. DATE SIGN	9 (Marth, Day, Year)
60	NRS 6	A cto 2	1215

DHMH-16 Rev 1/89



3. TIME OF DEATH

West Virgin

10d. INSIDE CITY

RACE — American Indian, Black, White, atc.

1 YES 2 NO

8. BIRTHPLACE (State or Foreign

10a. STATE

4. SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDENT

1 Never Married 2 X Married

3 Widowed 4 Divorced

Md

10e. STREET AND NUMBER

233-24-9858

9a. FACILITY NAME (If not institution, give street and number)

Harold L. Ward

1420 Pleasant Valley Drive

1420 Pleasant Valley Drive

10b. COUNTY

5. SEX

1 M 2 - F

Baltimore

12. WAS DECEDENT EVER IN U.S. ARMED

FORCES? 15 YES 2 NO

10c. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Catonsville

Catonsville

10f. ZIP COOF

1 YES 2 NO

21228

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puarto Rican, atc.)

DAYS

8. AGE (In yrs. last birthday)

69YRS.

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year) 08/14/21

Apr.04, 1991

9c. COUNTY OF DEATH

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

Specify:

USA

permit. Pages 1, 2, 3 should

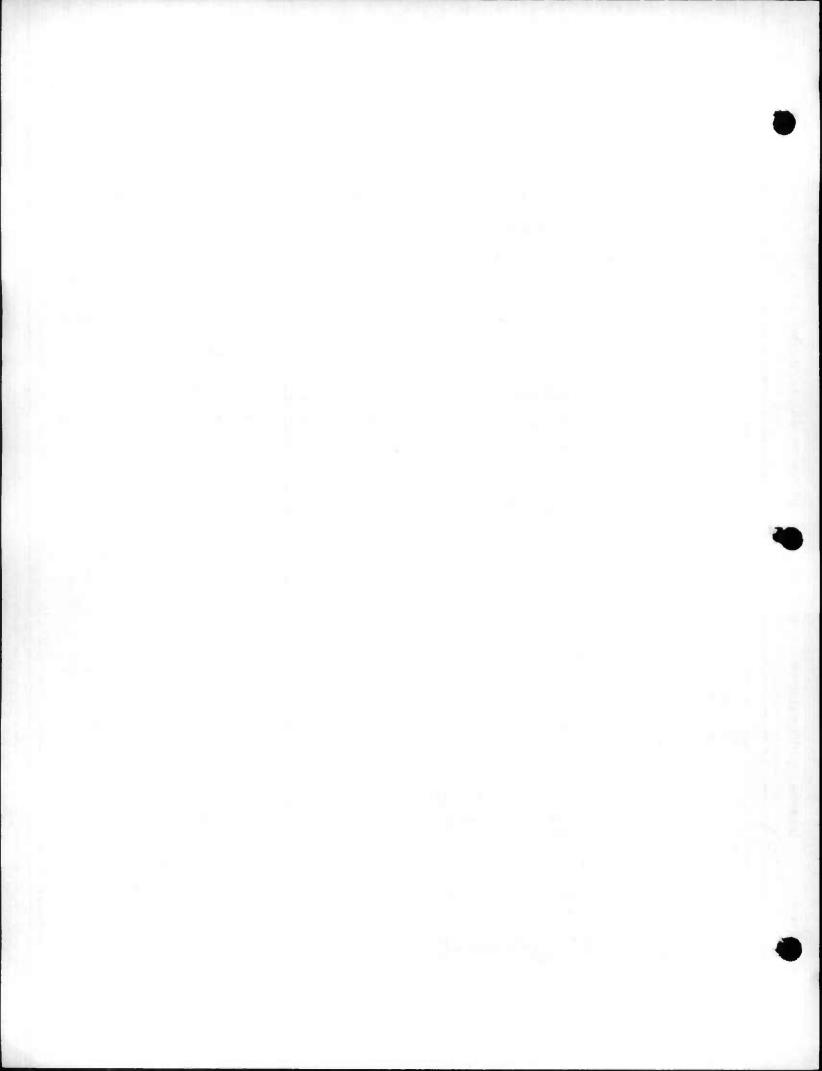
DIRECTOR

FUNERAL

ATTENDING PHYSICIAN: The law

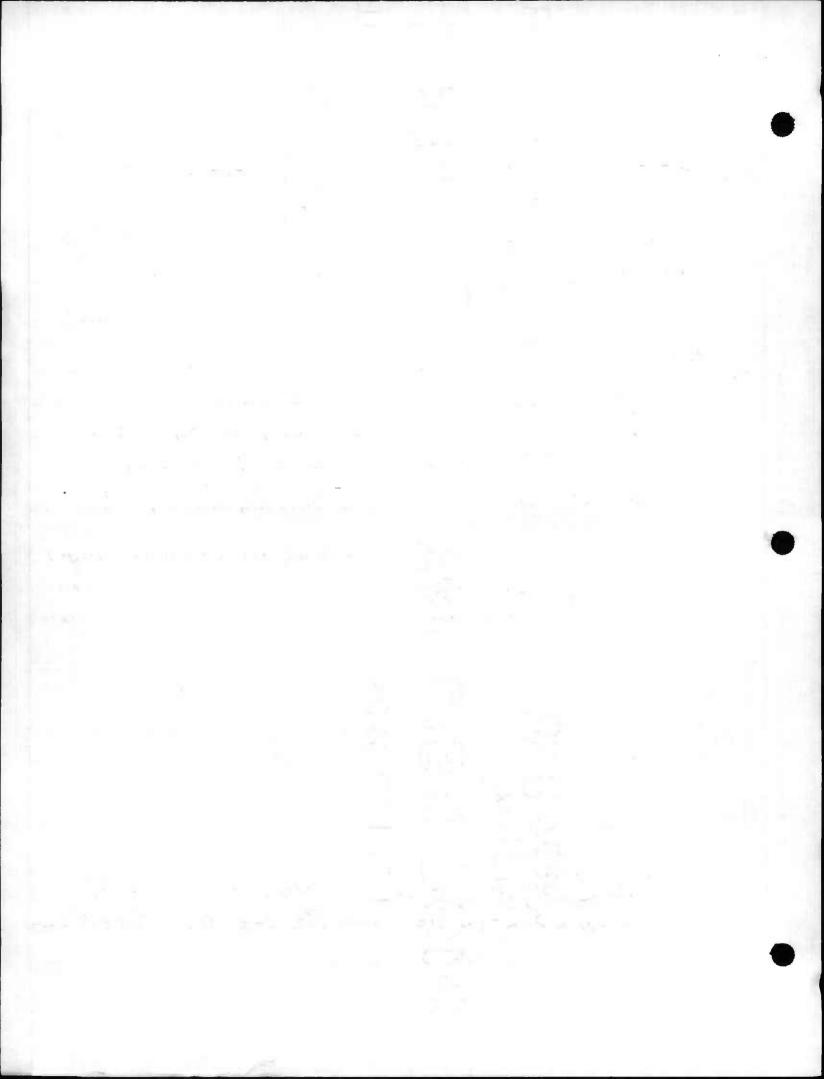
Maxic... Specify: NO BY white COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high t of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 0-12 College (1-4 or 5+) auditor self 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Horless Ward Stella Farren notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Audrey Beard Ward 1420 Pleasant Valley Catonsville Md 21228 must be 20e. METHOD OF DISPOSITION
1 A Burial 2 Cremation 3 Ramoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Crestlawn Cemetery Marriotsville, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ambrose Funeral Home medical examiner 22. NAME AND ADDRESS OF FACILITY 1328 Sulphur Spring Road, Arbutus, Md 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line interval Between 8 TMMEDIATE CAUSE (Fine) **Onset and Death** the prior to burial, cremation. disease or condition reaulting in deeth) traumatic event, no CERTIFICATION Sequentleily list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h Hem HOSPITAL: OTHER: 4 Nursing H 1 YES 2 1 NO 1 | Inpatiant 2 | ER/Outpatient 3 | DOA 6 Other (Specify) 0 the 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, this with 1 V Natural 6 Pending 1 YES 2 NO death death BY Investigation 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) Sulcide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 🔲 28 is 日 ECTOR: / 4 Homicide COMPLET 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. estigation, in my opinion, death occured at the time, dats and place, and dua to the cause(s) and menner as stated. GNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE 苦苦酒 5 6 3 M 265 2 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Frint) 21 Cumwell LICHARD 1001 308 -IRATA Ste 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE who Davidson 5 OHMH-16 Rev 1/89

use as the burial-transit be retained by the hospital or attending physician, ge 5 should be detached for use as the burial-tran Раде 6 тау funeral director, after death. in by the in removal. completely requires that the death certificate be executed within pue attending physician the attend been signed by the



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	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
	uneral d		her traumatic event, the medical examiner
	he fi	<u>e</u>	ex
	n by t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	edica
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	1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	91 08988		
	1. OECEDENT'S NAME (First, Middle, LAURA	VIRGINIA	WRIGHT		2. DATE OF DEATH MONTH DAY	YEAR 7 20 A M		
	4. SOCIAL SECURITY NUMBER 212 → 22 → 9582  90. FACILITY NAME (If not institution,	1 🗆 M 2 🗡 F	77 YRS. MON	NOER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN, CITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTN (Month), Day, 14	8. BIRTHPLACE (State or Foreign Countril MATULANA QUINTY OF OEATN		
HOL	Francis Scott K	ey Medical Cer	rter .	Baltimore. City	1			
DIREC	Maryland 106.00	Baltimore		wn on Location dalk		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL DIRECTOR	3107 Vulcan Roa	ed .		101. ZIP CODE 21222	77.0	STIZEN OF WHAT COUNTRY? USA		
E	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF NISPAL If yes, specify Cuben, Mexics 1 YES 2 NO Specifi		- 14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 7th Grade	EDUCATION grade completed) College (1-4 or 5+)	180. OECEDENT'S USU (Give kind of work life. Do NOT use ret  Homemaker	done during most of working	Own Home			
S S	17. FATHER'S NAME (First, Middle, Las	*		- No. 1	ME (First, Middle, Malden Surname			
B	William Allenba		19h MAH INO ADI	PRESS (Street and Number or Rural	Kahlert	7in Codel		
임	David F. Wright			Gradien Drive				
	20a, METHOO OF OISPOSITION 1 (A Burlal 2 Cremation 3 Classification 3 Donation 5 Other (Specify)	Removal from State	ON DI ACE AND DATE OF		DATE 200 LOCATION	- City or Town State		
	21. SIGNATURE OF FUNERAL SERVI	E LICENSEE  Conch	e news	Duda-Ruck Fun	court Home of hue. Baltimor	Dundalk, Inc.		
CERTIFICATION		a. Male Note to the total of th	a. Malnut of the Consequence of:  b. Dissipation  Oue TO (OR AS A CONSEQUENCE OF):  C. PLUE TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):					
PHYSICIAN: MEDICAL CERT	PART II. Other algnificent con-	ditions contributing to death	but not resulting in the	he underlying cause given in	Part I. 24a. WAS AN AUTOPI PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
CIA	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (C				
BY	1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investig: 3 Suicide 6 Could o	28e, PLACE OF INJU	26b. TIME O	M 1 YES 2 NO	Other (Specify)  28d. DE\$CRIBE NOW INJURY  28t. LOCATION (Street and Num			
	4 Homicide 6 Could n		pecify)		City or Town, State)			
COMPLETED	enel ciny	PNYSICIAN: To the best of my known AMINER: On the basis of examiner				stated. to the cause(e) and menner as stated.		
TO BE (	29b. SIGNATURE AND TITLE OF CE	Burton	mo	29c. LICENSE NU	1889 P	DATE SIGNED (Month, Day, Year)		
	30. NAME AND ALIBRESS OF PERSON 31. DATE FILED (Month, Day, Year)	R BURTON	ONATURE 9	4840 EAST	ERN AUS	Balto Wed 21224		
	APR 5 1991	Julia Davidson-	Mandelle			DMMM.18 Rev 1/80		



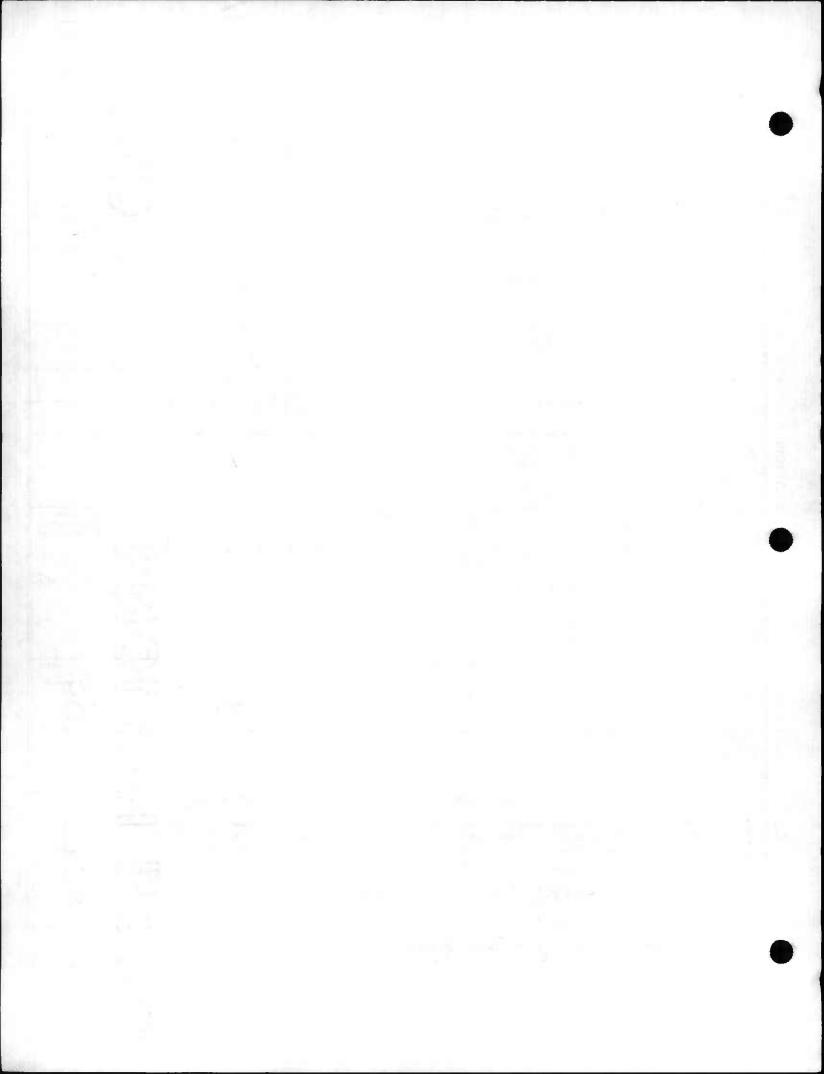
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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AN.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 st	e Sta	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TYSIC	IS CE	of the	ed.
SP	ter th	ath w	mark
2	A	r de	.12

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				HYGIENE REG. NO.		
1. DECEOENT'S NAME (First, Middle, Last) HAROLD E	ugene	WASHING	TON		2. DATE OF MONTH		991	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 429-90-5330	1 <b>X</b> M 2 □ F	59 YRS. MO	NTHS DAYS HO	UNDER 24 HRS. DURS MIN.		ey, Year) 10,193	1 Ar	kansas
ss. FACILITY NAME (If not institution, give a 3428 LYNNE HAV		9b	. CITY, TOWN OR L	OCATION OF DE	ATH		BALTI	
10a. STATE 10b. COUNT	Υ		own or Location					10d. INSIDE CITY LIMITS? 1 YES 2 [X] NO
10e. STREET AND NUMBER  3428 Lynne Ha	ven Drive	Do	10f. ZII	1207		11.17	CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS  1	12. WAS DECEDENT EVER II FORCES? 1 XYES IF YES, GIVE WAR OR D	ATES	13. WAS DECENE		n, Puerto Rica	Specify Yes or No	_ 14, BAC	E — American Indian, ek, White, atc.
15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	Completed)  College (1-4 or 5+)	16a. DECEDENT'S USL	done during most of	l working	16b. Kil	ND OF BUSINESS	/INDUSTRY	Black
High School 17. FATHER'S NAME (First, Middle, Lest)		Social S				cial S Me, Maiden Surnan		ity Admin.
Tall Washingt 190. INFORMANT'S NAME (Type/Print)	City or Yown, State							
Todd Washingt  20s. METHOD OF DISPOSITION  1	noval from State of	D. PLACE AND DATE OF	OISPOSITION (Na	ime	OATE	20c. LOCATION	I — City or 1	
21. SIGNATURE OF FUNERAL SERVICE LI		) Veterar ላ	NUTTEI	R FUNE	RAL I	HOMES,	INC.	21216 LTO, MD
IMMEDIATE CALISE (Final	List only one ceuse on e	ech line.		, .				Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. CANCINON DUE TO (OR AS A	CONSEQUENCE OF):  1 4 F TH  CONSEQUENCE OF):	E Esoy	OHAGU	٤	J	÷	4 months
CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):						
PART II. Other significant condition	ns contributing to death b	out not resulting in t	the underlying c	ause given in		PERFORMED?	-	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26, PLAC	E OF DEATH (Ch	eck only one)	-		
EXAMINER?  1 YES 2 NO  27. MANNER OF CEATH	HOSPITAL: 1   Inputient 2   ER/Out		THER:  Nursing Home 28c. INJUR			Specify) NBE HOW INJURY	OCCUBEO	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	/ — At home, farm, stre-	WORK	2 NO		ON (Street and Nu		Structo Mumbar
3 Suicide 6 Could not be 4 Homicide detarmined	building, atc. (Spe	city)			City or	Town, State)	rd.	riode Warnow,
(Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my know ER: On the basis of examination					d place, and dua	to the cause	
29b. SIGNATURE AND TITLE OF CERTIFIC  30 NAME AND ADDRESS OF PERSON W	urder i	12		D 281		29d.		D (Month, Day, Year)
JOHN R. SAUND	ERS M.D.	STE 308 ,	1001 CROI	nuerc E	BR. RI	). BALTO	o. mi	21204
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE FUNERAL D	1	4	ı
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If IIem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

		3 DOA 4 D	HER:						
PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY F AMILIABLE PRIOR COMPLETION DF OF DEATH?  1 YES 2									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE PO:	O MILLORE	e De	in I may	PCARO FARCI	TIAN	45 min	
shock, or heart failure. Li iMMEDIATE CAUSE (Final	at only one cause on each ile	ne.						Approximate interval Between Onset and Death	
21. SIGNATURE OF FUNERAL SERVICE LICES  CONTROL OF FUNERAL SERVICE LICES  CONTROL OF FUNERAL SERVICE LICES	Arbi	utus Me	22. NAME AND ADDRESS 2501 Gwyn Baltimore	ns Fa Mar	lutter lls Pa yland	Fune rkway 212	ral	Homes,	
200 METNOD OF DISPOSITION	20b. PLAC	E OF DISPOSITION			_			1216 State	
Richard Barrack  190. INFORMANT'S NAME (Type/Print)		196. MAILING ADDI				, Stete, Zip Co	de)		
HIGH SCHOOL  17. FATNER'S NAME (First, Middle, Last)	l	Nursin		R'S NAME (First,			Care		
(Specify only highest grade co	mpleted)	(Give kind of work di fe. Do NOT use retir	one during most of working ed.)	16	b. KIND OF BUS	INESS/INDUS	TRY		
	2. WAS DECEDENT EVER IN U.S.		13. WAS DECENDENT OF If yes, specify Cuban,	NISPANIC ORIGI Mexican, Puerto				American Indian, hite, etc. BLACK	
MARYLAND  10e. STREET AND NUMBER					<i></i>	10g. CITIZEN	1)	I. INSIDE CITY LIMITS? YES 2 NO COUNTRY?	
MERCY MEDICA	,				Y	3C. COOK!!	OF DEAT		
216-32-1110	□ M 2 X 90	YRS. MONT	HS DAYS HOURS	Jan	th, Pay, Year)	901	Country) Vir	rinia	
EVA GERTRUDE				Mon	3- 29-	1991	FAR	IN A EHON	
	4. SOCIAL SECURITY NUMBER  216-32-1110  90. FACILITY NAME (II not institution, give stree MERCY MEDICA)  PRESIDENCE OF DECEDENT  100. STATE  100. STATE  100. STREET AND NUMBER  2420 WOODBROOD  11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  15. DECEDENT'S EDUCA (Specify only highest grade concentry/Secondary (0-12)  High School  17. FATNER'S NAME (First, Middle, Last)  Richard Barrack  190. INFORMANT'S NAME (Type/Print)  Geraldine Grine  200. METNOD OF DISPOSITION  1 Sequentially Hist conditions  4 Donetton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENTRESIDENT (CAUSE (Final disease or condition resulting in death)  Sequentially Hist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	EVA GERTRUDE WILSON  4. SOCIAL SECURITY NUMBER  2.16-32-1110  90. FACILITY NAME (if not institution, give street and number)  MERCY MEDICAL CENTER  RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  MARYLAND  100. STREET AND NUMBER  2420 WOODBROOK - AVENUE  11. MARITAL STATUS  1 OB. COUNTY  MARYLAND  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 OB SECOND AND AND AND AND AND AND AND AND AND A	EVA GERTRUDE WILSON  4. SOCIAL SECURITY NUMBER 2.16-32-1110  99. FACILITY NAME (if not institution, give street and number)  MERCY MEDICAL CENTER  RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  MARYLAND  110. STATE  100. COUNTY  MARYLAND  110. STATE  100. COUNTY  MARYLAND  110. STATE  110. COUNTY  MARYLAND  110. STREET AND NUMBER  2.420 WOODBROOK - AVENUE  11. MARITAL STATUS  11. MARITAL STATUS  11. MARYLAND  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  12. WAS OFFERED WAR OR DATES  Widowed 4 Divorced  13. Widowed 4 Divorced  14. Decedent's Boucartion  15. DECEDENT'S EDUCATION  16. DECEDENT'S USUAL Give WAR OR DATES  17. FATNER'S NAME (First, Middle, Last)  RICHARD BAYRACK  190. METNOD OF DISPOSITION  1. Mayriel 2 Committee 3 Removal from Blate  1. Marital STATE  20. PLACE OF DISPOSITION  1. Mayriel 2 Committee 3 Removal from Blate  21. SIGNATURE OF FURERAL SERVICE LICENSEE  12. MAS CASE REFERRED TO MEDICAL EXAMINET?  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  12. WAS CASE REFERRED TO MEDICAL EXAMINET?  12. WAS CASE REFERRED TO MEDICAL EXAMINET?  12. WAS CASE REFERRED TO MEDICAL EXAMINET?  12. WAS CASE REFERRED TO MEDICAL EXAMINET?  12. WAS CASE REFERRED TO MEDICAL EXAMINET?  12. WAS CASE REFERRED TO MEDICAL EXAMINET?  12. WAS CASE REFERRED TO MEDICAL EXAMINET?  12. WAS CASE REFERRED TO MEDICAL EXAMINET?  12. WAS CASE REFERRED TO MEDICAL EXAMINET?  12. WAS CASE REFERRED TO MEDICAL EXAMINET?  12. WAS CASE REFERRED TO MEDICAL EXAMINET?  12. WAS CASE REFERRED TO MEDICAL EXAMINET?  12. 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SEX  2.16-32-1110  5. SEX  2.16-32-1110  5. SEX  2.16-32-1110  5. SEX  2.16-32-1110  5. SEX  2.16-32-1110  5. SEX  2.16-32-1110  5. SEX  2.16-32-1110  5. SEX  2.16-32-1110  5. SEX  3. S	L DECEMBRY'S NAME (First, Moion, Latt)  EVA GERTRIDE WILSON  SOCIAL SECURITY NUMBER  2.16-32-1110  Social Social Security Number  2.16-32-1110  Social Social Social Security Number  2.16-32-1110  Social Social Social Security Number  2.16-32-1110  Social Social Social Security Number  2.16-32-1110  Social Social Social Security Number  2.16-32-1110  Social Social Social Security Number  3.5 EX. Social Social Security Number  2.16-32-1110  Social Social Security Number  3.5 EX. Social Security Number  3.6 EX. Social Security Number  3.6 EX. Social Security Number  3.7 EX. Social Security Number  3.7 EX. Social Security Number  3.8 EX. Social Security Number  3.9 EX. Social Security Number  3.5 EX. Social Security Number  3.6	

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

PL (ENTER 30) ST PAUL PEDKAL BALTO 33AJ9 51505

SERVICE OF DEATH (ITEM 27) (TIPE I STORE)

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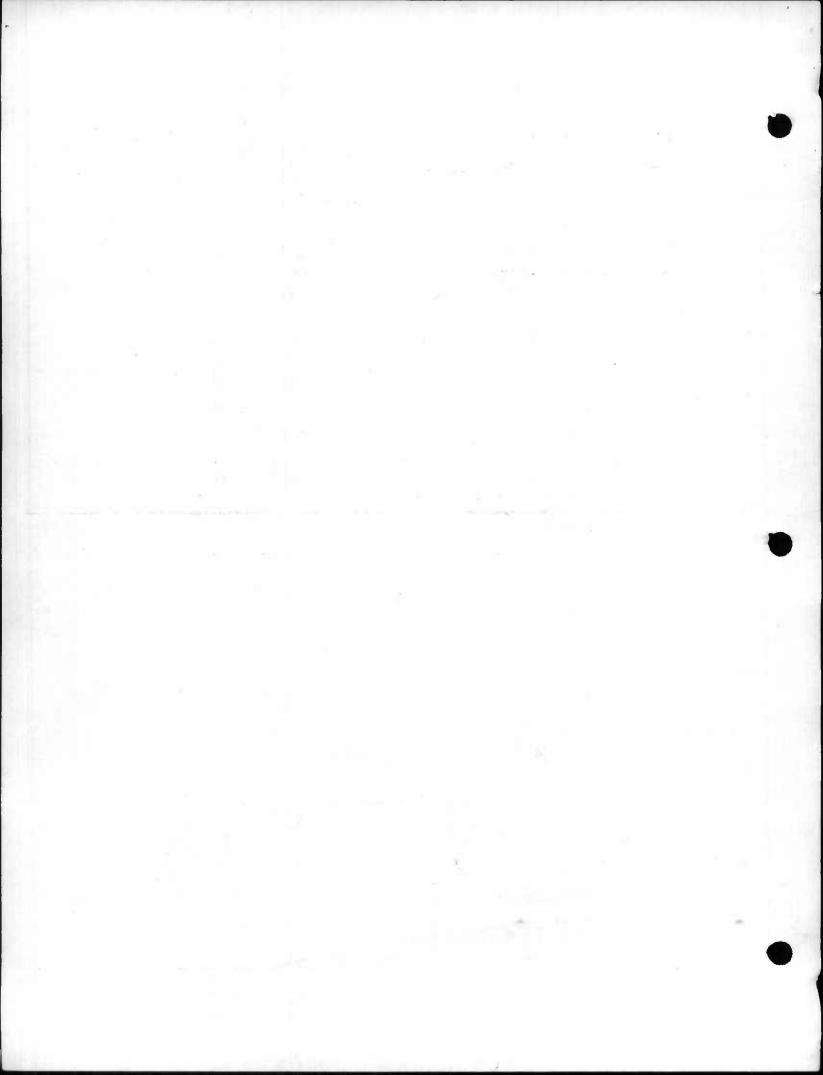
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF	DEATH	REC	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		100			2. DATE OF DE	ATH DAY	УЕАЯ	3. TIME OF DEATH
Lester	Ear1	Ad	ams		3	20	9/	9:15 1
SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,		8. BIRTH	IPLACE (State or Foreig
79-09-6702	15⊋ M 2 □ F	78 YRS.	6 26	HOURS MIN.	Aug. 24	1,1912	Pen	nsylvan
861 Lower Mar		ıd		ington	EATH		Calv	
e. STATE 10b, COUNT	Y	10c. CITY	, TOWN OR LOCA	TION				10d. INSIDE CITY
-	arroll		Mt	. Airy				LIMITS?
2460 Braddock	Road		1	H. ZIP CODE 21771		10g. CIT		WHAT COUNTRY?
MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 X V IF YES, GIVE WAR C	YES 2 NO	If yes, a	CENDENT OF HISPAI pecify Cuben, Mexica 5 2 3 NO Specif	in, Puerto Rican, i		14. RACI Blec Spec	E — American Indian, k, White, atc. ify: Whit
15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	16a. DECEDENT'S I	rork done durina n	ON ost of working	16b. KIND	OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	e retired.)		Vaio	ser Al	umir	11799
6 yrs.	none	Machi	ne Ope				JINI I	TUILL
FATHER'S NAME (First, Middle, Last)					ME (First, Middle,			
Harry Adams  Informant's NAME (Type/Print)		The second second	Selver result		Ioffmar			
W. David Adam	S			and Number or Rural				and 217
a. METHOD OF DISPOSITION		APLACE AND DATE				20c. LOCATION -		
☐ Burial 2 ☐ Cremation 3 ☐ Ram ☐ Donation 6 ☐ Other (Specify)	noval from State	etary, crematory	or other place)	Cardens	3/23/20 I	IOTE PA	CO	,Maryla
equentially list conditions, sny, leading to immediate huse. Entar UNDERLYING AUSE (Disesse or Injury lat Initiated events suiting in death) LAST	B. DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSEQUENCE OF		YO PATH	M	7		
ART II. Other significant condition	na contributing to dea	th but not resulting i	n the underlyi	ng ceuse given in		MAS AN AUTOPSY PERFORMED? YES 2 NO	241	b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C)	heck only one)			
1 YES 2 -NO	HOSPITAL: 1   Inpatient 2   ER	/Outpatient 3 DOA	OTHER: 4 Nursing Ho	me 8 Haeldence	6 Other (Spec	slfy)		
MANNER OF DEATH  1 Matural 8 Pending Investigation	28e. DATE OF INJU (Month, Day, Y		URY	JURY AT PORK? YES 2 NO	28d. DESCRIBE	HOW INJURY O	CCURED	7, 17
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	JURY — At home, farm, s (Specify)	street, factory, off	ce	28f. LOCATION City or Town	(Street and Number, State)	or Rural	Route Number,
anal	ER: On the beat of my				time, data and p	lace, and dua to	the cause(	(a) and manner se state  D (Month, Day, Year)
/ BL NO	Weight ~			00	6358	<b>•</b>	5/2	1/91
. NAME AND ADDRESS OF PERSON WI	/	F DEATH (ITEM 27) (Type,		K M	-20	478		
MAR 2 2 '91	32. REGISTRAR'S	SIGNATURE						

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DIVISION OF VIEW RECORDS, T.O. DOX 13149, BANGER, BANG	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a trier death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages, 1, 2, 3 ground	be filed within 72 hours after death with the State Dept. or Health and Mental hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 . STATE	STATE OF MARY	'LAND / D	EPARTMI	NT OF I	IEALTH	AND	MENTAL HYGIEN			08992	
_	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CEF	RTIFICA	TE OF	DEAT	ГН	REG. NO			3. TIME OF DEATH	
	Oscar W		Anderson						9	1991	1;45 P m	
		SEX 6. AG	NDER 1 YEAR THE DAYS	HOURS	MIN.	7. DATE OF BIRTH (Morith, Day, Year) July 10,1		6. BIRTHPLACE (State or Foreign Country) Maryland				
HO.	Meridian Nursing	center		9b.	Ran	alls				unty of c		
IRECT	nesidence of decedent  10a. STATE  10b. COUNTY  Md.  Balti	more	1	IOC. CITY, TO	www.or.loca		1				10d. INSIDE CITY LIMITS?	
RAL D	10e. STREET AND NUMBER 9109 Libert				2113	E		10g. Ci		1 TYES 2 XX NO WHAT COUNTRY?		
BY FUNERAL DIRECTOR		2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	D	If yes, sp	ENDENT (	OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	n or No—	14. RAC	E — American Indien, ck, Whita, etc.	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade core Elementary/Secondary (0-12)	(Give)	DENT'S USUI kind of work of NOT use retic	ione during m	ON ost of worki	ng	186. KIND OF BU			t Authority		
	17. FATHER'S NAME (First, Middle, Last) John Ander	son				16. MOT	HER'S N	AME (First, Middle, Maiden Sophie	Sumame)			
TO BE	19a. INFORMANT'S NAME (Type/Print) John C. Anderson, Sr.  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 6115 Glenoak Ave., Baltimore, Md. 21214											
	29a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	of from Stata	other place of Everg	pisposition reen						City or To	own, Stata Md.	
	21. BIGHATURE OF BUNERAL SERVICE LICEN	wand	8			ardt	Fun	eral Chape		inaa	21117 Mills, Md.	
	23. PART I. Enter the disesses, or conshider, or heert feliure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)			h. Do not s							Approximate interval Between Onset and Death	
LION	Sequentially list conditions, If any, leading to immediate  Due to for as a consequence of:  Due to for as a consequence of:  Due to for as a consequence of:											
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST											
MEDICAL CE	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PINOINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO											
PHYSICIAN: 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТ	26. F	LACE OF	DEATH (C	heck only one)		<u> </u>		
	27. MANNER OF DEATH  1 Neturat 5 Pending		Nursing Ho 26c. IN W	JURY AT ORK? YES 2		a 6 ☐ Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU- building, atc. (S	JRY — At home Specify)	e, farm, street				281. LOCATION (Street City or Town, State	and Numb	per or Rural	Route Number,	
COMPLETED	cool only	_						a to the cause(a) and mi e tima, data and placa, a			(a) and manner as stated.	
O BE C	281. SIGNATURE AND TIPLE OF SERTIFIER	0.0	110	)		29c. LIC	ENSE NU	7034	29d, D/	ATE SIGNE	(Morith, Day, Year)	

12 OF DEATH (ITEM 27) (Typo, Print) DI. DATE FILED (MOVID, Day) W

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22. REGISTRAR'S SIGNATURE

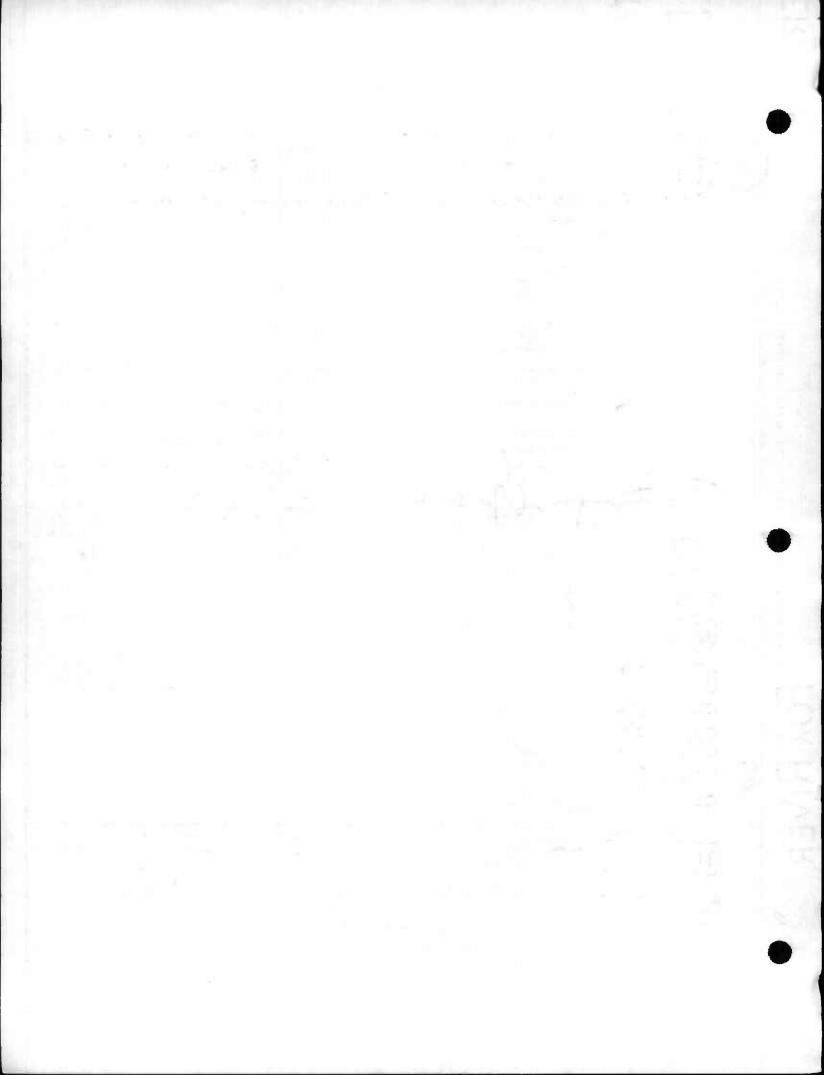
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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate de executed within 24 hours after deeth. May be relained by the host	) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		APORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Richard Aebersold  3608 Alpen Green Way Burtonsville, MD. 20866  20s. NETHOU OF DEPOSITION   Survival Progression		γĻ	406 1140 016 1	DOBECO (C.				
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22. NAME AND ADDRESS OF FACILITY ROBERT E. Wilhelm, Inc. Suitland Rd. Robert E. Wilhelm, Inc. Suitland, MD. 2074 Short, or heart filtere. List only one dause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Land Advantage  DUE TO (OR AS A CONSEQUENCE OF):  Land Advantage  DUE TO (OR AS A CONSEQUENCE OF):  C. C. C. C. C. C. C. C. C. C. C. C. C. C	1 D Buriel 2 Cremetion 3 Removal	from State of c	emetary, crematory or	other place				
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Robert E. Wilhelm, Inc. Suitland, MD. 2074  23. PART I. Enter the disease an or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heat failure. List only one dause on each line.  IMMEDIATE CAUSE (Fine)  Base or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  1 UK  PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 UKS 2 UND  25. WAS CASE REFERRED TO MEDICAL BEAMMER?  1 UK SUBJECT OF MAJEY	AL SIGNATURE DE FUNERAL SERVICE LICENSI	1	0				4308 Su	itland Rd.
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27. MANNER OF DEATH  1 Natural 2 Accident 3 Suicide 4 Homicide 8 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only One) 2 HEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, deta and place, and dua to the cause(a) and manner as stated.  29e. SIGNATURE AND TITLE OF CERTIFIER  29e. LICENSE NUMBER	EXAMINER?				6. PLACE OF DEATH (C	heck only one)		
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(Check only 1 DENTIFY ING PHYSICIAN: to the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Dey, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Rosen Miles Signed (ITEM 27) (Type, Print)					<u>-</u>	L		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Rosen M. Silver Spring, Mark	(Check only							(a) and manner as stated.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Rosen May Silver Spring, May	296. SIGNATURE AND TITLE OF CERTIFIER	N 1			29c, LICENSE NU	JMBER	29d. DATE SIGNE	D (Month, Day, Year)
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31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  MAR 1 2 91  Author Day days	///	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F		an'na			<i>y</i>
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(P)		4. SOCIAL SECURITY NUMBER 577-05-5094	5. SEX 13004 2 F	6. AGE (In yrs		MONTHS I	DAYS	HOURS	24 HRS.	7. DATE OF BIR (Month, Day, 9-28-	TH Year) -17	Country) Maryl	ce (State or Foreign
. 2, 3 soul	TOB	PESIDENCE OF DECEDENT	and number)	dHo	sphal	SP. CITY. T	nwo	TON	ON OF DE	ATH	Pro	NTY OF DEATH	Georbe
	- DIRECTOR	Md . Cha	arles			, town on Waldo	rf	TION				1 [	NSIDE CITY LIMITS? YES XXX NO
is is	FUNERAL	246-12 Westwood	d Drive	_			101	206			10g. Cri	USA	COUNTRY?
5-0020 nding physician.	M M	11. MARITAL STATUS  1 Never Married 2. Merried  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1. IF YES, GIVE W	YES 2	2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)							Black, Wh	American Indien, hite, atc. hite
21215- al or attendi		15. DECEDENT'S EDUC (Specify only highest grade		Give kind of w	USUAL OCC ork done du	UPATIO	ON out of working	g	16b, KIND	OF BUSINESS/INC	USTRY		
AND 21 the hospital or detached for once.	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+	)	Chief						P.G. C	ounty	
MARYI s retained by 5 should be notified at		17. FATHER'S NAME (First, Middle, Last) Turner Alvey						ME (First, Middle, Hancoc)	Maiden Surname)				
		19a. INFORMANT'S NAME (Type/Print) Helen M. Alvey			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Same as 10a-10f.								
ORE, 6 may be ctor, page		20a METHOD OF DISPOSITION  A Burtal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		ACE AND DATE				em. 3	DATE 15-91	20c. LOCATION — Chelten			
death. Pag death. Pag tuneral diff		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander FErry Road Clinton, Md. 20735  23. PART First the diseases or compile these the death Do not extent the mode of duling such as cardiac or respiratory errors.  Approximate											
C. BOX 68760, for the property of the property	CERTIFICATION	23. PART . Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, ahock, or heart feilure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
ECORDS, I quires that the deat in signed by the atter if Health and Mental nows any Injury,	MEDICAL	PART II. Other algorificant conditions contributing to death but not residing in the underlying couse given in Part I.  PART II. Other algorificant conditions contributing to death but not residing in the underlying couse given in Part I.  PERFORMED?  1 YES 2 NO  1 YES 2 NO										MILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
	CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	_	LACE OF D	EATH (Ch	eck only one)		110	
OF VI PHYSICIAN: this certific with the Si ted, or II	PHYS	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending	1 Unpatient 2 2 28e. DATE OF (Month, D	INJURY	nt 3 DOA		8c. IN	JURY AT ORK?		6 ☐ Other (Spe 28d. DESCRIBE	cify) E HOW INJURY OC	CURED	- 13
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is mar	LED BY	2 Accident trivestigation 3 Suicide 8 Could not be determined	etc. (Specify)	At home, farm, s	street, factor				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
DI TAL OR TAL DIRI 72 hour	COMPLETED	COTTON OTHY	ICIAN: To the best of ER: On the basic of a										nd manner ee stated.
THE F	TO BE CC	29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WITH	n	ar	in	13			ENSE NUM	14.7		TE SIGNED (MO	

32. REGISTRAR'S SIGNATURE June Davidson-Randale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF OEATH DAY 3-11-91

3. TIME OF DEATH 9:53 p.m

8. BIRTHPLACE (State or Foreign Country) Maryland SCOUNTY OF DEATH ince

> Approximate Interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

/UA

31. DATE FILED (Month, Day, Year)
MAR 14 '91

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Charles

Alvey

1 -

DHMH-18 Rev 1/89

White and a set Charles of

100	
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buildi, cremation, or removal.
e funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the sum after death. Page 6 may be retained by the hosp

Wenifredo N.

31. DATE FILED (Month, Day, Year)

MAR 25 '91

Iglesia

32. REGISTRAR'S SIGNATURE

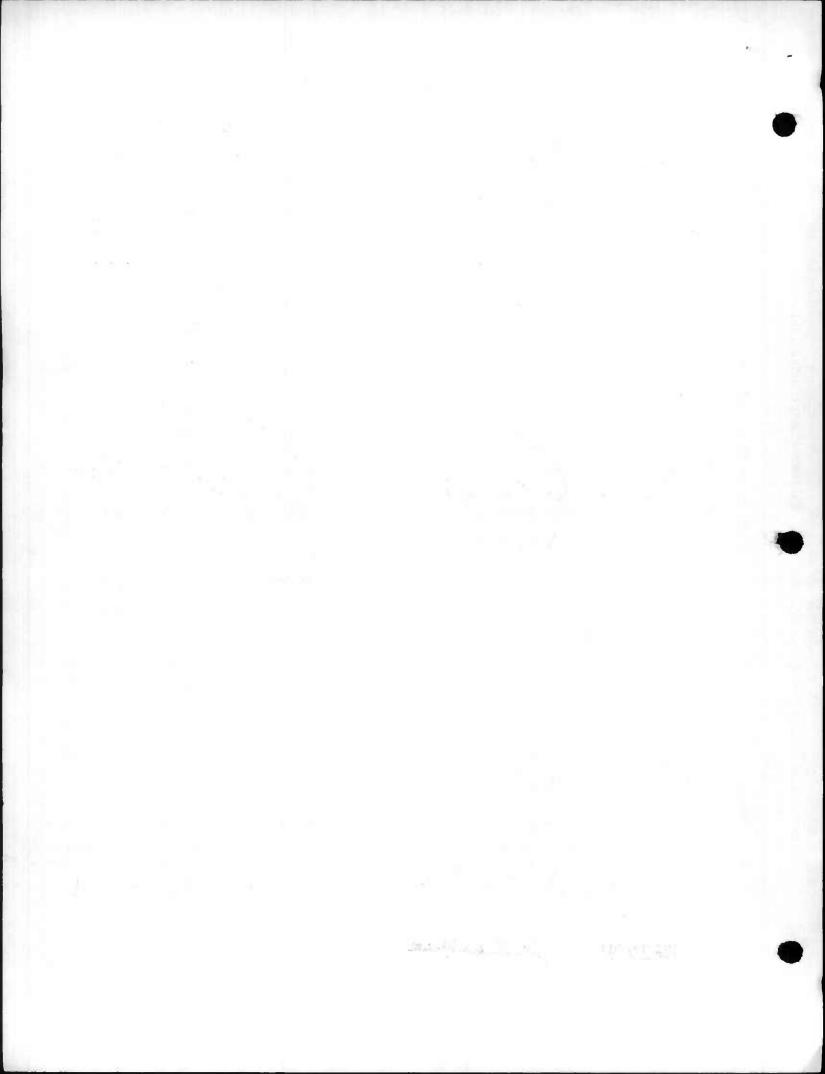
Julia Tevidon-Randelle

1 . S	OR TATE IEGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL	HYGIEN REG. NO.	<b>E</b> 9		08995
	EDENT'S NAME (First, Middle, Las ARGARET	ELIZABETH	BLACKS	TEN		2. DATE (	of DEATH	; 1991'	AR	TIME OF DEATH
	12-24-6380	6. SEX 6. AGE (1	ln yrs. last birthday) 80 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	716/1	1 8.		CE (State or Foreign
8	CILITY NAME (If not institution, give 38 FRANCIS SCO	Contract of the Contract of th		9b. CITY, TOWN C	R LOCATION OF DE	EATH		9c. COUNTY CAR	OF DEAT	Н
10•. S	TATE 10b. COUN	CARROLL	10c. CITO	TOWN OF LOCAT	ION					I. INSIDE CITY LIMIT\$7LS  YES 2 NO
10e. S1	38 FRANCIS SCO	OTT KEY HGWY.		101	ZIP CODE 21	757		10g. CITIZEN	OF WHAT	5.A.
1 🗆 N	RITAL STATUS Never Married 2 Merried Nidowed 4 1 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAN acity Cuban, Mexica 2 NO Specy	n, Puerto R	? (Specify Yes	or No- 14.	RACE	•
Ele	15. DECEDENT'S EI (Specify only highest gra omentary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w life. Do NOT us SEAMST		ON st of working	16b.		W.FACT		
	HER'S NAME (First, Middle, Lest)  CLAY PUTMAN				18. MOTHER'S NA BE		liddle, Maiden WACHT			
	FORMANT'S NAME (Type/Print) CHARLOTTE FILL	ER	1 1//1	ADDRESS (Street a	nd Number or Rural	Route Numb		n, State, Zip Co	de) MD	21757
1 🗆 B	orial 2 Cremation 3 Reconstion 5 Other (Specify)	omoval from State	PLACE OF DISPOS other place) HAUGH 'S	CEMETE	RY			cation — city LADIES	BURG	, MD
21. 810	MATURE OF FUNERAL SERVICE	V. Wart	ler	22. NAME AN	WOOD	SBORC		. HART	ZLER	& SONS
IMME	ART I. Enter the diseases, o shock, or heart failur EDIATE CAUSE (Final ase or condition ting in deeth)	r complications that caused. List only one cause on ease.		ot enter the mo	de of dying, suc	h se card	CA	Iratory screst	,	Approximeta Interval Betwee Onset and Daar
on cause CAUS that i	entielly list conditions, y, leading to immediate e. Enter UNDERLYING SE (Disease or Injury Initiated events ting in death) LAST	DUE TO OR AS A	CONSEQUENCE OF	en s	w	_				
PART	II. Other significant condition	ons contributing to deeth b	ut not resulting i	in the underlying	g cause given in	Part i.	24a. WAS AN PERFOI 1 YES 2	RMED?	AM CO DF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MIPLETION DF CAUSE DEATH?  YES 2 NO
1 D	AS CASE REFERRED TO MEDICAL KAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp	200	OTHER: 4  Nursing Horn	ACE OF DEATH (Ch	6 🗆 Other	r (Specify)			
1 L 2 C 3 C	NATURE OF DEATH  Natural 5 Pending Accident Investigatio Suicide 6 Could not I Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, s	M 1 .	YES 2 NO	26f. LOC/		end Number or		e Number,
29e. C	and	YSICIAN: To the best of my know							euse(e) er	nd menner as stated.
29b, S	IGNATURE AND TITLE OF CERTIF	udb M. D	fer		DO 8	MBER 914		29d. DATE 8		onth, Day, Year)  3 — 9
30. NA	ME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)						

49 Frederick

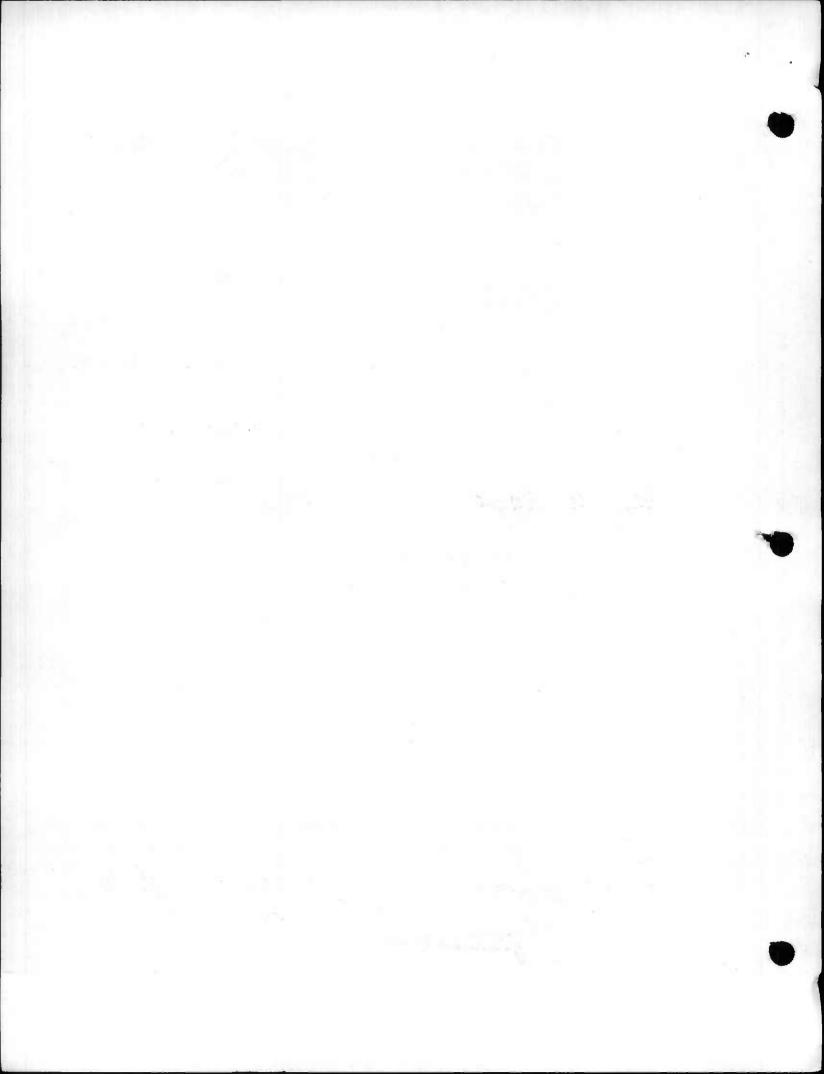
St.

Taneytown, MD



1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
1	n. Decedent's NAME (First, Middle, Last)  Beatrice June B.		2. DATE OF DEATH DAY MONTH DAY
г			

		BER	I e eev		Beatrice June Bise  2. Date of Death Month March 23, 1991 3. Time of Death March 23, 1991 2:40 P.								
	210 10 000	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG				AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			24 HRS.	7 DATE OF BIRTH & BIRTH		6. BIRTHP	LACE (State or Foreig
mil	219 18 9902 1		65	YRS.	MONTHS	DAYS	HOURS	MIN.	6/13/25		Country	Md.	
Brita I.						9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF DEATH  Carroll			
DIRECTO	Golden Age Guest Home					Sykesville			3	Carrott			
RE	Md.	10b. COUNT			10c. CITY	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?	
	Carroll					Syk		ille			1 - YES 2/		
ERAL	10s. STREET AND NUMBER  10r. ZIP CODE  10g. CITIZEN OF WHAT COUNTRY?  21784  USA												
N.		earest		NT EVED IN II C	ARMED	12	WAS DEC	CENDENT O			n or No	USA	American Indian
BY FUNI	11. MARITAL STATUS  1 Never Married 2 Married  3 M Widowed 4 Divorced  12. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR D				YES 2 NO If yes, specify Cuban, Mexico			n, Mexica	n, Puerto Rican, atc.)		Black, Specify Whi	White, etc.	
9		CEDENT'S EDU		16a.	DECEDENT'S I	ork done			ng	16b. KIND OF BU	JSINESS/INI	DUSTRY	
LET	Elementary/Secondary (0-12) College (1-4 or 5+)				ille. Do NOT use								
COMPL	High School				Superv	1sor		I so more	UEDIO NA	ME (First, Middle, Maide		Lepno	ne Co.
- 1	17. FATHER'S NAME (First, Middle, Lest)  John Twilley								ear.		surriame)	UNK.	
BE	19a. INFORMANT'S NAME (				19b. MAILING	ADDRESS	S (Street a		-		wn, State, Zij		
5	Donna Clas			hb. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6510 Dearest Lane Sykesville, Md. 21784									
	20a. METHOD OF DISPOSIT	TION	nouml from Ctate	20b. PLA	CE OF DISPOS	ISPOSITION (Name of cemetery, cremetory or 20c, LOCATION City or To				City or Tov	vn, Btate		
	4 Donation 5 Othe	r (Specify)	TOTAL HOST STATE	_ La	ke Vie	View Mem. Park					Sykesville, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Haight Funeral Home  Box 195 Sykesville, Maryland 21784  23. PART I. Enter the diseases, or complications that counsed the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, Approximate												
ERTIFICATION	Sequentially list condi if any, leading to immocause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAI	ediate ring ury	b DUE TO	O (OR AS A CON	SEQUENCE OF	ent	ta						
MEDICAL CE	PART tl. Other significent conditions contributing to death but not resulting					PER			S AN AUTOPSY FORMED?  S 2 M NO COMPLETION OF				
SICIAN: MI	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			отне	_	PLACE OF E	DEATH (Ch	eck only one)			1 YES 2 N
IXS	1 YES 2 1 10		1 Inpatient 2			4 Nu	rsing Hor		esidence	6 Other (Specify)		- Clines	
рну:	_/	Pending		Day, Year)	28b. TIM	URY	W	JURY AT ORK? YES 2	ON	28d. DESCRIBE HOW	INJUNT OC	CUMED	
TED BY	2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, fare building, etc. (Specify)					n, street, fectory, office 28f. LOCATI			281. LOCATION (Stree City or Town, State	CATION (Street and Number or Rural Route Number, or Town, State)			
TO BE COMPLET	(Orlock Orly									to the cause(s) and m			) and menner as ste
	296. SIGNATURE AND TITL	E OF CENTIFIE	ER /					29c. MC	ENSE NU	MBER	29d. DA	TE SYNEO	(Month, Day, Year)
BE C	tatteele	Ha	Tumor	10				10	20f	06	1	3/25/	191
2	30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF PEATH (ITEM 27) (Type, Print)  1925 Liberty Rd Eldersburg, MD 21784												



TO BE COMPLETED BY FUNERAL DIRECTOR

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within c. ...ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Isam 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	500						91	08	997
	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAH CERTIF	ICATE OF	EALTH AND N DEATH	MENTAL HYGIEN REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DA	W Y	EAR 3. TIA	AE OF DEATH
- 1	MARY E	DL	ANK ,			0309 91			30AM M
	4. SOCIAL SECURITY NUMBER 577-07-2120		81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Aug/30/19	09 W	ashin	(State or Foreign gton DC
	9e. FACILITY NAME (If not institution, give str			9b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH	
HOT	PRINCE GEORGES HOS	P. CENTER		CHEVE	RLY		PRINCE	GEOR	GE
DIRECTOR	MD PG		111774	y, TOWN OR LOCAT Ltal Hei;				1	NSIGE CITY JMITS? YES 2 \( \bigcap \text{NO}
FUNERAL	9533 Akorn Place				743	المقيا	USA	N OF WHAT C	
87	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	II yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No—	Black, White Specify:	nerican indian, e, atc. /hite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	,		16b. KIND OF BUS			
MP	8		waitres	5		restaur		laustr	У
BE CO	17. FATHER'S NAME (First, Middle, Lest) Anton Koday					ME (First, Middle, Melden Schneider	Surname)	40	
2	19a. INFORMANT'S NAME (Type/Print) Mary Scaggs					Route Number City or Tow Strict Hei			47
	20e. METHOD OF DISPOSITION	14	20b. PLACE OF DISPO	SITION (Name of ca	metery, cremetory or	20c. LO	CATION — CIT	ty or Town, Si	iate
	1 N Buriet 2 Cremetion 3 Remo	Well from State	Washing	ton Nati	onal Cem	etery Sui	tland	Maryl	.and
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE DIAM	1	Rober Rober	nd address of fa t E. Will	nelm Funer	al Hom	ne, In	с.
	Boult 7	). Will	elm			land 20746	lentani ama	A 1	Amanulmata
	23. PART I. Enter the diseases, o'co shock, or heert fellure. I IMMEDIATE CAUSE (Final						iratory errei	int,	Approximate Interval Batween Onset and Death
	disease or condition resulting in death)	DUE TOUGH	AS A CONSEQUENCE O		factine				
2		Sen	sis						
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	OF):	1	- /			
2	CAUSE (Disease or Injury	· broke	nal Va	nuar	dise	ase, 6	gue	as	
CERTIFICATION	that initiated events resulting in death) LAST	4 DUE YO (OH	ty holly	2 oidis	nu -	ase, 6	/	į	
C	DAME II dates desident and distant		1					1	
AL	PART II. Other algnificant condition	a contributing to dea	th but not resulting	in the underlying	ig cause given in	Part I. 24a. WAS AF	RMED?	AAI	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE
EDIC						1 TYES	2 NO	OF 0	EATH?
Σ.								1 '0	YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF DEATH (C)	heck only one)			
YSI	1 YES 2 NO	1   Inputient 2   ER		4 - Nursing Ho		6 Other (Specify)			
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJI (Month, Day, Y		JURY W	JURY AT ORK? YES 2 NO	28d. OESCRIBE HOW	INJURY OCCU	JREO	
	2 Accident investigation 3 Suicide 8 Could not be determined	28e. PLACE OF IN building, etc.	JURY — At home, farm (Specify)	, street, factory, offi	ce	261. LOCATION (Street City or Town, State		r Rural Route	Number,
COMPLETED	(Crieck only	ICIAN: To the best of my ER: On the basis of exami							manner ee stated.
<b>8</b>	296. SIGNATURE AND TITLE OF CERTIFIE	" MSh	98		29c. LICENSE NU	MBER	29d. DATE	SIONED (Mon	th, Day, Year)
5	30, NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE O	F DEATH (ITEM 27) (To	ne Print)					

land over

PERSON WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

1. SHAH, M.D. 6134 (a. 3) April Standard Bandere

MUSHTAR

31. DATE MARIANTIN 20191

Rd cherely MD

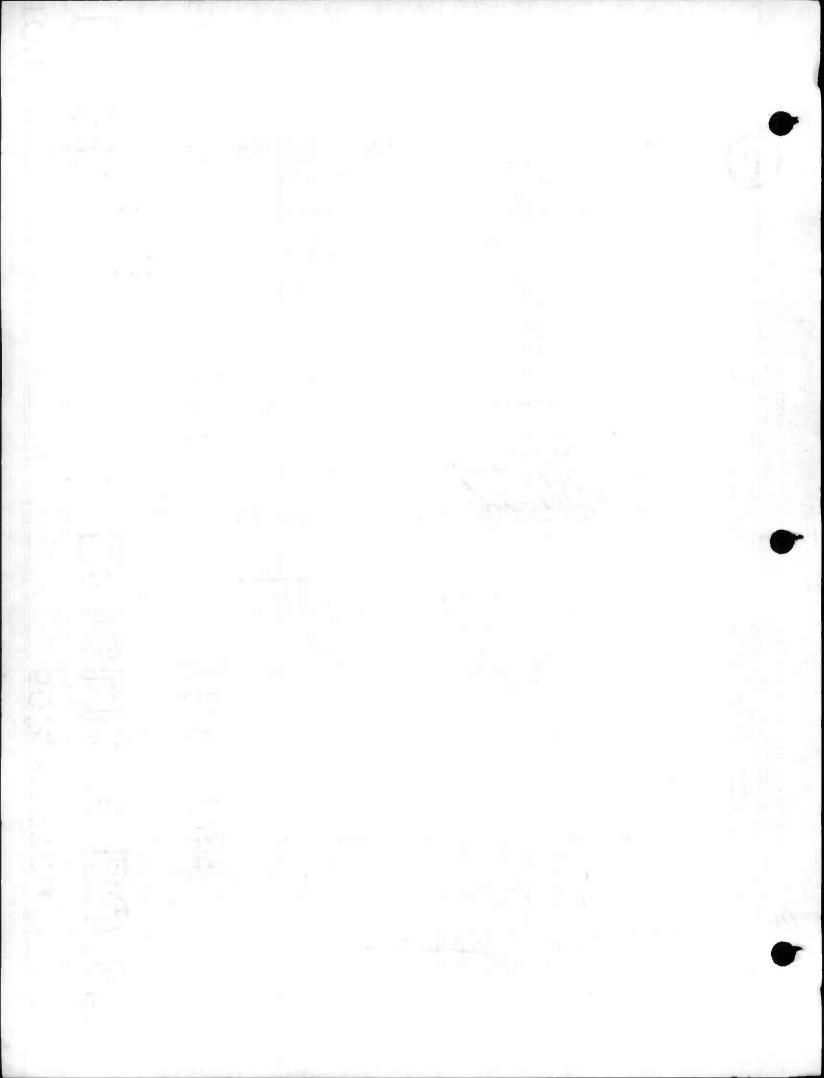
DHMH-15 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Pages		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or femoral.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATI	OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYG				
	DECEDENT'S NAME (First, Middle, Last)     GRACE	Irene	BU			2. DATE OF OEAT	H DAY Y	3. TIME OF DEATH		
à	4. SOCIAL SECURITY NUMBER 577-84-0667  90. FACILITY NAME (If not institution, give or	1 □ M 2 🂢 F 84	in yrs. lest birthday) iF YRS. MOI	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN. PR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Ye) March	E	BIRTHPLACE (State or Foreign Country) New York		
DIRECTOR	NORTH ARUNDEL HORESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	OSPITAL ASSOC		BURNTE	A A	A . A . COUNTY				
	Maryland Princ	ce George's	Upper	Marlk	OTO . ZIP CODE		10g. CITIZEN	LIMITS? 1 ☐ YES 2 ☐ NO  10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	9808 Rosaryville	12. WAS DECEDENT EVER IN		13. WAS DEC	20772 ENDENT OF HISPAN	IIC ORIGIN? (Specif		S.A.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	ATES	If yes, sp 1 TES	2 NO Specify	n, Puerto Rican, etc	.)	Social aucasian		
COMPLETED	15. DECEDENT'S EQUI (Specify only highest grade Elementary/Secondary (0-12) 9th	Cation completed) Catlege (1-4 or 5+) N/A	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re Homemake)	done during mo tired.)	DN st of worldng	16b. KIND OI	BUSINESS/INDUS Home	TRY		
So	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Me		THE HEE		
8	Fred Cooley Mou	ıltrup	19h MAII ING AD	DESC /Street a	EST	celle War		del		
9	James R. Burr					noote Number, Only o	riown, state, zip co	oe)		
300	James R. Burr  20e. METHOD OF DISPOSITION 1X Burlai 2 Cremation 3 Ramoval from State 4 Donation 5 Other/Specify  Tt. Lincoln Cemetery 3 13 91 Brentwood Max									
	21. SIGNATURE OF FUNERAL BERVICE LIC	roots /	7					Home, Inc. Clinton, Md		
	23. PART I. Enter the disesses, or abock, or heart failure.  IMMEDIATE CAUSE (Final disesse or condition resulting in death)	List Drily one cause Dri e	d the death. Do not ach line.	enter the mo	de of dying, suc	h se cerdiac or i	respiratory arrest	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
		d.		WU						
PHYSICIAN: MEDICAL	PART II. Other aignificant condition		out not resulting in t	he underlyin	g cause given in	PE	S AN AUTOPSY RFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)				
YSI	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	patient 3 DOA 4	-	ne 5 🗆 Residence			1.77.1		
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	2 Accident Investigation " 1 TES 2 NO								
							treet end Number or State)	Rural Route Number,		
COMPLETED	enel .	ICIAN: To the best of my know ER: On the basis of examination						:ause(a) end manner ee stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	repedo			29c. UCENSE NU	1912	29d. DATE S	IGNED (Morth, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHEELMO GAYOSO, M. E	/. \	REDERICK		BALTIMORI	E. MARYI.	AND 2122	9		
	31. DATE FILED (Month Day, Year)							CENT II		



	Page		
THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	filed within 72 hours after death with the State Deptr, of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
N: The	ficate ha	State D	Item
<b>TYSICIA</b>	ils certif	rith the	ed, or
HI SHIC	After th	death w	mark
ATTEN	ECTOR:	s after	1 28 la
TAL OR	AL DIRE	72 hour	If Item
THE HOSPIT	THE FUNER	filed within	PORTANT:

MEDICAL

BY PHYSICIAN:

COMPLETED

2

MPORTANT BE

23

25. WAS CASE REFERRED TO MEDICAL

91 08999 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1991 MARCH 8:30 BLAKE AM Harry 7. DATE OF BIRTH (Month, Day, Year) May 17 1914 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. MONTHS DAYS HOURS 577-09-6796 1 M 2 | F Kentucky 9c. COUNTY OF DEATH
PRINCE GEORGE 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DOCTORS COMMUNITY HOSPITAL LANHAM DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince Georges Lanham 1 📉 YES 2 🗌 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 5618 Whitfield Chapel Rd. 20706 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 √ YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES \*\*NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: Cauc. BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 Railroad 0 Engineer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Harry J. Blake Sr. Margaret Noel BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4618 Whitfield Chapel Rd. Lanham, Maryland 20706 David B. Blake 20a. METHOD OF DISPOSITION
1 Spuriel 2 Cremetion 3 S 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE Fort Lincoln Cemetery 3/16 4 Donation 5 Other (Specify) Brentwood, Maryland 21. SIGNATURE OF FONERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rendon/Hale Funeral Home 9013 Annapolis Rd. Lanham, MD 20706 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate Interval Between shock, or haart failure. List only one cause on each line IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in dasth) Carna CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST

PART II. Other significant conditions contributing to death but not recuiting in the underlying ceuse given in Part I.

24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO

EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpetient	3 DOA 4 No	R: Irsing Home 5 ☐ Residence	6 Other (Specify)
27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 🖺 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilme, data and place, and due to the cause(a) and manner as stated.

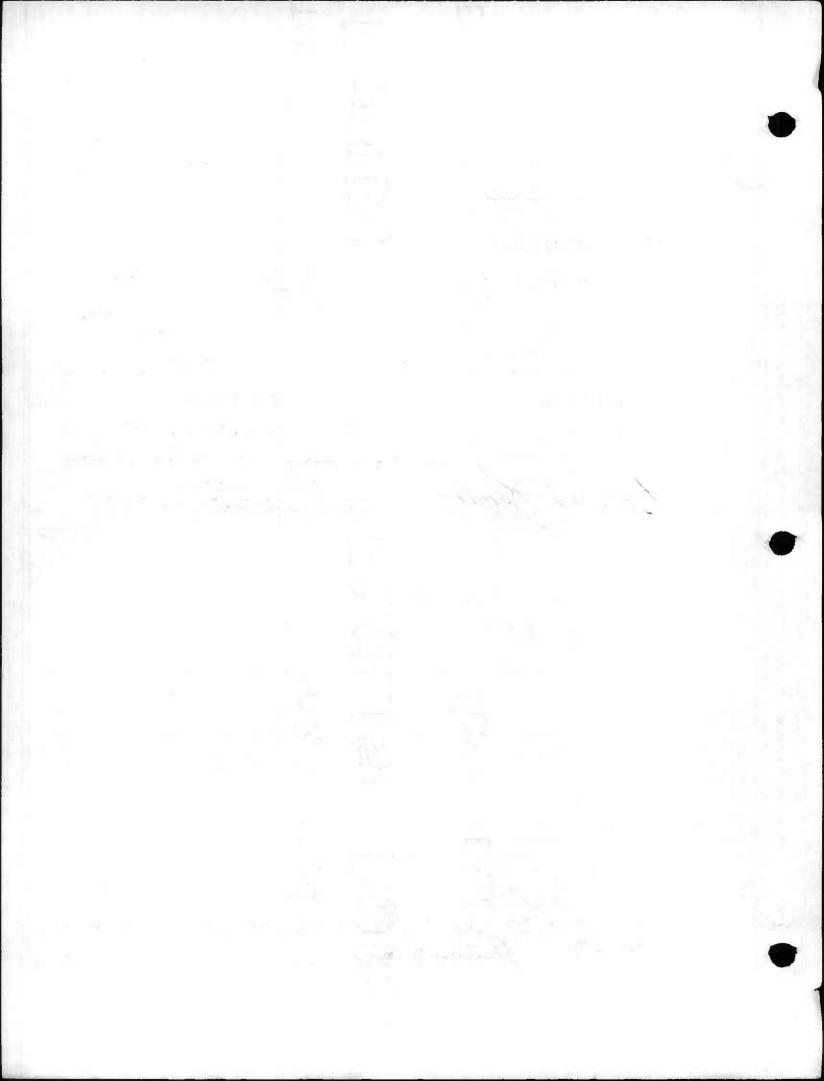
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s)

26. PLACE OF DEATH (Check only one)

96. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day/Year)

32. REGISTRAR'S SIGNATU

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the funeral director, page 5 should be detached to the control of temporal and the control by the companion of temporal	per med within 72 indus are need with the 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Ours	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely silled in by the funeral completely silled in by the funeral completely silled in by the funeral completely interest or temporal completely and Marial Horizone prior to hurtal compation.	ned
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	FOR STATE REGISTRAR	ATE STATE OF MANIET OF MEANIE MENTAL MIGHEL											
	1. DECEDENT'S NAME (First, Middle, Lest) Bradberry	DOROT	DOROTHY IRENE BRADBI				KKY MON			te of death DAY 23 1991		TIME OF DEATH A 12:20 M	
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 231-14-7801	6. SEX	M 2 X F 68 YRS. MON			DAYS		9-	TE OF BIRTH lonth, Day, Year) 17-1922	922 RICH CREEK		CREEK, VA	
	96. FACILITY NAME (If not institution, give street end number) Physicians Memorial Hospital RESIDENCE OF DECEDENT					APLata Charles							
	10e. STATE 10b. COUNTY 10c. CI					, town or location				10d. INSIDE ( LIMITS? 1 YES 2			
	RT 228, BOX 141					101. ZIP CODE 20601				10g. CITIZEN OF WHAT COUNTRY?			
	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1  YES 2 A NO Specify:				Yee or No— 14. RACE — American Indian, Black, White, atc.  Specify: WHITE			
	Elementary/Secondary (0-12) College (1-4 or 5+) Illia. Do NOT use ret					done during most of working				US GOVERNMENT			
	12TH 17. FATHER'S NAME (First, Middle, Last)	CLERK R'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Mi							
BE C	ROBERT SMITH					MAUDE BOULDIN							
9	196. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  KAREN CREEL  RT 228, BOX 141, WALDORF, MARYLAND 20601												
	20th METHOD OF DISPOSITION 20th PLACE OF DISPOSITION (Name of compteny, crematory or 20th LOCATION — City or Town, State												
	TRINITY MEMORIAL GARDENS    A   Donetton 5   Other (Specify)   TRINITY MEMORIAL GARDENS   WALDORF, MARYLAND												
ED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory strest, ahock, or heart feliure. List only one cause on each lina.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):												
	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	b	DUE TO (OR AS A CONSEQUENCE OF):										
	CAUSE (Disease or injury that initisted events resulting in death) LAST	e.  DUE TO	DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying						ng cause given in Part I.		PERFO	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO 1 Interior 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
	27. MANNER OF DEATH	28a. DATE O	28a. DATE OF INJURY 28b. TIME OF (Month, Day, Year) INJURY							DEŞCRIBE HOW INJURY OCCURED			
	1	28a. PLACE building	28a. PLACE OF INJURY — At home, farm, street, building, etc. (Specify)			M 1 YES 2 NO 2			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29s. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as stated.												
BE	296. SIGNATURE AND TITLE OF CERTIFIER  KUSH  M. Matth					29c. LICENSE NUMBER D28352				29d. DATE SIGNED (Month, Day, Year)  > 3 - 23 - 9			
ТО	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Krishan M. Mathur M. D. Pembrooke Sq. 5046 Highway 301 So. #213 Waldorf, Md. 20603  31. DATE (May 17) Day, Day, Day, Day, Day, Day, Day, Day,												

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